



HB

69

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: 4
 Bill Version: HB 69
 (H) Publish Date: 1/12/05
 Dept. Affected: Health & Social Services
 RDU Public Assistance
 Component Work Services

Revision Date/Time (Note if correction):

Title REAUTHORIZATION OF NATIVE FAMILY ASSISTANCE GRANTS PROGRAM

Sponsor (RLS) BY REQUEST OF THE GOVERNOR

Requester GOVERNOR

Component No. 2337

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	(1,346.4)	(1,346.4)	(1,346.4)	(1,346.4)	(1,346.4)	(1,346.4)
Miscellaneous						
TOTAL OPERATING	(1,346.4)	(1,346.4)	(1,346.4)	(1,346.4)	(1,346.4)	(1,346.4)

CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	(1,346.4)	(1,346.4)	(1,346.4)	(1,346.4)	(1,346.4)	(1,346.4)
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	(1,346.4)	(1,346.4)	(1,346.4)	(1,346.4)	(1,346.4)	(1,346.4)

Estimate of any current year (FY2005) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This legislation reauthorizes the Department of Health and Social Services (DHSS) to award and administer state funds under the Alaska Native family assistance grant program to support the operation of federally approved Tribal TANF programs. In addition to reauthorizing the existing programs this bill would also allow DHSS to provide grants to the other nine Alaska native non-profit organizations authorized in federal law to operate tribal TANF programs. Cook Inlet Tribal Council (CITC) plans to begin operating a tribal TANF program in July 2005.

The fiscal note assumes implementation of the CITC program as planned and reflects the budget impacts. Work Services is a budget category for case management staff and supportive service payments that assist TANF clients from welfare to work. This fiscal note deletes \$1,346.4 federal authority for the decline in Work Services component expenditure due to the transfer of the existing Native Temporary Assistance caseload in Anchorage to CITC.

Prepared by: Katherine Farnham
 Division: Public Assistance
 Approved by: Joel S. Gilbertson, Commissioner
 Agency: Department of Health and Social Services

Phone 269-7930
 Date/Time 12/07/2004
 Date 12/10/2004

FISCAL NOTE
FN # 4

STATE OF ALASKA
2005 LEGISLATIVE SESSION

BILL NO. HB 69

ANALYSIS CONTINUATION
Analysis Continued: Work Services

<u>Summary of all component impacts for CITCs NEAP</u>	Total	Federal	GFM	I/A
ATAP component	(6,727.0)	(563.2)	(5,755.8)	(408.0)
Tribal Assistance	4,093.8		3,685.8	408.0
Work Services component	(1,346.4)	(1,346.4)	-	-
Child Care Benefits component	<u>(931.5)</u>	<u>(931.5)</u>	-	-
Total net fiscal impact for CITC Native TANF	(4,911.1)	(2,841.1)	(2,070.0)	-

FISCAL NOTE

**STATE OF ALASKA
2005 LEGISLATIVE SESSION**

Fiscal Note Number: 3
 Bill Version: HB 69
 (H) Publish Date: 1/12/05
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):

Title REAUTHORIZATION OF NATIVE FAMILY ASSISTANCE GRANTS PROGRAM

RDU Public Assistance
 Component Tribal Assistance

Sponsor (R/S) BY REQUEST OF THE GOVERNOR

Requester GOVERNOR Component No. 2336

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	4,093.8	4,093.8	4,093.8	4,093.8	4,093.8	4,093.8
Miscellaneous						
TOTAL OPERATING	4,093.8	4,093.8	4,093.8	4,093.8	4,093.8	4,093.8

CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match	3,685.8	3,685.8	3,685.8	3,685.8	3,685.8	3,685.8
1004 GF						
1037 GF/Mental Health						
1007 Interagency Receipts	408.0	408.0	408.0	408.0	408.0	408.0
Other(Specify Type-do not abbreviate)						
TOTAL	4,093.8	4,093.8	4,093.8	4,093.8	4,093.8	4,093.8

Estimate of any current year (FY2005) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Under federal law, 12 Alaska Native regional non-profits and the village of Metlakatla are authorized to receive federal funds for the administration of tribal TANF programs. This legislation reauthorizes the Alaska Native family assistance grant program established under Chapter 96, SLA 2000, and gives the Department of Health & Social Services the ability to award and administer state grants to Native non-profit organizations to supplement their federally approved Tribal TANF Assistance programs. Approval of this legislation would maintain support for the three organizations currently running Tribal TANF programs and receiving state supplemental Native family assistance grant funds: TANF - Tanana Chiefs Conference (TCC), Central Council of Tlingit & Haida Indian Tribes of Alaska (T&H) and Association of Village Council Presidents (AVCP). In addition to reauthorizing the existing programs this bill would also include the other nine Alaska native non-profit organizations authorized in federal law to operate tribal TANF programs. Cook Inlet Tribal Council (CITC) plans to begin operating a tribal TANF program in July 2005. The fiscal note assumes implementation of the CITC

Prepared by: Katherine Farnham
 Division: Public Assistance
 Approved by: Joel S. Gilbertson, Commissioner
 Agency: Department of Health and Social Services

Phone 269-7930
 Date/Time 12/07/2004
 Date 12/10/2004

FISCAL NOTE
FN # 3

STATE OF ALASKA
2005 LEGISLATIVE SESSION

BILL NO. HB 69

ANALYSIS CONTINUATION

Analysis Continued:

program as planned and reflects the associated budget impacts.

State supplemental grant to CITC to operate tribal TANF in the Anchorage service area:

Funding for Native TANF program operation comes from the federal TANF block grant and is supplemented by state grant funds that would otherwise be spent to serve the same Native welfare recipients. This fiscal note reflects the 'transfer' of \$4,093.8 state funding to the Tribal Assistance component from the ATAP component to supplement the federal TANF for the operation of tribal TANF by CITC. Funds provided by this state grant will be used for the purpose of providing temporary assistance benefits to eligible families through CITC's tribal TANF program.

<u>Summary of all component impacts for CITCs NEAP</u>	Total	Federal	GFM	I/A
ATAP component	(6,727.0)	(563.2)	(5,755.8)	(408.0)
Tribal Assistance	4,093.8		3,685.8	408.0
Work Services component	(1,346.4)	(1,346.4)	-	-
Child Care Benefits component	<u>(931.5)</u>	<u>(931.5)</u>	<u>-</u>	<u>-</u>
Total net fiscal impact for CITC Native TANF	(4,911.1)	(2,841.1)	(2,070.0)	-

FISCAL NOTE

**STATE OF ALASKA
2005 LEGISLATIVE SESSION**

Fiscal Note Number: 2

Bill Version: HB 69

(H) Publish Date: 1/12/05

Revision Date/Time (Note if correction):

Dept. Affected: Health & Social Services

Title REAUTHORIZATION OF NATIVE FAMILY ASSISTANCE GRANTS PROGRAM

RDU Public Assistance

Component Child Care Benefits

Sponsor (RLS) BY REQUEST OF THE GOVERNOR

Requester GOVERNOR

Component No. 1897

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	(931.5)	(931.5)	(931.5)	(931.5)	(931.5)	(931.5)
Miscellaneous						
TOTAL OPERATING	(931.5)	(931.5)	(931.5)	(931.5)	(931.5)	(931.5)

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES (0)						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	(931.5)	(931.5)	(931.5)	(931.5)	(931.5)	(931.5)
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	(931.5)	(931.5)	(931.5)	(931.5)	(931.5)	(931.5)

Estimate of any current year (FY2005) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This legislation reauthorizes the Department of Health & Social Services (DHSS) to award and administer state funds under the Alaska Native family assistance program to support the operation of federally approved Tribal TANF programs. In addition to reauthorizing the existing Native Family Assistance Programs (NFAP), this bill would also allow DHSS to provide grants to the other nine Alaska Native non-profit organizations authorized in federal law to operate tribal TANF programs. Cook Inlet Tribal Council (CITC) plans to begin operating a tribal TANF program in July 2005.

The fiscal note assumes implementation of the CITC program on July 1, 2005, and reflects the associated budget impacts. Child Care benefits are direct subsidies paid to childcare providers for TANF families. This fiscal note deletes \$931.5 federal budget authority for the decline in childcare expenditures due to the transfer of the existing Native Temporary Assistance caseload in Anchorage to CITC.

Prepared by: Katherine Farnham

Phone 269-7930

Division: Public Assistance

Date/Time 12/07/2004

Approved by: Joel S. Gilbertson, Commissioner

Date 12/10/2004

Agency: Department of Health and Social Services

FISCAL NOTE
FN # 2

STATE OF ALASKA
2005 LEGISLATIVE SESSION

BILL NO. HB 69

ANALYSIS CONTINUATION
Analysis Continued: Child Care Benefits

<u>Summary of all component impacts for CITCs NEAP</u>	Total	Federal	GFM	I/A
ATAP component	(6,727.0)	(563.2)	(5,755.8)	(408.0)
Tribal Assistance	4,093.8		3,685.8	408.0
Work Services component	(1,346.4)	(1,346.4)	-	-
Child Care Benefits component	<u>(931.5)</u>	<u>(931.5)</u>	<u>-</u>	<u>-</u>
Total net fiscal impact for CITC Native TANF	(4,911.1)	(2,841.1)	(2,070.0)	-

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: HB 69
 (H) Publish Date: 1/12/05
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):

Title REAUTHORIZATION OF NATIVE FAMILY ASSISTANCE GRANTS PROGRAM

RDU Public Assistance

Component ATAP

Sponsor (RLS) BY REQUEST OF THE GOVERNOR

Requester GOVERNOR

Component No. 220

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	(6,727.0)	(6,727.0)	(6,727.0)	(6,727.0)	(6,727.0)	(6,727.0)
Miscellaneous						
TOTAL OPERATING	(6,727.0)	(6,727.0)	(6,727.0)	(6,727.0)	(6,727.0)	(6,727.0)

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES (0)						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	(563.2)	(563.2)	(563.2)	(563.2)	(563.2)	(563.2)
1003 GF Match	(5,755.8)	(5,755.8)	(5,755.8)	(5,755.8)	(5,755.8)	(5,755.8)
1004 GF						
1037 GF/Mental Health						
1007 Interagency Receipts	(408.0)	(408.0)	(408.0)	(408.0)	(408.0)	(408.0)
Other(Specify Type-do not abbreviate)						
TOTAL	(6,727.0)	(6,727.0)	(6,727.0)	(6,727.0)	(6,727.0)	(6,727.0)

Estimate of any current year (FY2005) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This legislation reauthorizes the Department of Health & Social Services (DHSS) to award and administer state funds under the Alaska Native family assistance grant program to support the operation of federally approved Tribal TANF programs. The three organizations currently running programs and receiving Native family assistance grants are: Tanana Chiefs Conference (TCC) in the interior Doyon region, Central Council of Tlingit & Haida Indian Tribes of Alaska (T&H) in SE Alaska, and the Association of Village Council Presidents in the YK Delta. Approval of this legislation maintains state support for these programs at the current, status quo level (no fiscal impact or change for existing Native family assistance programs). In addition to reauthorizing the existing programs this bill would also allow DHSS to provide grants to the other nine Alaska native non-profit organizations authorized in federal law to operate tribal TANF programs. Cook Inlet Tribal Council (CITC) plans to begin operating a tribal TANF program in July 2005. This fiscal note assumes implementation of the CITC program on July 1, 2005 and reflects the associated budget impacts.

Prepared by: Katherine Farnham

Phone 269-7930

Division Public Assistance

Date/Time 12/07/2004

Approved by: Joel S. Gilbertson, Commissioner

Date 12/10/2004

Agency Department of Health and Social Services

**FISCAL NOTE
FN # 1**

**STATE OF ALASKA
2005 LEGISLATIVE SESSION**

BILL NO. HB 69

ANALYSIS CONTINUATION

Analysis Continued:

State supplemental grant to CITC to operate tribal TANF in the Anchorage service area:

Funding for tribal TANF program operations comes from the federal TANF block grant and is supplemented by state grant funds that would otherwise be spent to serve the same number of Native families receiving assistance from the State's temporary assistance program. This fiscal note reflects the 'transfer' of \$4,093.8 in state funding from the ATAP component to the Tribal Assistance component to support the operation of tribal TANF administered by CITC. Funds provided by this state grant supplement CITC's federal TANF block grant and will be used for purpose of providing temporary assistance payments to eligible families through the CITC uibal TANF program.

Native Operated TANF programs & Changes in MOE

The state maintenance of effort (MOE) requirement for TANF is based on the state share of AFDC expenditures in FFY1994. In order to earn the annual TANF block grant, states must spend at least 75-80 percent of their FFY 1994 spending. Federal law allows designated Native organizations to operate their own TANF programs and to receive TANF grants directly from the federal government. The federal grants for Native TANF reduce the state block grant amount dollar for dollar. In addition, the required state maintenance of effort (MOE) is reduced.

State general funds savings of roughly \$25 million have been previously deleted from the ATAP budget to a level equal to the minimum 75% MOE amount. Due to CITC implementing a new tribal TANF program, DHSS can reduce the required MOE by an additional \$2,070.0 million GF. This fiscal note changes ATAP component funding sources by deleting \$2,070.0 GF (MOE) and replacing with federal TANF authority. The change in fund source assumes a reduction in state TANF MOE amount due to the implementation of the CITC tribal TANF program.

Delete excess Federal TANF - ATAP caseload transfers to CITC

This fiscal note deletes \$2,633.2 federal budget authority for the projected decline in ATAP component formula payments due to the transfer of the existing Native Temporary Assistance caseload in Anchorage to CITC.

<u>Summary ATAP component impacts</u>	Total	Federal	GFM	I/A
"Transfer" to Tribal Assistance component	(4,093.8)	-	(3,685.8)	(408.0)
Delete GFM to the revised MOE floor	-	2,070.0	(2,070.0)	-
Delete excess federal TANF federal authority	<u>(2,633.2)</u>	<u>(2,633.2)</u>	-	-
ATAP component net change	(6,727.0)	(563.2)	(5,755.8)	(408.0)

<u>Summary of all component impacts for CITCs NEAP</u>	Total	Federal	GFM	I/A
ATAP component	(6,727.0)	(563.2)	(5,755.8)	(408.0)
Tribal Assistance	4,093.8		3,685.8	408.0
Work Services component	(1,346.4)	(1,346.4)	-	-
Child Care Benefits component	<u>(931.5)</u>	<u>(931.5)</u>	-	-
Total net fiscal impact for CITC Native TANF	(4,911.1)	(2,841.1)	(2,070.0)	-

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

FRANK H. MURKOWSKI, GOVERNOR

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030
FAX: (907) 465-3068

February 7, 2005

Honorable Peggy Wilson, Chair
House Health, Education and
Social Services Committee
Alaska State Capitol; Rm. 108
Juneau, AK 99801

Dear Representative Wilson,

The Department of Health and Social Services respectfully requests a hearing in the House Health, Education and Social Services Committee on House Bill 69 "An Act relating to contracts for the provision of state public assistance to certain recipients in the state; providing for regional public assistance plans and programs in the state; relating to grants for Alaska Native family assistance programs; relating to assignment of child support by Alaska Native family assistance recipients; relating to paternity determinations and genetic testing involving recipients of assistance under Alaska Native family assistance programs; and providing for an effective date."

This bill would reauthorize the Alaska Native Family Assistance Grant Program established in Chapter 96, SLA 2000 as a temporary pilot program. In addition to reauthorizing the pilot program on a permanent basis in statute, the bill also would allow the remaining nine Alaska native nonprofit organizations authorized in federal law to participate in the program.

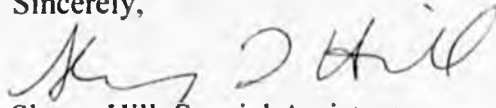
The House Community and Regional Affairs Committee previously heard the bill and passed it from committee without amendment. All members present recommended, "do pass."

A copy of Governor Murkowski's transmittal letter providing additional information on the proposal, a sectional analysis, and the associated fiscal notes should be on file with the committee.

Honorable Peggy Wilson
Page 2

Your favorable consideration of this request will be appreciated.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sherry Hill".

Sherry Hill, Special Assistant
Office of the Commissioner

cc: Kevin Jardell, Legislative Director
Office of the Governor

Katherine Farnham, Director
Division of Public Assistance

State of Alaska
Department of Health & Social Services

Frank H. Murkowski
Governor
P.O. Box 110001
Juneau, Alaska 99811-0001
FACT SHEET



Joel Gilbertson
Commissioner
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January 10, 2005

Reauthorization of the Native Family Assistance Program Fact Sheet

- Federal law authorizes 13 Alaska Native regional non-profit agencies to deliver their own unique tribal TANF programs to their members. Currently, three non-profit agencies operate tribal TANF programs that serve 995 families in Alaska.
- These tribal agencies have successfully administered TANF programs that reflect the unique needs and conditions in local communities while moving tribal members from welfare to work. Tribes have the knowledge and experience to provide culturally relevant services to their members.
- Tribal TANF programs are funded with federal dollars; tribal providers receive a share of the state's TANF block grant equal to the amount formerly expended by the state to serve tribal members.
- Both Alaska state and tribal officials agree that federal funds alone are insufficient for operation of a viable tribal TANF program. Moreover, federal law requires Alaska tribal TANF programs be comparable to the state-run TANF program. In response, state law passed in 2000 authorizes the Department of Health and Social Services to supplement four of the 13 non-profit agencies with Native Family Assistance Program grants (NFAP). NFAP grants are based on the amount of state funds formerly expended by the state to serve tribal members. This law will sunset on June 30, 2005. In 2004, the three tribal TANF programs currently operating in Alaska received approximately \$8.7 million in NFAP grants
- Interest in development of tribal TANF programs in Alaska is on the rise. The Division of Public Assistance reports that three additional Native non-profit organizations have formally begun the process of developing tribal TANF programs.

HB 69:

- Reauthorizes the Native Family Assistance Program and places its provisions in permanent statute.
- Expands eligibility for NFAP grants to all 13 federally authorized tribal TANF providers.
- Ensures the viability of current tribal TANF programs and supports the development of additional locally operated and culturally relevant Tribal TANF programs.

Sectional Analysis

Bill No. HB 69

"An Act relating to contracts for the provision of state public assistance to certain recipients in the state; providing for regional public assistance plans and programs in the state; relating to grants for Alaska Native family assistance programs; relating to assignment of child support by Alaska Native family assistance recipients; relating to paternity determinations and genetic testing involving recipients of assistance under Alaska Native family assistance programs; and providing for an effective date

Section 1:

Amends AS 47.27 by adding a new article authorizing the Department of Health and Social Services (DHSS) to award and administer Alaska Native family assistance program (NFAP) grants. NFAP grants and programs operated under NFAP grants need not conform to legislative provisions authorizing the state administered Alaska Temporary Assistance Program (ATAP).

Outlines requirements for eligibility for an NFAP grant by specifying:

- which entities are eligible for NFAP grants under this legislation. AS 47.27.070 references the 12 Alaska Native non-profit corporations and the Metlakatla Indian Community of the Annette Islands Reserve;
- only tribes with a federally approved tribal TANF plan and those that agree to operate a tribal family assistance program under an approved plan are eligible for grant;
- the plan approved under this section must be operated on a state fiscal year basis;
- the process the department will use for approving an NFAP grant;
- guidelines for determining the grant amount;
- standards the program must meet for plan approval by the department;
- provisions for safeguarding confidentiality record sharing, data and fiscal record collection and exchange, and termination of the program.

Specifies that a person residing in an area covered by a tribal family assistance plan will be served only through that tribal organization and outlines an appeal process.

Requires that a participant in an Alaska Native family assistance program assign to that program all rights to ongoing child support and cooperate with all CSSD enforcement activities unless the program finds the participant has good cause for refusing to cooperate.

Requires a Native family assistance program to provide CSSD with information needed to make a valid child support assignment, and specifies the applicability of AS 25.27 (Child Support Services Agency) to a recipient under an Alaska Native family assistance program.

Section 2:

Amends AS 47.27 by adding a new article establishing the authority of DHSS to develop and implement regional public assistance plans and programs and authorizes the department to award contracts for the implementation of regional assistance programs. Contracts under this section are exempt from competitive bid requirements of the state procurement code. Under this section, DHSS can only contract for the implementation of a regional public assistance program if:

- an Alaska Native organization is authorized to operate a federally approved tribal assistance program;
- the organization has been awarded an NFAP grant;
- the regional plan will serve eligible state residents not covered by the federally approved tribal assistance program;
- the organization agrees to provide state public assistance identical to that provided by the federally approved tribal family assistance plan;
- the organization provides an appeals process for applicants or recipients that uses the same methodology available under the federally approved plan.

Mandates that recipient records be kept confidential.

Section 3:

Defines "Alaska Native family assistance grant;" "Alaska Native family assistance programs;" "federally approved tribal family assistance plan.

Section 4:

Provides authority for DHSS to adopt transitional regulations

Section 5:

Provides Revisor's instructions.

Section 6

Establishes an effective date of June 30, 2005.

Native Family Assistance Program

Report to the Alaska Legislature on the Pilot Projects



Department of Health and Social Services
Division of Public Assistance
January 2005

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Appendices

 Appendix A: Table and Map: Regional Native Corporations and Their Non-Profit Organizations

 Appendix B: Selected Sections from PL 104-193, the Personal Responsibility and Work Opportunities Reconciliation Act (PRWORA)

Alaska Native Family Assistance Program Pilot Projects

Executive Summary

The federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) ended the individual entitlement to welfare cash benefits and established a cap on federal funding in the form of a fixed block grant. In exchange for this new method of funding, states were allowed more flexibility in the administration of their Temporary Assistance for Needy Families (TANF) programs.

PRWORA also gave American Indian and Alaska Native organizations authority, as well as access to federal funding, to operate TANF programs through their own tribal organizations. In response, 37 tribal TANF programs currently operate on behalf of 175 tribes and serve over 8,400 families nationwide. A 2001 report published by the National Congress of American Indians estimates that a third of all American Indian and Alaska Native TANF recipients received support through tribal TANF programs in 2001.



PRWORA also specifies which Native entities are eligible to operate tribal TANF programs in Alaska. These are limited to the Metlakatla Indian Community of the Annette Island Reserve and the twelve Alaska Native regional non-profit corporations.

The 21st Alaska Legislature passed Chapter 96, SLA 2000 that allows the Alaska Department of Health and Social Services to supplement four of the thirteen federally authorized tribal TANF providers in Alaska with "Native Family Assistance Program" grants (NFAP). NFAP was authorized as a pilot program with a sunset date of June 30, 2005. The legislation also required the Department of Health and Social Services to deliver a report detailing the status of the tribal TANF pilot programs operating in Alaska, and making recommendations for the reauthorization and expansion of the NFAP program.

Three tribal TANF programs are currently operating in Alaska. The Tanana Chiefs Conference in the Doyon Region, the Central Council of Tlingit and Haida Indian Tribes in the Sealaska Region of southeast Alaska, and the Association of Village Council Presidents in the Yukon-Kuskokwim delta Calista Region now serve a total of 970 families, nearly 20% of all families receiving TANF services in Alaska. Consistent with the TANF goal of family self-sufficiency, tribal TANF programs in Alaska strongly support moving tribal members from welfare to work. Since the first Alaska tribal TANF program began operation in 1999, the number of Alaska Native tribal TANF recipients has dropped by over 33 percent.

From the outset, the State of Alaska has supported the establishment and development of the tribal TANF programs. The NFAP program affirms the state's interest in promoting regional responsibility and local control for public assistance programs in Alaska. Families served by

tribal TANF programs have been successful in leaving welfare for employment and self-sufficiency. Moreover, interest in the development of Tribal TANF programs is increasing. Three additional tribal organizations have begun the process of formally planning their tribal TANF program.

The Alaska Department of Health and Social Services makes the following recommendations in regard to the Native Family Assistance Program:

Reauthorize the Native Family Assistance Program.

Across the nation, federal welfare reform has been successful in moving families from welfare to work. The three tribal programs currently operating in Alaska have successfully administered TANF programs that reflect the unique needs and conditions in local communities while effectively moving tribal members towards self-sufficiency through employment. Tribes have a better grasp of social and economic conditions that inform their work and allow them to tailor services based on the unique needs of local communities. This local presence and familiarity with village and community life puts the tribes in the best position to administer their programs and to successfully promote self-sufficiency for their clients.

Both state and tribal officials agree that federal funds alone are insufficient for the successful operation of a tribal TANF program that is comparable to the state run program. Supplementing tribal TANF programs with Native Family Assistance grants will maximize federal block grant funds available to tribes, and will promote effective welfare-to-work service delivery models for rural Alaska. The Alaska Legislature should pass the Governor's proposed legislation that will make the NFAP program permanent.

Expand availability of Native Family Assistance grants to all tribal groups authorized in federal law to operate tribal TANF programs.

Three additional Native non-profits not currently authorized to receive Native Family Assistance Grants are actively planning tribal TANF programs as authorized in federal law. At least one additional non-profit has expressed interest revealing a strong trend toward development of tribal TANF programs in Alaska. Expansion of the availability of Native Family Assistance grants will ensure that all tribal organizations federally authorized to deliver tribal TANF programs will have the opportunity to access the necessary state resources and provide effective and innovative public assistance programs to their members.

Alaska Native Family Assistance Program Pilot Projects

Introduction

The 21st Alaska Legislature passed Chapter 96, SLA 2000 authorizing the Alaska Department of Health and Social Services (DHSS) to award and administer Alaska Native Family Assistance Program (NFAP) grants to Native non-profit organizations operating tribal Temporary Assistance for Needy Families (TANF) programs. The law provides that these grants are available on a pilot basis to four Alaska Native tribal entities: Metlakatla Indian Community of the Annette Island Reserve, the Association of Village Council Presidents, the Tanana Chiefs Conference, and the Tlingit-Haida Central Council. The law also requires DHSS to report to the Governor and the Legislature on the status of these pilot programs, and to make recommendations regarding the continuation of the NFAP program and expansion of the program to make grants available to all Alaska Native non-profit organizations authorized to receive federal funds to operate tribal TANF programs in Alaska. Chapter 96, SLA 2000 will sunset on June 30, 2005.

This report will provide background on the authorization and funding of tribal TANF programs, present information on the status of tribal TANF programs operating in Alaska, and make recommendations as to the continuation and expansion of the NFAP grant program.

Background

The passage of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), commonly known as "welfare reform," changed the face of welfare in America. After years of growing caseloads, the new law ended the individual entitlement to welfare cash benefits and established a cap on federal funding in the form of a fixed block grant. In exchange for this new method of funding, states were allowed a great deal more flexibility in the administration of their programs. This devolution of authority to states was similarly extended to American Indian and Alaska Native organizations. For the first time in history, Native people were authorized by the federal government to run a major welfare program through their own tribal governments and organizations.

To be eligible to operate a tribal TANF program, a Native entity must complete a Tribal Family Assistance Plan and submit it for approval to the Secretary of the U.S. Department of Health and Human Services. The plan must outline the tribe's approach to providing welfare-related services, specify which entity or entities will be providing the services, define the population and service area, provide that duplicative services will not be provided by a state or other tribe, identify employment opportunities in the area and how the tribe will enhance those opportunities for TANF recipients, and apply certain fiscal accounting and auditing procedures.

As of FY 2002, 36 tribal TANF plans were approved to operate on behalf of 175 tribes serving over 8,400 families nationwide. A 2001 report published by the National Congress of American Indians estimates that a third of all American Indian and Alaska Native TANF recipients

received support through tribal TANF programs in 2001. Figure 1 shows the growth in tribal TANF programs since their inception in 1997.

Number of Federally Approved Tribal TANF Programs, FY 1997 - 2002

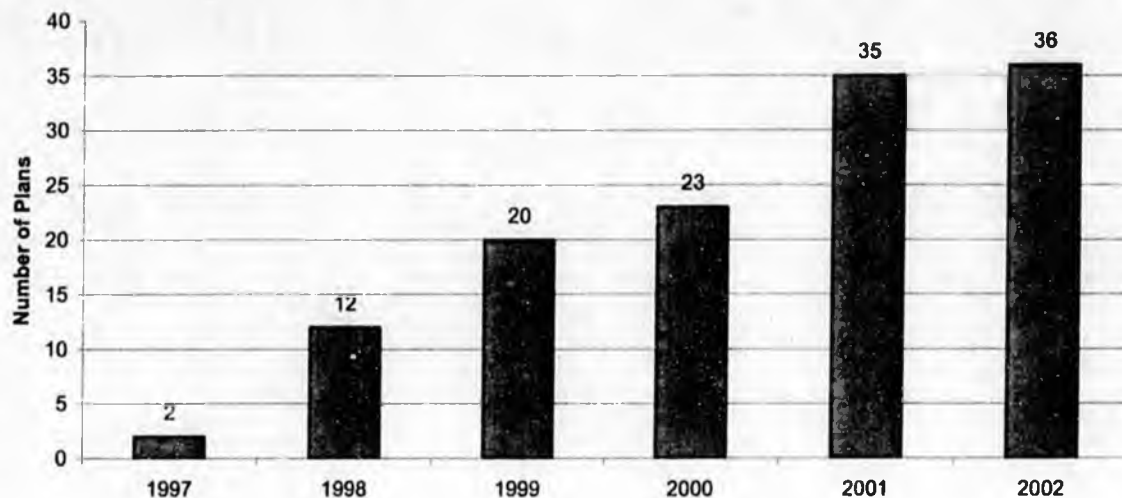


Figure 1

PRWORA also specifies which Native entities are eligible to operate Tribal TANF programs in Alaska. These are limited to the Metlakatla Indian Community of the Annette Island Reserve and the twelve Alaska Native regional non-profit corporations: Arctic Slope Native Association, Kawerak, Inc., Maniilaq Association, Association of Village Council Presidents, Inc., Tanana Chiefs Conference, Cook Inlet Tribal Council, Bristol Bay Native Association, Aleutian and Pribilof Islands Association, Chugachmiut, Tlingit and Haida Central Council, Kodiak Area Native Association, and Copper River Native Association. The law also contains a special rule for Alaska requiring certain aspects of tribal programs to be comparable to the state's TANF program. The federal Department of Health and Human Services in consultation with the tribes and the State of Alaska established these "comparability criteria" to include certain program eligibility criteria, benefit levels, minor parent requirements, work participation and child support enforcement. Chapter 96, SLA 2000, which established the Native Family Assistance Program, mirrors federal law by authorizing the state to coordinate with these Native organizations in the development of their Native family assistance programs.

Alaska currently has three tribal TANF programs serving nearly 20% of all TANF families in Alaska. From the outset, the State of Alaska has supported the establishment and development of the tribal TANF programs. Just as the devolution of authority from the federal government to the state has allowed for the success of welfare reform in Alaska, so has the authority granted to Native organizations provided a better framework for meeting the unique circumstances facing Alaska Native families on welfare. Programs run locally by Native organizations are more culturally relevant, better attuned to local economic circumstances, and better coordinated with other social services provided by Native organizations. Tribal TANF programs provide for an

added measure of Native self-governance and self-determination and ultimately, are better equipped to achieve the purposes of PRWORA.

Funding Tribal TANF: Federal Block Grant & Alaska Native Family Assistance Program

The federal funding provisions regarding tribal TANF programs are contained in Section 412 of PRWORA. The law establishes that the federal Department of Health and Human Services fund tribes who have submitted an approved tribal family assistance plan with a portion of the state's TANF block grant. The share of the state's block grant that is transferred to a tribal TANF program is based on the amount of federal funds spent by the state in 1994 for Native families residing in the service area identified by the tribe in their tribal family assistance plan.

While PRWORA is silent on the issue of state funding for tribal TANF programs, both the state Department of Health and Social Services and the TANF-authorized tribes concur that in order for tribal organizations to successfully operate state-comparable programs, they require both federal and state financial support. This agreement, along with interest of three Alaska tribal entities in providing TANF programs, provided the impetus for passage of Chapter 96, SLA 2000 and the development of the Native Family Assistance Program (NFAP) in Alaska.

The principle that guides the level of state funding provided to tribal TANF programs through NFAP grants is that the amount should be fair and equitable when compared to the level of state funding for the Alaska Temporary Assistance Program. To achieve this end, the state considers the total amount of federal and state money that would otherwise be used to provide Temporary Assistance to Native families living in the designated service area in a given base year. Five funding categories are included: cash benefits, childcare assistance, work services (case management, supportive services, transportation, client training, etc.), eligibility determination services and administration. From this total, the federal block grant and the state's share of child support collected on behalf of the tribal TANF families are deducted. The difference is issued as a Native family assistance grant. The state grant has been considered a block grant so that the Native program operates under the same fixed funding parameters as the state's TANF program.

NFAP grants are negotiated yearly with tribal TANF providers and funds are transferred on a quarterly basis. NFAP grants are expended solely on cash benefit payments, except for administrative costs not to exceed 15 percent of the total grant amount.

There are currently three Tribal TANF programs receiving Native Family Assistance Grants: the Tanana Chiefs Conference (TCC), the Tlingit and Haida Central Council (T&H), and the Association of Village Council Presidents (AVCP).

Table 1 shows the amounts granted between FY 1999 and FY 2004.

Native Family Assistance Grants, FY 1999 - 2004

	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	Total
Tanana Chiefs	\$2,405,200	\$2,405,200	\$2,405,200	\$2,405,200	\$2,405,200	\$2,405,200	\$14,431,200
Tlingit & Haida			\$2,575,500	\$2,575,500	\$2,575,500	\$2,575,500	\$10,302,000
Assoc. of Village Council Presidents			\$3,740,400	\$3,740,400	\$3,740,400	\$3,740,400	\$24,733,200
TOTAL	\$2,405,200	\$2,405,200	\$8,721,100	\$8,721,100	\$8,721,100	\$8,721,100	\$39,694,800

Table 1

Native Family Assistance Program Grant Oversight

Tribal providers who receive NFAP grants enter into a contractual agreement with the State of Alaska to provide timely and accurate cash assistance, eligibility services, case management and other welfare-to-work services, supportive services, child care assistance and administrative support to all eligible families living within their service area. The contract requires tribal providers to report monthly to DPA describing the amount of grant funds expended for TANF program benefits. Contract provisions also include an agreement between tribal providers and the state to share information, work cooperatively and coordinate services to eligible families.

The NFAP contract requires that tribes establish an eligibility and data management computer system that will capture and provide information needed for an interface between the Division of Public Assistance Eligibility Information System (EIS), the Child Support Services Division (CSSD) and the tribal program. The tribal program must agree to cooperate with CSSD to establish paternity and to establish, modify, or enforce a child support order for a dependent child.

The NFAP contract allows DPA to monitor and evaluate the tribal TANF program to assure that grant money is being used to serve eligible families. Such oversight items may include:

- Accurate eligibility and benefit determinations;
- Penalties, sanctions, and disqualification;
- Benefits issuance;
- Maximum payment levels;
- Minor Parent living arrangement and school attendance requirements;
- Child support cooperation;
- Coordination with other public assistance programs such as Medicaid, Food Stamps, Adult Public Assistance, Chronic and Acute Medical Assistance, and General Relief Assistance;
- Adequate case file documentation;
- Adequate and timely notice of adverse actions;
- Tracking 60-month time limit and appropriate exemptions; and
- Fair Hearing and Appeal process.

Should the tribal TANF provider fail to comply with the terms of the NFAP grant, DPA has the authority to suspend the grant until the provider takes corrective action or successfully appeals the suspension. To date, no tribal provider has been found to be out of compliance with the terms of their NFAP grant.

Development of Tribal TANF Programs in Alaska

The decision to assume responsibility for a tribal TANF program is a significant and complex decision for tribal organizations. Operating TANF presents important opportunities, but can also pose risks that may result in harm to the most vulnerable tribal members. To mitigate these risks and to build consensus among members, tribal TANF providers in Alaska undertook a rigorous decision-making and planning process.



The first step in planning for tribal TANF involved consensus building among tribal members. Tribal providers conducted regional, local and village meetings and teleconferences to discuss state and federal welfare reform legislation and its implications for Tribal TANF programs. Region-wide surveys of tribal preferences in program design were conducted and draft concept papers based on consensus elements of the survey were developed and circulated for discussion.

The thirteen Alaska tribes federally authorized to operate TANF programs worked cooperatively with the State of Alaska to reach agreement on the outline for a draft Tribal Family Assistance Plan (TFAP). A group known as the "Single Point of Contact" state and tribal representatives, or SPOC group, met regularly with a Native rights attorney hired by the tribes to come to consensus on such issues as the definition of a tribal service area, who would be served by a tribal TANF program, and the of comparability of state and tribal TANF programs. The SPOC group developed a model TFAP that became the template for Tribal TANF plans in Alaska.

Each tribal provider developed a draft TFAP that was reviewed by villages and communities in the service area. Final drafts of the plans were reviewed and approved by the Board of Directors of each Tribal entity and submitted to the Federal Department of Health and Human Services. Federal staff reviewed each tribe's plan and provided feedback as part of the approval process.

The experiences of Alaska's tribal TANF providers indicate that developing a sound TFAP requires more than meeting statutory requirements and following DHHS rules. The tribes have to define their own objectives and rules, negotiate terms with the state, and assemble resources for planning and start-up. Tribes decide to operate their own TANF program primarily because they believe they provide a better service to their members and achieve better employment outcomes by coordinating with Native employment programs. The TFAP is an opportunity to articulate the mission and goals of the tribal TANF program and to design the program

accordingly, including defining expectations for participation, acceptable work activities and sanction policies.

All three tribal TANF providers worked with the state in developing their TFAPs, and also received federal guidance. State staff provided information and guidance about staffing levels, policy and procedures and information systems needed to operate their programs. The state provided training and technical assistance including the collocation of state staff at tribal program facilities to assist in ongoing training and support.

While the state provided valuable technical assistance to help tribes develop their TANF plans, PRWORA does not provide any start-up funds to support planning or information system development prior to the approval of a tribal plan by DHHS and the subsequent grant award. In-kind support such as useful information, data and insights were garnered from staff working in related federally funded programs such as Native Employment Works (NEW) and the Workforce Investment Act (WIA). This lack of federal start-up, technical assistance and planning funds is a concern of states and has been noted as a deficiency in federal law that must be addressed.

Although the tribal providers in Alaska encountered challenges, they developed transition strategies and implemented tribal TANF operations that enabled start-up and continued service delivery. Important elements of these strategies included gradual transitions to tribal program operation, continuation of state involvement in program operations for an interim period, maintenance of good working relationships with the state TANF agency and adjustment of policies and procedures as needed.

Structure and Philosophy of Tribal TANF Programs in Alaska

Federal law provides tribes the flexibility to design and implement their TANF programs in a manner that addresses the unique needs and circumstances of their members. They can define such elements as the program service area, service population (e.g., all Native families in the service area or only enrolled members of the tribe), time limits, benefits and services, the definition of "family," eligibility criteria, and work activities. Tribes have the ability to establish, through negotiation with the federal Department of Health and Human Services, their own program work participation rate targets and required work hours. Tribes must provide the rationale for proposed work requirements, including how they are consistent with the purposes of TANF and with the economic conditions and resources available to the tribe.

The tribal TANF programs also recognize the role of traditional tribal activities in the lives of their members and have incorporated them into their program structure. They accept traditional activities such as subsistence fishing, hunting, and gathering as well as traditional crafts as legitimate work participation. Because many TANF participants have little experience with work in a cash economy, these traditional activities can be critical to the growth of a sense of responsibility and to the development of employment skills.

The location and accessibility of tribal TANF programs help overcome employment barriers in rural Alaska. Often state TANF offices and resources are not available to village residents living far off the road system. Tribal TANF programs have developed program offices in towns and

villages throughout rural Alaska bringing critical TANF services to families in their own communities. Tribal TANF programs have also been successful in coordinating the various human service programs they offer such as employment, workforce development, training and social services. This holistic approach results in efficient services that promote the health and self-sufficiency of the entire family.

Tribes administering TANF programs have the option to administer their programs utilizing Public Law 102-477, which authorizes the integration of various employment, training, and related services provided by tribal governments under a Bureau of Indian Affairs approved 477 plan. Currently, 11 of the 36 Tribal TANF programs are administered under this program including the three programs in Alaska. The tribes that utilize this option do so to integrate and consolidate their TANF programs with other related and complementary support programs. This allows tribes to simplify their budgeting, operating, and reporting systems, while maximizing their resources and service delivery capabilities. Financial reporting relating to the TANF program has been integrated to the maximum extent possible, while still meeting the minimum statutory requirement for ensuring proper expenditure of TANF funds. Performance reporting must of necessity be maintained separately in order to meet minimum statutory and regulatory reporting requirements.

Tribal TANF providers may also develop their own strategies for achieving the program goal of family self-sufficiency. The tribal TANF programs, like the state's Alaska Temporary Assistance Program (ATAP), have adopted a philosophy that emphasizes work as a means of independence from public assistance. Along with a cash benefit, each program offers services that promote rapid employment, self-sufficiency, and family stability. Tribes have adopted strategies designed to prepare TANF participants for employment including adult education, job skill training, and work experience, and to eliminate barriers to employment by addressing such problems as lack of quality and affordable childcare, domestic violence, health and mental health difficulties, and untreated alcohol or substance abuse.

Status of Tribal TANF Programs in Alaska

Currently, tribal TANF programs in Alaska are serving a total of 970 families. Approximately forty percent of families have one child and 30 percent have two children.

Consistent with the goal of self-sufficiency, tribal TANF programs strongly support moving tribal members from welfare to work with an average of 40 percent of adults engaged in work or work participation activities. Since the first Alaska tribal TANF program began operation in 1999, the number of Alaska Native tribal TANF recipients has dropped by over 33 percent.

While tribal TANF results are below the state caseload reduction of 52 percent, this is a positive result when considering the challenge of securing employment in rural areas served by the state's tribal TANF programs. Figure 2 compares caseload reduction in the Alaska Temporary Assistance program with that of the three tribal TANF programs.

Comparison of Temporary Assistance, TCC, T&H, and AVCP Native TANF Cases

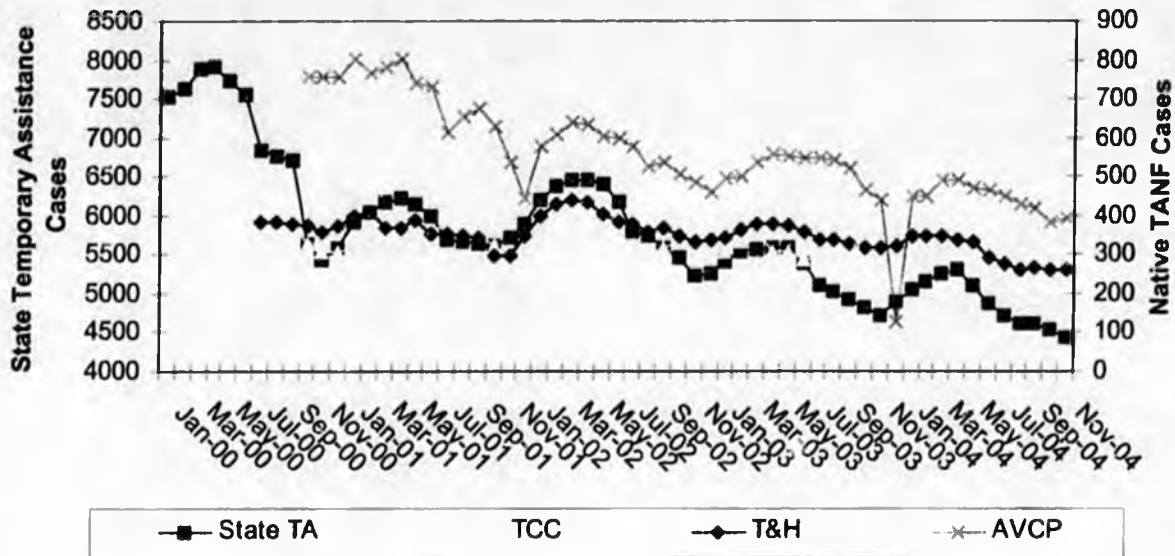


Figure 2

Tanana Chiefs "Athabascan Self-Sufficiency Assistance Partnership Program" (ASAP)

The service area for the ASAP program includes Fairbanks and 42 villages in Doyon Region of interior Alaska. This program serves all families in which the head of the household is Alaska Native or American Indian. The program began operation in October 1998, and in FY 2004 served an average of 315 families per month.

The ASAP program 2003 funding includes \$5,312.1 in federal funding and \$2,405.2 in state funding through the NFAP grant program. During FY 2003 the ASAP program provided services to approximately 1,618 clients including 289 families receiving childcare assistance for 468 children. The program authorized approximately \$1.8 million in cash benefits to eligible recipients and over \$253,000 in direct client or supportive services.

The goal of the ASAP program is to strengthen individuals, their families and their communities by increasing their capacities to support each other through meaningful work and employment, and to develop local resources and jobs to decrease dependency on cash assistance programs. The program is based on four guiding principals: every family has basic needs, which must be met; every family has something to offer their community; it takes a lot of work to meet the needs of a family and a community; and in every community, everyone should support themselves and each other by the work that they do.

Services provided by the ASAP program include case management, on-the-job training, short term job training, counseling and skill building, help with child care expenses, referrals for paid employment, referrals for community work services, structured job search to teach specific job search skills, transitional services including child care assistance and post-employment services, GED or high school instruction, vocational training, and higher education. Additional services

offered to families include financial literacy training, mentorship from members of the local community and linkages to therapeutic treatment options.



An innovative feature of the ASAP program is a one-stop service center in each of the village council offices. This model of service coordination promotes a holistic focus on family needs and allows TCC to deliver a variety of services efficiently and effectively. Prior to the transition to the one-stop service centers, there was a zero percent overall work participation rate for village-based TANF recipients. Now, the ASAP program has met its work participation requirements, put families into work, offered

opportunities for training and matched parents with specialized resources.

The ASAP program has also promoted financial self-sufficiency with the Earned Income Tax Credit (EITC) Program. The program helped 774 recipients apply for the EITC on their tax returns, with approximately \$570,000 realized in tax refunds. During the next fiscal year ASAP will offer EITC preparation seminars through a contract with Alaska Business Development Center and in conjunction with the University of Alaska. This program will assist working TANF recipients as well as those who have left ASAP to participate in the EITC program to augment their household income.

Community collaborations enhance services provided to recipients. In 2003 the ASAP program partnered with the State of Alaska Department of Labor and Workforce Development to present the Fairbanks Job Fair. Eighty-six employers and over 2,400 individuals participated making this the largest job fair ever in Alaska. Through a partnership with the TCC Tribal College, staff at the ASAP program began the training to become Certified Career Development Facilitators (CDF). CDF's are qualified to work in Career Resource Centers, Welfare to Work programs, as well as a variety of workforce development settings.

Faith-based partnerships are also a feature of ASAP. Love In the Name of Christ (Love, INC) provides "Hope Seminars" focusing on a range of skills including cooking on a tight budget, time and credit management, marriage and family communication, and purchasing and caring for a car. Successful completion of the two-day seminar enables an individual to be eligible for the Love, INC vehicle donation program. Through a partnership with TCC Old Minto Recovery and St. Mathews Church, the ASAP program offers "Strengthening the Families." This eight-week course is designed to strengthen family communication, encourage prevention of substance abuse for the youth, and assist high-risk families with essential skills for rebuilding a healthy family life.

The ASAP program has been successful in reducing the program caseload and putting people to work. During FY 2003, 265 clients were placed in unsubsidized employment. Between FY 2002 and FY 2003, the TCC caseload dropped by 5 percent. Since the time TCC began their

TANF program, their caseload has dropped approximately 16 percent. Figure 3 shows the changes in caseload since the program began.

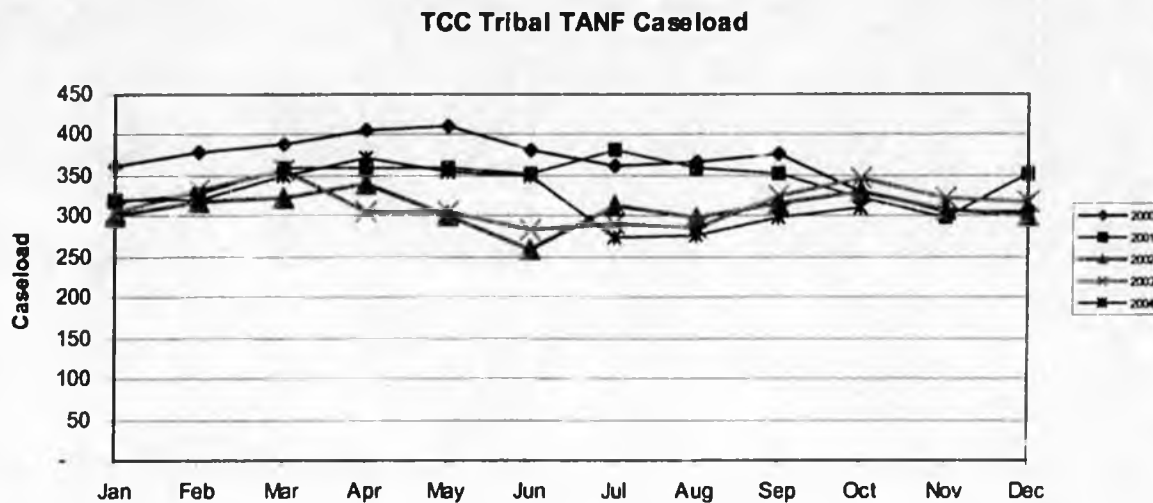


Figure 3

Central Council of Tlingit and Haida TANF Program

The T&H program serves Southeast Alaska, with eligibility restricted to households where at least one member is Alaska Native and enrolled or eligible for membership in a federally recognized tribe in the service area. These tribes include Angoon, Klukwan, Haines, Craig, Douglas, Hoonah, Hydaburg, Kake, Kasaan, Ketchikan, Klawock, Pelican, Petersburg, Saxman, Skagway, Tenakee, Wrangell, Sitka, Yakutat, and Juneau. The program began operation in July 2000. In FY 2003, the T&H program served an average of 315 families per month.

The 2003 T&H TANF program funding includes \$ 2,367,150 million in federal funding and \$2,575,500 in state funding through the Native Family Assistance Grant program. During FY 2003 the T&H TANF program provided services to approximately 350 clients including 208 families receiving childcare assistance for 624 children. The program authorized approximately \$2,642,315 million in cash benefits to eligible recipients and over \$801,000 in direct client or supportive services.

The overriding goal of the T&H tribal TANF program is to assist families to become self-sufficient. The program emphasizes work as a means to self-sufficiency with the expectation that both parents of children needing assistance must work to the extent of their ability. Program participants are encouraged to complete at least a high school education (or its equivalent), so that they can enjoy greater opportunities to obtain work that will produce sufficient income to support their families and contribute to their community. The program aims to discourage unwed pregnancies and works with all sectors of the community to discourage out-of-wedlock pregnancies, especially among teens, and encourages family stability by requiring teen parents to remain in their parents' or another responsible adult's home.

Services provided by the T&H TANF program include case management, adult basic education, employment assessment, adult vocational training and higher education, work experience and on-the-job training, job search skills and post-employment services. A variety of supportive services are offered to families who are actively participating in seeking employment, in school or in training including childcare, transportation, work clothing, tools for work, food and shelter assistance and linkages to therapeutic treatment options.

Service coordination is a key feature of the T&H TANF program. In 1994, T&H was the first Native American agency to utilize PL 102-477 to integrate a variety of services under their Employment and Training Division. Internally, the T&H TANF program coordinates with its Division of Employment and Training to utilize the services of Tribal Vocational Rehabilitation, childcare, Adult Vocational Training, Tribal Employment Rights and the Youth Opportunity Program.

Additional internal coordination includes Central Council Tribal Family and Youth Services, Headstart, and Tribal enrollment services for medical and mental health services. State agency partners in the delivery of services to TANF recipients include the Division of Public Assistance, the Department of Labor and Workforce Development, Child Support Services, the Division of Vocational Rehabilitation and the Office of Children's Service. Community partnerships with the Southeast Regional Resource Center, Catholic Community Services, St. Vincent DePaul, and women's shelters such as Aiding Women and Rape Emergencies (AWARE) help to address the needs of families with barriers to work.

The T&H TANF program has been successful in reducing the program caseload and putting people to work. During FY 2003, 270 clients were placed in unsubsidized employment. Between FY 2002 and FY 2003, the T&H caseload dropped by 5 percent. Since the time T&H began their TANF program, their caseload has dropped approximately 7 percent. Figure 2 below shows the changes in caseload since the program began

T&H Tribal TANF Caseload

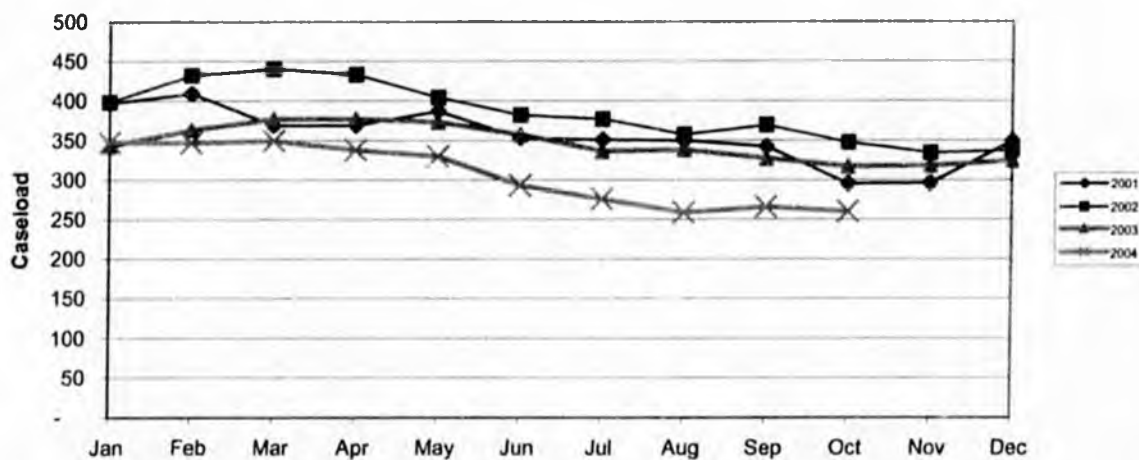


Figure 2

Association of Village Council Presidents TANF Program

The AVCP program serves Bethel and the 56 federally recognized tribes surrounding the Yukon-Kuskokwim Delta. In order to provide state public assistance in a uniform and cost effective manner, this program is designated as a "regional public assistance program," as it serves all Alaska Native families as well as non-Native families in the service area. This program began operation in October 2000. In FY 2003, the AVCP program served an average of 510 families per month.

The 2003 AVCP TANF program funding included \$5,420.8 in federal funding and \$3,740,400 in state funding through the Native Family Assistance Grant program. During FY 2003 the ASAP program provided services to approximately 550 clients including 18 families receiving childcare assistance for 36 children. The program authorized approximately \$3.4 million in cash benefits to eligible recipients.

The overriding goal of AVCP TANF is to assist families to become self-sufficient through employment. The program provides comprehensive services that meet the basic needs of families throughout the region while improving communities and strengthening individuals. Work and supportive services are offered internally or through referrals to community agencies.

The AVCP TANF program coordinates internally with other AVCP services and programs, in particular the Education, Employment, Training and Childcare Division (EET&CC). Services include adult vocational training, employment services, and Head Start. EET&CC services promote economic and social development of tribal members in order to reduce joblessness and to more fully develop the academic, occupational and literacy skills that make individuals more competitive in the workforce. State agency partners in the delivery of services to TANF recipients include the Division of Public Assistance, the Department of Labor and Workforce Development and Child Support Services in the Department of Revenue.

The AVCP TANF program has been successful in reducing the program caseload and putting people to work. Between FY 2002 and FY 2003, the T&H caseload dropped by 10 percent. Since the time AVCP began their TANF program, their caseload has dropped approximately 40 percent. Figure 5 below shows the changes in caseload since the program began.

AVCP Tribal TANF Caseload

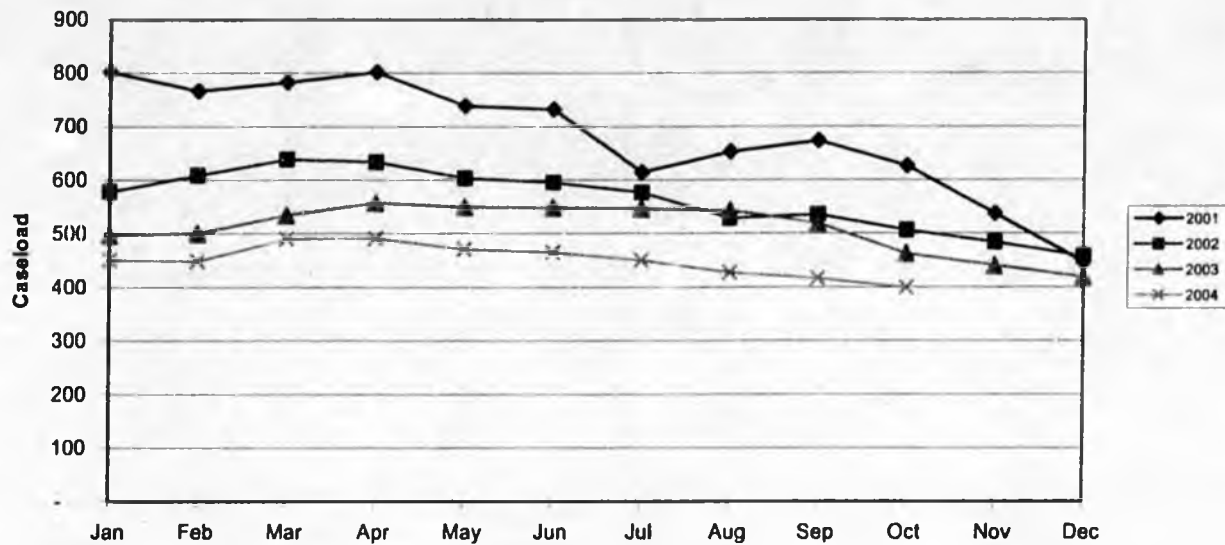


Figure 5

Obstacles and Lessons Learned

A common difficulty for tribes in Alaska was the development, operation and maintenance of computer information systems to support TANF operations. A TANF information system must support enrollment of program participants and help tribes track and report services provided and participant activities. Information systems are also crucial to the exchange of data with TANF partners such as the Alaska Child Support Services Division.

Unlike states, tribes did not receive funding to develop their own TANF information systems. In response, the state provided seed money to tribes to purchase a computer software product designed specifically for tribal TANF programs. The tribes are using this product with varying level of success and continue to struggle with the need to provide accurate data to state and federal agencies.

Because of the limitations of their own computer systems capacity, there is growing interest among tribal TANF providers in contracting with the state for use of the Eligibility Information System (EIS) used to administer programs in the Division of Public Assistance. Cook Inlet Tribal Council, scheduled to begin providing tribal TANF in July 2005, has made the decision to use EIS for at least two years while developing their own system. Two of the three groups currently providing tribal TANF have also expressed interest in converting to EIS. Using the EIS system may yield significant savings and efficiencies, particularly with respect to data transfers between agencies. The state will continue to support usage of EIS for tribal TANF programs in Alaska.

Trends in Tribal TANF

Interest in the development of Tribal TANF programs is on the increase. As of the current date, three additional groups have formally initiated planning for tribal TANF programs.

Cook Inlet Tribal Council. Cook Inlet Tribal Council, Inc. (CITC) provides social, educational and employment services to Alaska Natives and Native Americans living in the Cook Inlet region. Established in 1983 by Cook Inlet Region, Inc. (CIRI) as a nonprofit social service agency, CITC administers over forty culturally appropriate programs designed to assist individuals and families to achieve self-sufficiency. Annually these programs serve an average of 13,000 Alaska Natives and Native Americans.

Over the last 20 years, Cook Inlet Tribal Council has grown from a staff of fifteen employees and total revenue of \$91,863 to a large and complex Native corporation, with over 245 employees and an annual operating budget in excess of \$31 million in the Year 2003. CITC's continuum of services runs through five departments: Substance Abuse Services, Youth Development Services, Educational Services Systems, Employment and Training Services, and Family Services.

CITC is preparing to add TANF to their comprehensive array of family services. With a planned start date of July 2005, the CITC Tribal TANF program will serve approximately 700 families in the Anchorage area.

Bristol Bay Native Association. The Bristol Bay Native Association (BBNA) is an alliance of 30 Tribal Councils from villages in the Bristol Bay area of southwest Alaska. A non-profit service agency, BBNA provides educational, social and workforce development services to families and individuals as well as economic development opportunities for the region. BBNA is in the early planning phase of their TANF program with a scheduled start date of October 2005. The proposed program will serve approximately 125 families in the Bristol Bay region.

Maniilaq. Additionally, the Maniilaq Association has recently begun formal planning for a TANF program to serve Northwest Alaska. Maniilaq is the non-profit Native Consortium located in the hub village of Kotzebue, providing tribal, health and social services to native and non-native residents of the Northwest Arctic Borough and Pt. Hope. The proposed program will serve approximately 145 families.

Recommendations

Reauthorize the Native Family Assistance Program.

Across the nation, federal welfare reform has been successful in moving families from welfare to work. One of the main reasons for this success has been the fact that the federal welfare reform law afforded the states the flexibility to design and run their own unique TANF programs. In the same light, the federal law allows Alaska Native tribes to run their own programs designed by their members, locally controlled, and culturally relevant. Tribes have a better grasp of social and economic conditions that inform their work and allow them to tailor services based on the

unique needs of local communities. This local presence and familiarity with village and community life puts the tribes in the best position to administer their programs and to successfully promote self-sufficiency for their clients.

The Native Family Assistance Grant program affirms the state's interest in promoting regional responsibility and local control for public assistance programs in Alaska. The three tribal programs currently operating have successfully administered TANF programs that reflect the unique needs and conditions in local communities and have been proven effective in moving tribal members towards self-sufficiency through employment. The single regional public assistance program operating in the Yukon-Kuskokwim area of Alaska that serves both Native and non-Native families in the region has been shown to be administratively efficient and cost effective. Reauthorization of the Native Family Assistance program will ensure that tribal groups currently delivering TANF services will continue to provide comparable and culturally relevant services in their own villages and communities, and may also improve the delivery of the Temporary Assistance program in rural areas.

Both state and tribal officials agree that federal funds alone are insufficient for the successful operation of a tribal TANF program that is comparable to the state run program. Supplementing tribal TANF programs with Native Family Assistance grants will maximize federal block grant funds available to tribes, and will promote effective welfare-to-work service delivery models for rural Alaska. The Alaska Legislature should pass the Governor's proposed legislation that will make the NFAP program permanent.

Expand availability of Native Family Assistance grants to all tribal groups authorized in federal law to operate tribal TANF programs.

Two additional Native non-profits not currently authorized to receive Native Family Assistance Grants are actively planning tribal TANF programs as they are authorized to do in federal law. At least one additional non-profit has expressed interest revealing a strong trend toward development of tribal TANF programs in Alaska. Expansion of the availability of Native Family Assistance grants will ensure that all tribal organizations federally authorized to deliver tribal TANF programs will have the opportunity to access the necessary state resources and provide effective and innovative public assistance programs to their members.

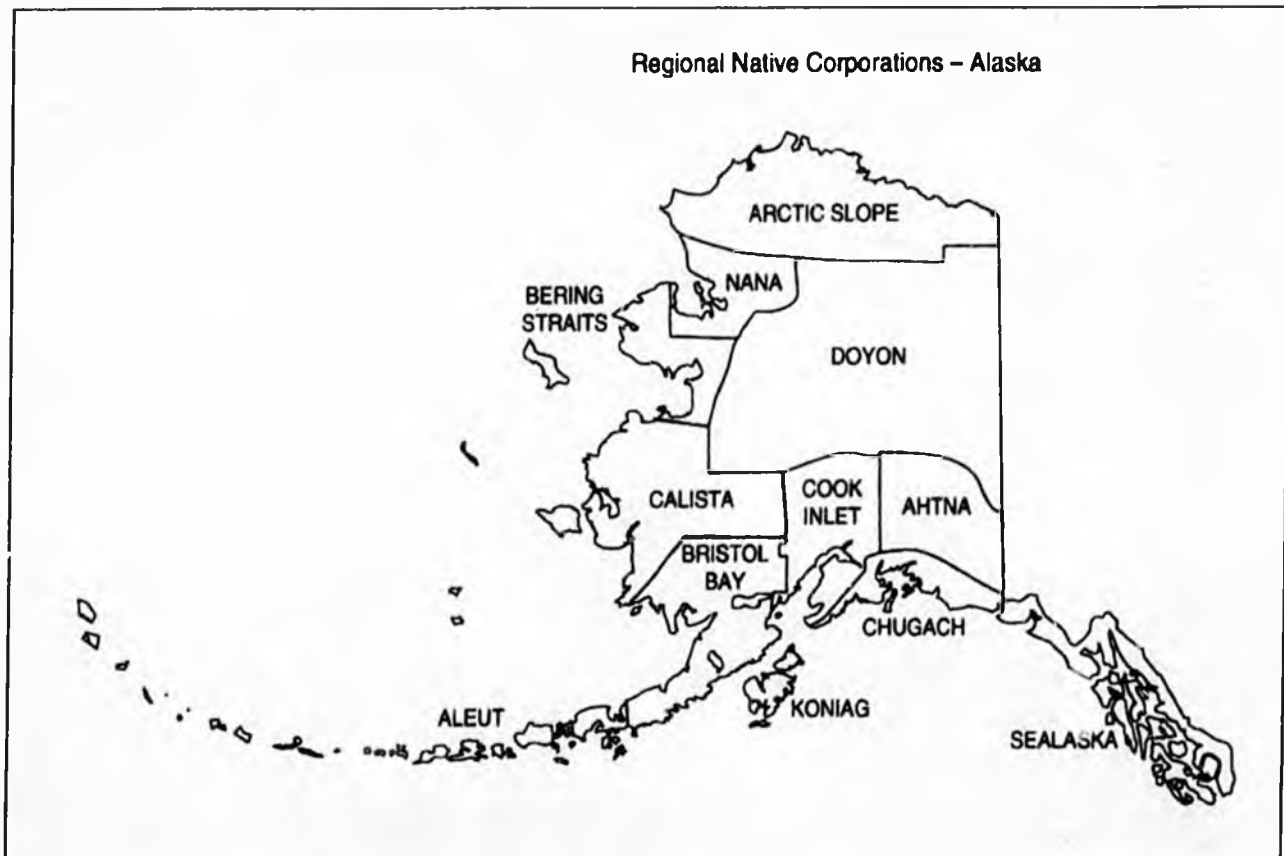
Appendix A

**Table and Map: Regional Native Corporations and their
Non-Profit Organizations**

Regional Native Corporations and their Non-Profit Organizations

Alaska Native Regional Corporations	Regional Non-Profit Organization
Arctic Slope Regional Corporation	Arctic Slope Native Association
Bering Straits Native Corporation	Kawerak, Inc.
Nana	Maniilaq Association
Calista Corporation	Association of Village Council Presidents, Inc
Doyon, Limited	Tanana Chiefs Conference
Cook Inlet Region, Inc.	Cook Inlet Tribal Council
Bristol Bay Native Corporation	Bristol Bay Native Association
Aleut Corporation	Aleutian and Pribilof Islands Association
Chugach Alaska Corporation	Chugachmiut
Sealaska Corporation	Tlingit and Haida Central Council
Koniag, Inc.	Kodiak Area Native Association
Ahtna, Inc.	Copper River Native Association
Metlakatla Indian Community of the Annette Island Reserve *	

* The only Indian Reservation in Alaska



Appendix B

**Selected Sections from PL 104-193, the Personal Responsibility and Work
Opportunities Reconciliation Act (PRWORA)**

Section 412. Direct Funding and Administration by Indian Tribes
Section 419. Definitions

SEC. 412. DIRECT FUNDING AND ADMINISTRATION BY INDIAN TRIBES.

“(a) GRANTS FOR INDIAN TRIBES-

“(1) TRIBAL FAMILY ASSISTANCE GRANT-

“(A) IN GENERAL- For each of fiscal years 1997, 1998, 1999, 2000, 2001, and 2002, the Secretary shall pay to each Indian tribe that has an approved tribal family assistance plan a tribal family assistance grant for the fiscal year in an amount equal to the amount determined under subparagraph (B), and shall reduce the grant payable under section 403(a)(1) to any State in which lies the service area or areas of the Indian tribe by that portion of the amount so determined that is attributable to expenditures by the State.

“(B) AMOUNT DETERMINED-

“(i) IN GENERAL- The amount determined under this subparagraph is an amount equal to the total amount of the Federal payments to a State or States under section 403 (as in effect during such fiscal year) for fiscal year 1994 attributable to expenditures (other than child care expenditures) by the State or States under parts A and F (as so in effect) for fiscal year 1994 for Indian families residing in the service area or areas identified by the Indian tribe pursuant to subsection (b)(1)(C) of this section.

“(ii) USE OF STATE SUBMITTED DATA-

“(I) IN GENERAL- The Secretary shall use State submitted data to make each determination under clause (i).

“(II) DISAGREEMENT WITH DETERMINATION- If an Indian tribe or tribal organization disagrees with State submitted data described under subclause (I), the Indian tribe or tribal organization may submit to the Secretary such additional information as may be relevant to making the determination under clause (i) and the Secretary may consider such information before making such determination.

“(2) GRANTS FOR INDIAN TRIBES THAT RECEIVED JOBS FUNDS-

“(A) IN GENERAL- The Secretary shall pay to each eligible Indian tribe for each of fiscal years 1997, 1998, 1999, 2000, 2001, and 2002 a grant in an amount equal to the amount received by the Indian tribe in fiscal year 1994 under section 482(i) (as in effect during fiscal year 1994).

“(B) ELIGIBLE INDIAN TRIBE- For purposes of subparagraph (A), the term ‘eligible Indian tribe’ means an Indian tribe or Alaska Native organization that conducted a job opportunities and basic skills training program in fiscal year 1995 under section 482(i) (as in effect during fiscal year 1995).

“(C) USE OF GRANT- Each Indian tribe to which a grant is made under this paragraph shall use the grant for the purpose of operating a program to make work activities available to members of the Indian tribe.

“(D) APPROPRIATION- Out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated \$7,638,474 for

each fiscal year specified in subparagraph (A) for grants under subparagraph (A).

(b) 3-YEAR TRIBAL FAMILY ASSISTANCE PLAN-

(1) IN GENERAL- Any Indian tribe that desires to receive a tribal family assistance grant shall submit to the Secretary a 3-year tribal family assistance plan that--

(A) outlines the Indian tribe's approach to providing welfare-related services for the 3-year period, consistent with this section;

(B) specifies whether the welfare-related services provided under the plan will be provided by the Indian tribe or through agreements, contracts, or compacts with intertribal consortia, States, or other entities;

(C) identifies the population and service area or areas to be served by such plan;

(D) provides that a family receiving assistance under the plan may not receive duplicative assistance from other State or tribal programs funded under this part;

(E) identifies the employment opportunities in or near the service area or areas of the Indian tribe and the manner in which the Indian tribe will cooperate and participate in enhancing such opportunities for recipients of assistance under the plan consistent with any applicable State standards; and

(F) applies the fiscal accountability provisions of section 5(f)(1) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450c(f)(1)), relating to the submission of a single-agency audit report required by chapter 75 of title 31, United States Code.

(2) APPROVAL- The Secretary shall approve each tribal family assistance plan submitted in accordance with paragraph (1).

(3) CONSORTIUM OF TRIBES- Nothing in this section shall preclude the development and submission of a single tribal family assistance plan by the participating Indian tribes of an intertribal consortium.

(c) MINIMUM WORK PARTICIPATION REQUIREMENTS AND TIME LIMITS- The Secretary, with the participation of Indian tribes, shall establish for each Indian tribe receiving a grant under this section minimum work participation requirements, appropriate time limits for receipt of welfare-related services under the grant, and penalties against individuals--

(1) consistent with the purposes of this section;

(2) consistent with the economic conditions and resources available to each tribe; and

(3) similar to comparable provisions in section 407(e).

(d) EMERGENCY ASSISTANCE- Nothing in this section shall preclude an Indian tribe from seeking emergency assistance from any Federal loan program or emergency fund.

(e) ACCOUNTABILITY- Nothing in this section shall be construed to limit the ability of the Secretary to maintain program funding accountability consistent with--

(1) generally accepted accounting principles; and

(2) the requirements of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

`(f) PENALTIES-

`(1) Subsections (a)(1), (a)(6), and (b) of section 409, shall apply to an Indian tribe with an approved tribal assistance plan in the same manner as such subsections apply to a State.

`(2) Section 409(a)(3) shall apply to an Indian tribe with an approved tribal assistance plan by substituting `meet minimum work participation requirements established under section 412(c)' for `comply with section 407(a)'.

`(g) DATA COLLECTION AND REPORTING- Section 411 shall apply to an Indian tribe with an approved tribal family assistance plan.

`(h) SPECIAL RULE FOR INDIAN TRIBES IN ALASKA-

`(1) IN GENERAL- Notwithstanding any other provision of this section, and except as provided in paragraph (2), an Indian tribe in the State of Alaska that receives a tribal family assistance grant under this section shall use the grant to operate a program in accordance with requirements comparable to the requirements applicable to the program of the State of Alaska funded under this part. Comparability of programs shall be established on the basis of program criteria developed by the Secretary in consultation with the State of Alaska and such Indian tribes.

`(2) WAIVER- An Indian tribe described in paragraph (1) may apply to the appropriate State authority to receive a waiver of the requirement of paragraph (1).

SEC. 419. DEFINITIONS.

As used in this part:

(1) ADULT- The term 'adult' means an individual who is not a minor child.

(2) MINOR CHILD- The term 'minor child' means an individual who--

(A) has not attained 18 years of age; or

(B) has not attained 19 years of age and is a full-time student in a secondary school (or in the equivalent level of vocational or technical training).

(3) FISCAL YEAR- The term 'fiscal year' means any 12-month period ending on September 30 of a calendar year.

(4) INDIAN, INDIAN TRIBE, AND TRIBAL ORGANIZATION-

(A) IN GENERAL- Except as provided in subparagraph (B), the terms 'Indian', 'Indian tribe', and 'tribal organization' have the meaning given such terms by section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

(B) SPECIAL RULE FOR INDIAN TRIBES IN ALASKA- The term 'Indian tribe' means, with respect to the State of Alaska, only the Metlakatla Indian Community of the Annette Islands Reserve and the following Alaska Native regional nonprofit corporations:

(i) Arctic Slope Native Association.

(ii) Kawerak, Inc.

(iii) Maniilaq Association.

(iv) Association of Village Council Presidents.

(v) Tanana Chiefs Conference.

(vi) Cook Inlet Tribal Council.

(vii) Bristol Bay Native Association.

(viii) Aleutian and Pribilof Island Association.

(ix) Chugachmuit.

(x) Tlingit Haida Central Council.

(xi) Kodiak Area Native Association.

(xii) Copper River Native Association.

(5) STATE- Except as otherwise specifically provided, the term 'State' means the 50 States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, and American Samoa.

HB

82

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: HB 82
 (H) Publish Date: 2/9/05
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):

Title: EXTENDING THE TERMINATION DATE OF THE STATEWIDE SUICIDE PREVENTION COUNCIL
 RDU: Boards and Commissions
 Component: Suicide Prevention Council

Sponsor: DAHLSTROM
 Requester: HOUSE (HES) Component No. 2651

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

CHANGE IN REVENUES (0)						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2005) cost:

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The Suicide Prevention Council (SPC) is due to sunset on June 30, 2005. The SPC is the state planning and coordinating agency for issue surrounding suicide and suicide prevention. The powers, duties and responsibilities of the Council are to act in the advisory capacity to the Governor and legislature with respect to what actions can and should be taken to:

Continued on Page 2

Prepared by: Janet Clarke, Assistant Commissioner Phone 465-1630
 Division: Finance and Management Services Date/Time _____
 Approved by: Joel S. Gilbertson, Commissioner Date 02/01/2005
 Agency: Department of Health and Social Services

FISCAL NOTE
FN # 1

STATE OF ALASKA
2005 LEGISLATIVE SESSION

BILL NO. HB 82

ANALYSIS CONTINUATION

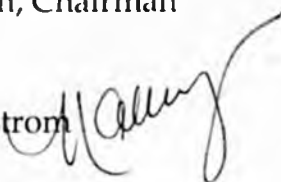
- Improve health and wellness throughout the state by reducing suicide and its effect on individuals, families, and communities;
- Broaden the public's awareness of suicide and the risk factor related to suicide;
- Enhance suicide prevention services and programs throughout the state;
- Develop healthy communities through comprehensive, collaborative, community-based approaches;
- Develop and implement a statewide suicide prevention plan; and
- Strengthen existing and build new partnerships between public and private entities that will advance suicide prevention efforts in the state.

Extension of the Council does not have any fiscal impact since the funding is budgeted in the Governor's budget.

*Representative Nancy Dahlstrom
Alaska State Legislature*

MEMORANDUM

TO: Representative Peggy Wilson, Chairman
House HESS Committee

FROM: Representative Nancy Dahlstrom 

DATE: February 2, 2005

SUBJECT: Hearing Request for House Bill 82

I respectfully request House Bill 82, extending the termination date of the Suicide Prevention Council, be scheduled for a hearing at the earliest possible date.

Attached please find the sponsor statement, a copy of the legislation, the recently issued legislative audit summary and a supportive newspaper article.

If you have any questions, please do not hesitate to contact me at extension 3783.

Thank you.

*Representative Nancy Dahlstrom
Alaska State Legislature*

SPONSOR STATEMENT

House Bill 82

Extending the Termination Date of the
Suicide Prevention Council

Based on the recommendations of the legislative audit conducted in November of last year, House Bill 82 was introduced to extend the Suicide Prevention Council until 2009.

The LBA audit was very complimentary of the work performed to date by the Council and stated "the Council serves a public need and is operating in the public's interest." With Alaska's suicide rate ranking 6th in the nation, its mission is as critical today as it was when the Council was created in 2001. The Council is made up of 15 members representing rural and urban Alaska, along with two members from the House and Senate.

The extension allows the Council to continue its work focusing on:

- finding ways to reduce suicide rates
- broadening public awareness of suicide warning signs; and
- enhancing suicide prevention services throughout the state.

The committee's favorable consideration is greatly appreciated.

ALASKA STATE LEGISLATURE

LEGISLATIVE BUDGET AND AUDIT COMMITTEE

Division of Legislative Audit



P.O. Box 113300
Juneau, AK 99811-3300
(907) 465-3830
FAX (907) 465-2347
Internet e-mail address:
legaudit@legis.state.ak.us

**SUMMARY OF: A Sunset Review of the Department of Health and Social Services
Statewide Suicide Prevention Council, November 15, 2004.**

PURPOSE OF THE REPORT

In accordance with Title 24 and Title 44 of the Alaska Statutes (sunset legislation), we have reviewed the activities of the Statewide Suicide Prevention Council (SSPC). The purpose of this audit was to determine if there is a demonstrated public need for the continued existence of the council.

Legislative intent requires consideration of this report during the legislative oversight hearings to determine whether the termination date of the Statewide Suicide Prevention Council should be extended. The law currently specifies the council will terminate on June 30, 2005.

REPORT CONCLUSIONS

Our primary conclusion is the termination date of the council should be extended. We recommend that the legislature extend the termination date for the council to June 30, 2009. We also have concluded that the Department of Health and Social Services (DHSS) hindered the efforts of the council by providing inadequate financial information to the council and by diverting almost 20 percent of the council's FY 04 funding for non-related expenditures.

FINDINGS AND RECOMMENDATIONS

1. The Division of Behavioral Health (DBH) Community-based Suicide Prevention Program coordinator should ensure prevention programs conform to the Statewide Suicide Prevention Plan.

Now that SSPC has a statewide suicide prevention plan in place, we believe the various community-based suicide prevention plans, at a minimum, should be consistent with the statewide plan. Developing procedures that require grant applicants to certify and explain how their grant activities and community plans are consistent with the state plan will provide more assurance that this particular state funding is being implemented in a manner consistent with the centrally-developed state plan.

Accordingly, we recommend DBH modify the grant application process as necessary, requiring communities to read the statewide prevention plan and certify their local plan is consistent with the state plan. Further, we recommend that DBH report to SSPC regarding these grant applications and talk about how the various community-based efforts are consistent with the council's plan.

2. The Administrative Manager for DHSS Boards and Commissions and staff to the Statewide Suicide Prevention Council should develop a more formalized, informative system of reporting financial information to the council.

Eighty percent of the FY 04 operating budget for the council was either lapsed or spent for items that were not directly related to suicide prevention activities. While it is unclear whether DHSS management actively prohibited the council from spending much of their funding, it is clear SSPC did not receive consistent and informative financial reports from the department.

Accordingly, we recommend the administrative manager develop a comprehensive, informative format for tracking and reporting expenditure activity for SSPC and develop understandable, reliable reports on a consistent basis to assist the council in the use of its appropriated funding.

3. The council should ensure it provides public notice of all council meetings.

Since its inception in 2001, the council did not give adequate public notice of two of its 12 meetings. No public notice was provided on either the State of Alaska's online public notice system or through publication in widely-circulated state newspapers. Additionally, the agendas for three of the council meetings did not provide periods for public comment.

We recommend the council ensure that all meetings are publicly noticed, ensure that the method of notice is consistent and provide opportunity for public comment. We also recommend the council consider posting its meeting schedule on SSPC website.

4. The Office of the Governor should make appointments to the council in a timely manner.

SSPC activities were also hampered by delays in appointments made to the council. We recommend the Office of the Governor makes appointments to the council in a timely manner.



Today is January 20. The legislative session ends

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Audit recommends suicide prevention council be allowed to continue

The Associated Press
(Published: January 13, 2005)

FAIRBANKS - A legislative audit recommends that a council created to address Alaska's high suicide rate should continue its work through 2009.

The 15-member Statewide Suicide Prevention Council started in 2001 and is scheduled to end its work at the end of June. The Division of Legislative Audit has been evaluating the council at the request of the Legislature.

The Legislative Budget and Audit Committee voted to publicly release some conclusions Sunday, including that the council has "reasonably addressed" its duties outlined in state law.

The audit says that despite some roadblocks and operating inefficiencies, the council has taken up important efforts such as drafting a statewide suicide prevention plan and providing advice and assistance on suicide prevention.

The audit concluded that the council should continue until 2009. But the audit also noted that steps should be taken to correct problems that have hampered the council's work since its creation.

For example, the audit says that in the 2004 budget year only about 20 percent of the \$200,000 allocated to the council went to suicide prevention efforts. One of the reasons was that the Department of Health and Social Services spent about \$32,000 of the money on furniture for an unrelated program.

Alaska's suicide rate consistently ranks as one of the highest in the nation. In 2004, there were more than 150 documented suicides in the state, the highest ever.

In 2000, the state had the highest rate in the nation - 21.1 suicides per 100,000 people - nearly twice the U.S. rate of 10.7, according to the council's 2003 report.

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Bill track
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Anchorage &
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P.O. Box 72791
Fairbanks, AK 99707
phone 907-452-2277
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Juneau Services
3100 Channel Drive
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phone 907-586-6044
fax 907-586-6084

Mat-Su Valley Services
Trinity Barn Plaza
P.O. Box 4406
Palmer, AK 99545
phone 907-746-3413
fax 907-746-3412

www.alzaska.org

February 4, 2005

To the Health, Education and Social Services Committee:

The Alzheimer's Disease Resource Agency of Alaska (ADRAA) supports Governor Murkowski's proposed HB105 and HB106.

ADRAA supports HB 105 which would provide Medicaid benefits for adult dental services. The need for adult dental services in Alaska's elderly population is great. ADRAA distributes a limited number of mini-grants each year to clients. Dental work is the most often requested mini-grant by our clients. While we can help, our help is limited to a small yearly grant program. Dental services, both preventative and restorative, are a primary concern for the elderly.

ADRAA supports HB 106 which would offer a Senior Care cash and prescription drug benefits program. The program would help Alaska's elderly, who see prescription drug costs increase while their income remains fixed. In some cases, low-income seniors find themselves choosing between buying food or their basic prescription medications. Our Alaskan seniors deserve the respect of not being put in this predicament.

The Alzheimer's Disease Resource Agency of Alaska is the largest agency in Alaska devoted to providing information and support to Alaskans affected by Alzheimer's disease. The agency serves approximately 5,000 people annually. During this legislative session, we urge you to consider the growing needs of Alaska's elderly population by supporting House bills 105 and 106. On behalf of our Board of Directors and our constituents statewide, thank you for your consideration.

Sincerely,

Dulce Nobre
Executive Director

Cc: The Honorable Frank H. Murkowski, Governor



February 7, 2005

The Honorable Peggy Wilson, Chair
House Health, Education and Social Services Committee
Alaska State Capitol, Room 108
Juneau, AK 99801-1182

RE: HB 82 (Dahlstrom)--Support

Dear Chair Wilson:

On behalf of the members of AARP in Alaska, we encourage you and your colleagues on the House Health, Education and Social Services Committee to support HB 82, authored by Representative Nancy Dahlstrom and co-sponsored by Representatives Gara and you.

Unfortunately, Alaska has a high rate of suicide. Many of these suicides include mid-life and older Alaskans. The Statewide Suicide Prevention Council needs to continue its work and address this issue for our citizens. The Council still has much to do and, in our opinion, should be allowed to continue for another four years.

We urge an "AYE" vote on HB 82.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Marie Darlin".

Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)

CC: Vice-Chair Paul Seaton
Representative Vic Kohring
Representative Tom Anderson
Representative Lesil McGuire
Representative Berta Gardner
Representative Sharon Cissna
Representative Nancy Dahlstrom



February 7, 2005

The Honorable Peggy Wilson, Chair
House Health, Education and Social Services Committee
Alaska State Capitol, Room 108
Juneau, AK 99801-1182

RE: HB 105 (Governor Murkowski)--Support

Dear Chair Wilson:

On behalf of the members of AARP in Alaska, we encourage you and your colleagues on the House Health, Education and Social Services Committee to support HB 105, introduced by the House Rules Committee at the request of Governor Murkowski.

Under Alaska's current Medicaid program, the only dental coverage offered adult beneficiaries is for emergency care. HB 105 would offer funding, albeit annually capped at \$1,150, which would begin to address preventive and restorative care. Currently, for example, an older Alaskan on Medicaid who resides in a long term care facility and needed dentures would not be able to secure them under the program. Older persons who have dental problems, missing teeth, or are in need of dentures often have accompanying nutrition problems. These nutrition problems can exacerbate other health issues and create an overall deterioration in health status. We believe dental care is essential to quality health care. Funding for dental care should be considered sensible prevention with the long term possibility of saving Medicaid funds that would not be need to be spent on more serious health care problems resulting from poor oral health status.

We urge an "AYE" vote on HB 105.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,

Marie Darlin

Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)

CC: Vice-Chair Paul Seaton
Representative Vic Kohring
Representative Tom Anderson
Representative Lesil McGuire
Representative Berta Gardner
Representative Sharon Cissna
Governor Frank Murkowski
Commissioner Joel Gilbertson

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Alaska Commission on Aging

FRANK H. MURKOWSKI
GOVERNOR

P.O. BOX 110693

JUNEAU, ALASKA 99811-0693

PHONE: (907) 465-3250

FAX: (907) 465-1398

February 7, 2005

The Honorable Peggy Wilson, Chair
House H.E.S.S. Committee
State Capitol Room 108
Juneau, AK 99801-1182

Re: HB 82, Extension of the Statewide Suicide Prevention Council

Dear Representative Wilson:

The members of the Alaska Commission on Aging would like to voice their support for passage of HB 82, Extension of the Statewide Suicide Prevention Council. As one of the boards which operate under the statutes of the Alaska Mental Health Trust Authority, the Commission believes it is vitally important to the work of serving all Trust beneficiaries, that we support the continuation of the Suicide Prevention Council.

Alaska currently has the second highest suicide rate in the United States, second only to Nevada. Extending the Suicide Prevention Council would give the council members the opportunity to continue to develop and implement programs which will address this serious mental health problem in Alaska.

The members of the Alaska Commission on Aging respectfully ask your consideration and support for passage of HB 82, and sufficient funding to ensure the Council may fulfill its statutory responsibilities.

Sincerely,



Linda Gohl, Executive Director
Alaska Commission on Aging

HB

85

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HB085-EED-TLS-02-08-05
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Education & Early Development
 Title "An Act relating to self-administration and documen- RDU TLS
tation of certain types of medication prescribed to a child Component Student & School Achievement
 Sponsor Representative Meyer
 Requester House HES Component No. 2796

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	0.0	*	*	*	*	*
Miscellaneous						
TOTAL OPERATING	0.0	*	*	*	*	*

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

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

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	0.0	*	*	*	*	*
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	*	*	*	*	*

Estimate of any current year (FY2005) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Section 14.30.141 states that a school shall permit self-administration of medication by a pupil for asthma, anaphylaxis, or other potentially life-threatening illnesses, under specific conditions and with written authorization and certification. The Department of Education & Early Development identifies no department costs at this time.

Prepared by: Barbara Thompson, Director Phone 465-8727
 Division Teaching & Learning Support Date/Time 2/8/05 4:24 PM
 Approved by: Karen Rehfeld, Deputy Commissioner Date 2/8/2005
 Agency Education & Early Development

List of testifiers for Asthma Policy/HB 85

Dr. Thad Woodard, Anchorage Pediatrician – 777-1800

Janice Bates, The director of the Health Services Program for the Anchorage School District. – 743-4322

Gail White – 344-8868

Pat Senner, Alaska Nurses Association – 272-1255, 339-4405

Marge Larson, Director of Programs, American Lung Association of Alaska – Anchorage LIO

Dr. Mandsager, Director of Division of Public Health – At Meeting

REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

MEMORANDUM

DATE: January 24, 2004

TO: Representative Peggy Wilson, Chairman
House Health and Social Services Committee

FROM: Representative Kevin Meyer

RE: Hearing Request for House Bill 85 *Prescribed Medication for Students*

Please schedule HB 85 *Prescribed Medication for Students* for a hearing in the House Health and Social Services Committee at your earliest convenience.

HB 85 requires schools to permit students' to self-administer medication for asthma, anaphylaxis, or other life threatening illnesses with certain provisions.

Included in this packet:

- HB 85 *Prescribed Medication for Students* v. LS-0367AG
- Sponsor Statement
- Sectional Analysis
- Asthmatic School-children's Treatment and Health Management Act of 2004
- Map of states with statutes protecting students' rights to carry and use prescribed asthma and anaphylaxis medications.
- CDC National Asthma Control Program
- List of Contacts

REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

Sponsor Statement

House Bill 85

“An Act relating to self-administration and documentation of certain types of medication prescribed to a child attending school.”

Of the 20 million Americans with asthma, 6.3 million are children under the age of 18. This chronic condition is the cause of 728,000 emergency room visits, 214,000 hospitalizations and 223 deaths annually among children.

The “Asthmatic School-children’s Treatment and Health Management Act” passed by Congress in 2004 directed the Secretary of Health and Human Services to give preference when awarding grants to states that authorize the self-administration of medication to treat students’ asthma or anaphylaxis. Thirty states have passed legislation to comply with the federal act.

House Bill 85 requires that schools permit students to self-administrate medication for asthma, anaphylaxis, or other potentially life threatening illnesses. A school must permit self-administration if:

- The school receives written authorization from a parent or legal guardian for the self-administration of the medication;
- Written certification from a pupil’s health care provider;
- Release of liability for the school and its employees or agents for injury arising from self-administration.
- An agreement to indemnify and hold harmless the school and its employees for claims arising from self-administration.

In return, schools shall provide a written notice to the pupil’s parent or guardian of the school’s absence of liability related to the self-administration of medication covered by HB 85.

Asthma and allergy related illnesses can be potentially life threatening and the current prohibition on self-administration in schools puts children at risk. HB 85 is an important step toward addressing a major risk to our children’s health.

108TH CONGRESS
2D SESSION

H. R. 2023

AN ACT

To give a preference regarding States that require schools to allow students to self-administer medication to treat that student's asthma or anaphylaxis, and for other purposes.

108TH CONGRESS
2D SESSION

H. R. 2023

AN ACT

To give a preference regarding States that require schools to allow students to self-administer medication to treat that student's asthma or anaphylaxis, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the "Asthmatic School-
3 children's Treatment and Health Management Act of
4 2004".

5 **SEC. 2. FINDINGS.**

6 The Congress finds the following:

7 (1) Asthma is a chronic condition requiring life-
8 time, ongoing medical intervention.

9 (2) In 1980, 6,700,000 Americans had asthma.

10 (3) In 2001, 20,300,000 Americans had asth-
11 ma; 6,300,000 children under age 18 had asthma.

12 (4) The prevalence of asthma among African-
13 American children was 40 percent greater than
14 among Caucasian children, and more than 26 per-
15 cent of all asthma deaths are in the African-Amer-
16 ican population.

17 (5) In 2000, there were 1,800,000 asthma-re-
18 lated visits to emergency departments (more than
19 728,000 of these involved children under 18 years of
20 age).

21 (6) In 2000, there were 465,000 asthma-related
22 hospitalizations (214,000 of these involved children
23 under 18 years of age).

24 (7) In 2000, 4,487 people died from asthma,
25 and of these 223 were children.

1 (8) According to the Centers for Disease Con-
2 trol and Prevention, asthma is a common cause of
3 missed school days, accounting for approximately
4 14,000,000 missed school days annually.

5 (9) According to the New England Journal of
6 Medicine, working parents of children with asthma
7 lose an estimated \$1,000,000,000 a year in produc-
8 tivity.

9 (10) At least 30 States have legislation pro-
10 tecting the rights of children to carry and self-ad-
11 minister asthma metered-dose inhalers, and at least
12 18 States expand this protection to epinephrine
13 auto-injectors.

14 (11) Tragic refusals of schools to permit stu-
15 dents to carry their inhalers and auto-injectable epi-
16 nephrine have occurred, some resulting in death and
17 spawning litigation.

18 (12) School district medication policies must be
19 developed with the safety of all students in mind.
20 The immediate and correct use of asthma inhalers
21 and auto-injectable epinephrine are necessary to
22 avoid serious respiratory complications and improve
23 health care outcomes.

24 (13) No school should interfere with the pa-
25 tient-physician relationship.

1 (14) Anaphylaxis, or anaphylactic shock, is a
2 systemic allergic reaction that can kill within min-
3 utes. Anaphylaxis occurs in some asthma patients.
4 According to the American Academy of Allergy,
5 Asthma, and Immunology, people who have experi-
6 enced symptoms of anaphylaxis previously are at
7 risk for subsequent reactions and should carry an
8 epinephrine auto-injector with them at all times, if
9 prescribed.

10 (15) An increasing number of students and
11 school staff have life-threatening allergies. Exposure
12 to the affecting allergen can trigger anaphylaxis. An-
13 aphyllaxis requires prompt medical intervention with
14 an injection of epinephrine.

15 **SEC. 3. PREFERENCE FOR STATES THAT ALLOW STUDENTS**
16 **TO SELF-ADMINISTER MEDICATION TO**
17 **TREAT ASTHMA AND ANAPHYLAXIS.**

18 (a) AMENDMENTS.—Section 399L of the Public
19 Health Service Act (42 U.S.C. 280g) is amended—

20 (1) by redesignating subsection (d) as sub-
21 section (e); and

22 (2) by inserting after subsection (c) the fol-
23 lowing:

1 “(d) PREFERENCE FOR STATES THAT ALLOW STU-
2 DENTS TO SELF-ADMINISTER MEDICATION TO TREAT
3 ASTHMA AND ANAPHYLAXIS.—

4 “(1) PREFERENCE.—The Secretary, in making
5 any grant under this section or any other grant that
6 is asthma-related (as determined by the Secretary)
7 to a State, shall give preference to any State that
8 satisfies the following:

9 “(A) IN GENERAL.—The State must re-
10 quire that each public elementary school and
11 secondary school in that State will grant to any
12 student in the school an authorization for the
13 self-administration of medication to treat that
14 student’s asthma or anaphylaxis, if—

15 “(i) a health care practitioner pre-
16 scribed the medication for use by the stu-
17 dent during school hours and instructed
18 the student in the correct and responsible
19 use of the medication;

20 “(ii) the student has demonstrated to
21 the health care practitioner (or such prac-
22 titioner’s designee) and the school nurse (if
23 available) the skill level necessary to use
24 the medication and any device that is nec-

1 necessary to administer such medication as
2 prescribed;

3 “(iii) the health care practitioner for-
4 mulates a written treatment plan for man-
5 aging asthma or anaphylaxis episodes of
6 the student and for medication use by the
7 student during school hours; and

8 “(iv) the student’s parent or guardian
9 has completed and submitted to the school
10 any written documentation required by the
11 school, including the treatment plan for-
12 mulated under clause (iii) and other docu-
13 ments related to liability.

14 “(B) SCOPE.—An authorization granted
15 under subparagraph (A) must allow the student
16 involved to possess and use his or her
17 medication—

18 “(i) while in school;

19 “(ii) while at a school-sponsored activ-
20 ity, such as a sporting event; and

21 “(iii) in transit to or from school or
22 school-sponsored activities.

23 “(C) DURATION OF AUTHORIZATION.—An
24 authorization granted under subparagraph
25 (A)—

1 “(i) must be effective only for the
2 same school and school year for which it is
3 granted; and

4 “(ii) must be renewed by the parent
5 or guardian each subsequent school year in
6 accordance with this subsection.

7 “(D) BACKUP MEDICATION.—The State
8 must require that backup medication, if pro-
9 vided by a student’s parent or guardian, be
10 kept at a student’s school in a location to which
11 the student has immediate access in the event
12 of an asthma or anaphylaxis emergency.

13 “(E) MAINTENANCE OF INFORMATION.—
14 The State must require that information de-
15 scribed in subparagraphs (A)(iii) and (A)(iv) be
16 kept on file at the student’s school in a location
17 easily accessible in the event of an asthma or
18 anaphylaxis emergency.

19 “(2) RULE OF CONSTRUCTION.—Nothing in
20 this subsection creates a cause of action or in any
21 other way increases or diminishes the liability of any
22 person under any other law.

23 “(3) DEFINITIONS.—For purposes of this sub-
24 section:

1 “(A) The terms ‘elementary school’ and
2 ‘secondary school’ have the meaning given to
3 those terms in section 9101 of the Elementary
4 and Secondary Education Act of 1965.

5 “(B) The term ‘health care practitioner’
6 means a person authorized under law to pre-
7 scribe drugs subject to section 503(b) of the
8 Federal Food, Drug, and Cosmetic Act.

9 “(C) The term ‘medication’ means a drug
10 as that term is defined in section 201 of the
11 Federal Food, Drug, and Cosmetic Act and in-
12 cludes inhaled bronchodilators and auto-
13 injectable epinephrine.

14 “(D) The term ‘self-administration’ means
15 a student’s discretionary use of his or her pre-
16 scribed asthma or anaphylaxis medication, pur-
17 suant to a prescription or written direction
18 from a health care practitioner.”.

19 (b) APPLICABILITY.—The amendments made by this
20 section shall apply only with respect to grants made on
21 or after the date that is 9 months after the date of the
22 enactment of this Act.

1 **SEC. 4. SENSE OF CONGRESS COMMENDING CDC FOR ITS**
2 **STRATEGIES FOR ADDRESSING ASTHMA**
3 **WITHIN A COORDINATED SCHOOL HEALTH**
4 **PROGRAM.**

5 The Congress—

- 6 (1) commends the Centers for Disease Control
7 and Prevention for identifying and creating “Strate-
8 gies for Addressing Asthma Within a Coordinated
9 School Program” for schools to address asthma; and
10 (2) encourages all schools to review these strat-
11 egies and adopt policies that will best meet the needs
12 of their student population.

Passed the House of Representatives October 5,
2004.

Attest:

Clerk.

LEGAL SERVICES

COPY


DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
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State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

January 24, 2005

SUBJECT: HB 85 (Work Order No. 24-LS0367\G)
TO: Representative Kevin Meyer
Attn: Mike Pawlowski
FROM: Jean M. Mischel
Legislative Counsel 

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

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

Section 1. Requires public elementary and secondary schools to allow the self administration by a student of medications needed to treat asthma, anaphylaxis and other potentially life-threatening illness if certain conditions are met. Imposes annual documentation, indemnification, and release requirements on the parent or guardian of a student who wishes to self-administer medication while at school.

JMM:jad
05-047.jad

National Asthma Control Program: Improving Quality of Life and Reducing Costs 2003

CDC-Funded Asthma Activities by State and Type of Funding



"Much of what is known about controlling asthma is not being applied. This is the challenge that we have taken on. CDC is supporting asthma data tracking, interventions, and partnerships nationwide in order to bridge this gap and to help people with asthma live symptom-free."

*Julie Louise Gerberding, MD, MPH
Director, Centers for Disease Control and Prevention*

Asthma Control: Improving Quality of Life and Reducing Costs

Despite evidence that asthma death rates are leveling off and asthma hospitalization rates are declining, asthma's impact on health, quality of life, and the economy remain substantial. Rates of severe asthma continue to disproportionately affect poor, minority, inner-city populations. For example, African Americans visit emergency departments, are hospitalized, and die due to asthma at rates three times higher than rates for white Americans.

The initial onset of asthma cannot yet be prevented or cured. However, asthma can be controlled, and people who have asthma still can lead quality, productive lives. Asthma can be controlled by following a medical management plan and by avoiding contact with environmental "triggers." These environmental triggers include cockroaches, dust mites, furry pets, mold, tobacco smoke, and certain chemicals.

Asthma's Impact on the U.S. Population

In 2001, an estimated

- 31.3 million people had been diagnosed with asthma during their lifetime
- 20.3 million people currently were diagnosed with asthma
- 12 million people experienced an asthma attack in the previous year

In 2000, asthma accounted for

- 10.4 million outpatient visits
- 1.8 million emergency department visits
- 465,000 hospitalizations
- 4,487 deaths

Source: CDC National Center for Health Statistics
<http://www.cdc.gov/nchs/products/pubs/pubd/hestats/asthma/asthma.htm>

CDC's National Asthma Control Program

CDC created the National Asthma Control Program in 1999. The program supports the goals and objectives of *Healthy People 2010* for asthma and is based on the following three public health principles:

- **Tracking:** collecting and analyzing data on an ongoing basis to understand the "who, what, and where" of asthma
- **Interventions:** ensuring that scientific information is translated into public health practices and programs to reduce the burden of asthma
- **Partnerships:** ensuring that all stakeholders have the opportunity to be involved in developing, implementing, and evaluating local asthma control programs

The goals of the program are to reduce the number of deaths, hospitalizations, emergency department visits, school or work days missed, and limitations on activity due to asthma.

With appropriations of \$35.2 million in fiscal year 2002, CDC funded 11 asthma tracking projects, 48 asthma interventions, and 33 asthma partnership projects under its National Asthma Control Program

for activities to be conducted in 2003. CDC also funded six urban school districts, one state education agency, and six national nongovernment organizations to support and address asthma control within a coordinated school health program.

Major Data Collection Systems

CDC supports a number of major asthma data collection efforts, including (1) collection of state-level adult asthma prevalence rates for detailed subgroups in 50 states, 3 territories (Puerto Rico, Guam, and the Virgin Islands), and Washington, D.C., through the Behavioral Risk Factor Surveillance System Survey; (2) collection of data on days of restricted activity, days in bed, days of work or school lost, physician visits, and hospitalizations due to asthma through the National Health Interview Survey; and (3) collection of in-depth state and local asthma data through development and testing of a National Asthma Survey module in Alabama, California, Illinois, New York, and Texas. See the "Data" section at <http://www.cdc.gov/asthma> for more information.

Asthma Control Program Highlights

Tracking

Enhanced surveillance of asthma deaths.

To understand the circumstances surrounding asthma deaths and determine whether these deaths were preventable, CDC is funding state health departments in California and Michigan to develop, implement, and evaluate a rapid asthma death notification and investigation system.

Population-based models to establish surveillance for asthma incidence in defined geographic areas. To better estimate asthma rates, CDC is funding the Kaiser Foundation Research Institute (Portland, Oregon) and the Miami-Dade County Health Department (Miami, Florida) to develop models for identifying new asthma cases.

Interventions

Controlling asthma in American cities.

To decrease asthma-related morbidity, CDC is funding grantees in seven urban communities (New York City, Philadelphia, Chicago, Richmond, Oakland, St. Louis, and Minneapolis/St. Paul) to use innovative collaborative approaches to improve overall asthma management among urban children up to 18 years of age.

Enabling the nation's schools to prevent asthma attacks and absences. CDC will fund six urban school districts and one state education agency in 2003 to develop or implement exemplary local education agency policies and programs to reduce asthma episodes and related absences. CDC also is funding six national nongovernment organizations (American Lung Association, Asthma and Allergy Foundation of America, STAKBRIGHT Foundation, National Association of School Nurses, American Academy of Pediatrics, and American Association of School Administrators) to support and address asthma control within a coordinated school health program. For updates on school-related asthma activities, go to <http://www.cdc.gov/healthyyouth/healthtopics/asthma>.

Inner-city asthma intervention. CDC is funding 23 sites in 15 states (Alabama, Arizona, California, Florida, Illinois, Massachusetts, Minnesota, Missouri, Mississippi, North Carolina, New Jersey, New York, Ohio, Oregon, and Texas) to provide inner-city families

with asthma education and individualized asthma control plans.

Replication and implementation of scientifically proven asthma interventions.

CDC is funding grantees to implement the following two scientifically evaluated asthma interventions shown to decrease acute care visits, decrease hospitalizations, and increase compliance with asthma care plans: the Asthma and Allergy Foundation of America's "Asthma Care Training for Kids" (ACT), grantees in Illinois [two sites], New York, Pennsylvania, Texas, and Washington) and the American Lung Association's "Open Airways for Schools" (OAS), grantees in California [two sites], Colorado, Illinois, New Jersey [two sites], and New York). The goals for ACT are to increase asthma control compliance behaviors and to decrease emergency department visits and number of days spent in the hospital. The goals for OAS are to improve school performance and self-management behaviors and to decrease the number of asthma episodes.

Partnerships

Addressing asthma from a public health perspective. CDC is funding state health departments in Colorado, Connecticut, Georgia, Hawaii, Idaho, Indiana, Iowa, Maine, Maryland, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, Oklahoma, Rhode Island, Texas, Utah, Virginia, Vermont, Washington, West Virginia, Wisconsin, and Washington, D.C., to develop asthma control plans that include disease tracking, intervention, and occupational components. CDC also is funding California, Illinois, Michigan, Minnesota, New York, and Oregon to implement the states' comprehensive asthma control plans.

National asthma health education enhancement program. CDC is funding the Allergy and Asthma Network/Mothers of Asthmatics, American Lung Association, and Asthma and Allergy Foundation of America to conduct activities related to asthma education. These activities range from identifying effective educational programs for adults that can be adapted for nationwide use to educating children with asthma and their families and caregivers.

Examples of CDC's National Asthma Control Partners

- Allergy and Asthma Network/Mothers of Asthmatics
- American Academy of Allergy, Asthma & Immunology
- American Academy of Pediatrics
- American Association of School Administrators
- American Lung Association
- Asthma and Allergy Foundation of America
- National Association of School Nurses
- National Education Association
- National Heart, Lung, and Blood Institute
- National Institute of Allergy & Infectious Diseases
- STARBRIGHT Foundation
- U.S. Environmental Protection Agency

State Activity Highlights



California

With support from CDC, the California Department of Health Services has worked with leading asthma organizations, agencies, and public interest groups throughout the state to develop an integrated plan (*The Strategic Plan for Asthma in California*) to address the asthma epidemic in California. A diverse advisory committee, consisting of California asthma professionals, coalitions, local public health agencies, educational agencies and schools, and health-care plans, is guiding the plan's implementation in the state. Major components of the strategic plan include epidemiology and evaluation, public education, asthma treatment and management, secondary prevention of asthma, and policy. California will support and expand its asthma partnerships and provide technical assistance to local coalitions and public health departments in monitoring and reducing the asthma burden.



New York

In collaboration with several community health centers and after-school programs, the Bronx Lebanon Hospital Center is implementing two asthma interventions for children aged 8 to 12 who have persistent asthma problems. Through the Asthma Care Training for Kids (ACT) intervention, children and their families will be taught asthma-management skills that can help reduce the frequency and severity of asthma episodes. Through the Open Airways for School (OAS) intervention, children will be taught to detect warning signs of and identify environmental factors that can trigger an attack. The program has been shown to significantly increase asthma management skills, reduce symptoms of asthma, and improve academic performance. In 2003, 160 children and their parents are expected to complete the ACT program and 160 children are expected to complete the OAS program.

Future Directions

With continued and increased funding, CDC will (1) work with state and local health departments and other partners to improve asthma tracking, (2) identify and develop population-based and individual solutions for controlling asthma, (3) help more partner

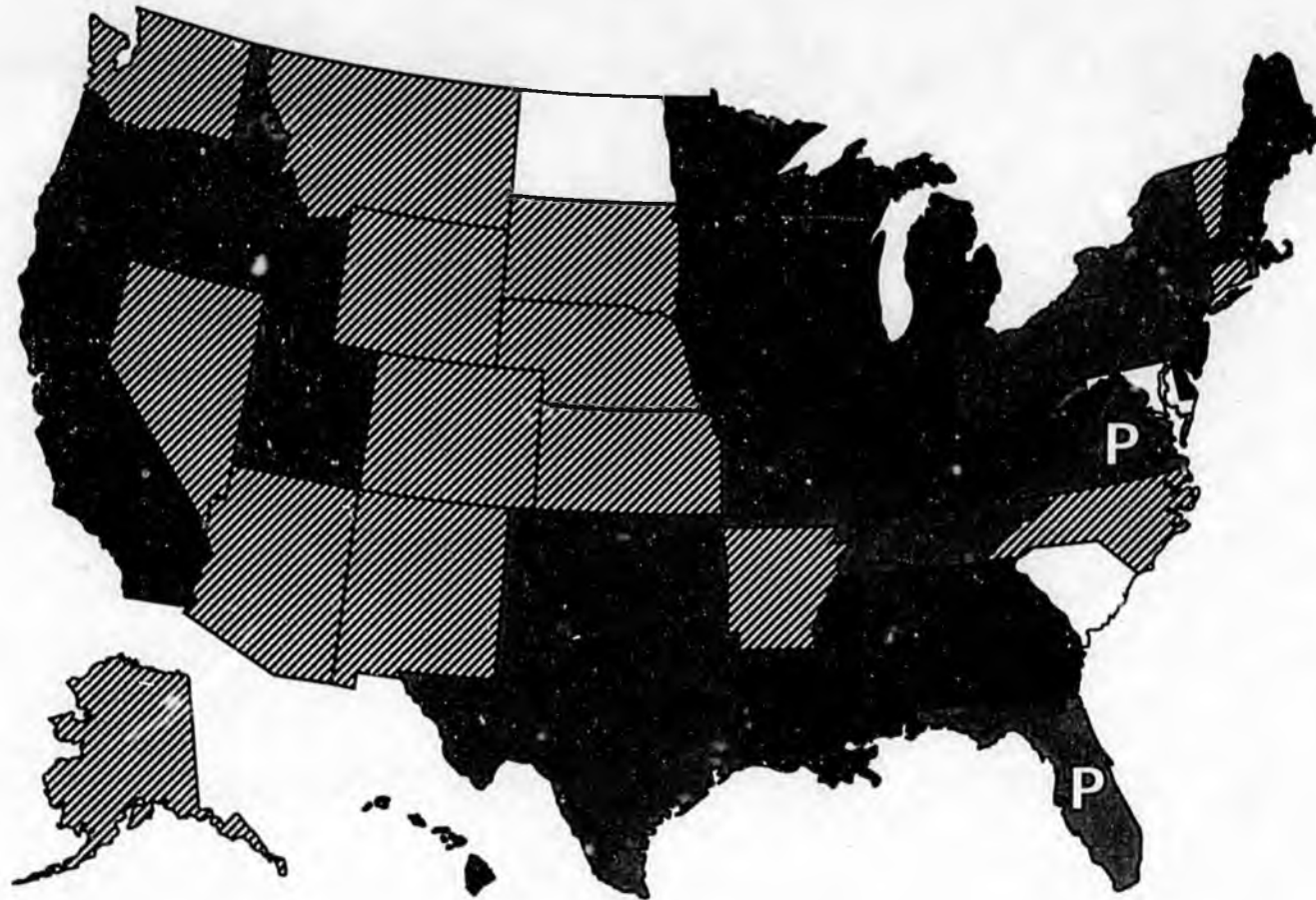
organizations implement and evaluate programs to reduce the incidence and severity of asthma, and (4) build capacity of educational agencies and national nongovernment organizations to address asthma in schools.

For more information or additional copies of this document, please contact
Centers for Disease Control and Prevention
National Center for Environmental Health, MS F52
4770 Buford Hwy, Atlanta, GA 30341
1-888-232-6789; EHHEinq@cdc.gov; <http://www.cdc.gov/asthma>



Allergy & Asthma Network
Mothers of Asthmatics

State Statutes Protecting Student Rights to Carry and Use Prescribed Asthma and Anaphylaxis Medications



Color Key:

- States that protect student rights to possess and self-administer prescribed lifesaving asthma and anaphylaxis medications.
- ▨ States that protect student rights to possess and self-administer prescribed lifesaving asthma medications.
- P States that protect student rights to possess and self-administer prescribed lifesaving asthma medications and have pending legislation also allowing anaphylaxis medications.
- States that have pending legislation.
- ▩ States that do not have statutes protecting student rights to possess and self-administer prescribed lifesaving asthma and/or anaphylaxis medications.

Updates at 800.878.4403

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RECEIVED
JAN 18 2005

BY:.....

Alaska Chapter

Chapter President
Thomas J Porter, MD, FAAP
3900 Mathews Drive
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907/345-9911

January 13, 2005

Chapter Vice-President
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Dear sir or madam:

Chapter Secretary-Treasurer
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The Alaska Chapter of the American Academy of Pediatrics wishes to provide support to the Alaska Asthma Coalition's efforts to encourage Alaska legislation this year allowing elementary and secondary school students to self administer medication for asthma or anaphylaxis under specified conditions.

Chapter Executive Director
Janice T Tower
7645 Green Street
Anchorage, AK 99507
907/346-9028
Fax: 907/346-9028
E-mail: jtower@alaska.net

The ability for students to use safe and effective medication for these conditions in school, as they do out of school, has been a recommendation for years of the American Academy of Pediatrics (Committee on School Health, Guidelines for the Administration of Medication in School Pediatrics; 112 (3): 697-699, September, 2003) and the American Academy of Allergy, Asthma, and Immunology (Policy Statement, Anaphylaxis in schools and other child-care settings, *Journal of Allergy and Clinical Immunology*; 102 (2): 173-176, August, 1998). Now with financial encouragement of the federal government through the Asthmatic Schoolchildren's Treatment and Health Management Act of 2004, which provides preference for certain grants to states with this legislation, the time has come in Alaska for action. Furthermore 35 states already have these laws in place.

Warm regards,

Thomas J. Porter, MD, FAAP
President
American Academy of Pediatrics, Alaska Chapter



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Asthma Inhalers in Schools: Rights of Students with Asthma to a Free Appropriate Education

Sherry Everett Jones, PhD, JD, MPH, and Lani Wheeler, MD

Students who possess and self-administer their asthma medications can prevent or reduce the severity of asthma episodes. In many states, laws or policies allow students to possess and self-administer asthma medications at school.

In the absence of a state or local law or policy allowing public school students to possess inhalers and self-medicate to treat asthma, 3

federal statutes may require public schools to permit the carrying of such medications by students: the Individuals With Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act. Local policies and procedures can be based on these federal laws to ensure that students with asthma can take their medicines as needed.

(*Am J Public Health*. 2004;94: 1102-1108)

MORE THAN 6 MILLION AMERICAN children aged younger than 18 years have asthma, making it one of the most common chronic diseases among children.¹ In 2001, more than 4 million children younger than 18 years had an asthma episode

in the previous year (a rate of 57/1000), suggesting that many young people with asthma may not have their asthma under control.¹ As many as an estimated 1.4% of all American children experience some level of limitation owing to asthma, such as an inability (or limited ability) to engage in school or play activities.² Young people with asthma miss an estimated



14 million days of school each year because of the disease,³ and some children's school performance consequently suffers.⁴

Provided parents or guardians and a health care provider, preferably with input from the child's school and especially the school nurse, deem it appropriate for a student to self-medicate and have granted authorization, it is beneficial to students with asthma to have unobstructed access to their medication before, during, and after school.^{5,6} Students who self-administer their asthma medications can prevent or reduce the severity of asthma episodes.⁷ However, some schools perhaps as part of a drug use prevention program or in hopes of minimizing liability claims, do not allow students to carry their inhalers in school.^{8,9} In 2000, students were allowed to self-medicate with prescription inhalers in 68% of all schools nationwide (79% of middle/junior and senior high schools).¹⁰

Restrictions on students carrying their inhalers may preclude the immediate use of medication at the onset of symptoms. For example, the room in which the medication is kept may be too far from the student's classroom or playing field, some students may believe it is too disruptive to go to another part of the school building to take their medication,¹¹ and many students are embarrassed about needing to take medications.¹² Restrictions on the use of inhalers may ultimately compromise medication adherence, increase the risk of a full-blown asthma episode, and cause unnecessary suffering, emergency

treatment, and asthma-related school absences.^{2,8,13}

In 2000, approximately 223 children aged 0 through 17 years died as a result of asthma (a rate of 0.3/100 000).¹ Furthermore, asthma results in substantial increased use of the health care system. In 2000, children aged 0 through 17 years had an estimated 4.6 million asthma-related outpatient visits to doctors' offices and hospital outpatient departments (a rate of 649/10 000), approximately 728 000 asthma-related emergency department visits (a rate of 104/10 000), and approximately 21 000 asthma-related hospitalizations (a rate of 30/10 000).¹ Asthma-related missed school days among children aged 5 through 17 years resulted in an estimated cost of \$726.1 million in caretakers' time lost from work.¹⁴

By knowing the rights of students with asthma, school administrators, educators, physicians, and other health care providers can help ensure that students have appropriate access to medications. This article explores state laws and policies that allow students to carry and self-administer asthma inhalers in school and federal statutes that may, under certain circumstances, require schools to allow students to do so.

STATE LAWS AND POLICIES ALLOWING INHALERS

As of April 2004, 38 states allow self-medication among students at school. Twenty-three states (Alabama,¹⁵ Delaware,¹⁶ Florida,¹⁷ Georgia,¹⁸ Illinois,¹⁹

Kentucky,²⁰ Maine,²¹ Massachusetts,²² Michigan,²³ Minnesota,²⁴ Mississippi,²⁵ Missouri,²⁶ New Hampshire,²⁷ New Jersey,²⁸ New York,²⁹ Ohio,³⁰ Oklahoma,³¹ Rhode Island,³² Tennessee,³³ Texas,³⁴ Utah,³⁵ Virginia,³⁶ and Wisconsin³⁷) have enacted legislation specifically to allow students with asthma to possess and self-administer inhaled asthma medications while at school.

These laws require parental consent and permission from a physician or other health care provider. Also, the School Health Policies and Programs Study 2000 found that an additional 10 states (Kansas, Louisiana, Maryland, Nebraska, New Mexico, North Dakota, South Carolina, South Dakota, Vermont, and Washington) have adopted policies allowing students to self-medicate at school with prescription inhalers.³⁸ Five other states (California,³⁹ Connecticut,⁴⁰ Indiana,⁴¹ Iowa,⁴² and Oregon⁴³) have laws broadly providing for the self-administration of medications. Because state laws are often changing, interested readers can access the National Conference of State Legislatures Web site to monitor legislative action related to asthma, including self-medication laws (<http://www.ncsl.org/programs/esnr/asthmamain.htm>).

ASTHMA AS A DISABILITY: FEDERAL STATUTES

In the absence of a state or local law or policy allowing students to possess inhalers and self-medicate, health care providers and parents might be able to

use 1 of 3 federal statutes that, under certain circumstances, will provide the legal justification requiring schools to allow students with asthma to do so. Those laws are the Individuals With Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973 (Section 504), and Title II of the Americans With Disabilities Act (Title II of ADA).

INDIVIDUALS WITH DISABILITIES EDUCATION ACT

The purpose of IDEA is to partially fund states to develop special education programs "to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living."⁴⁴

IDEA applies only to children who meet the definition of a *child with a disability*, that is, a child with "mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (hereinafter referred to as emotional disturbance), orthopedic impairments, autism, traumatic brain injury, *other health impairments*, or specific learning disabilities; and who, by reason thereof, needs special education and related services" (*italic added*).⁴⁵

The implementing regulations further define *other health impairment* as "having limited strength, vitality or alertness, in-



cluding a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—(i) *Is due to chronic or acute health problems such as asthma . . .*; and (ii) *Adversely affects a child's educational performance (italic added).*⁴⁶

To be classified as disabled under IDEA, a child with asthma must fall under the *other health impairment* category and require special education because of the asthma or have some other disabling condition under IDEA and require special education because of that disability. In either case, modifications must be made for that student that are determined necessary by the child's individual education program team and allow the student to receive a "free appropriate public education" (defined as education and related services provided at the public's expense, which meet the standards of the state educational agency, include an appropriate preschool, elementary, or secondary school education in the state involved, and are consistent with the student's individual education plan¹⁷), including "related services" designed to meet the child's unique needs.^{44,48-50} Such related services might include allowing a student to carry an asthma inhaler.

SECTION 504 OF THE REHABILITATION ACT OF 1973

The purpose of Section 504 is to eliminate discrimination on the basis of a disability: "No otherwise qualified individual with a

disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. . . ."⁵¹

Under this law, *disability* is more broadly defined than under IDEA and, consequently, covers a large number of youths with disabilities who attend federally funded programs not covered under IDEA. The federal regulations promulgated under Section 504 define a disabled person as one who "(i) has a physical or mental impairment which substantially limits one or more major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment."⁵² The term *physical impairment* encompasses respiratory disorders or conditions. *Major life activities* refers to functions such as caring for oneself, breathing, and learning.⁵² Section 504 is broader than IDEA because it applies to not only the education program, but also to other nonacademic and extracurricular activities.^{53,54}

As with IDEA, the regulations promulgated under Section 504 require school districts to provide a "free appropriate public education" to children with disabilities.⁵⁵ In the context of Section 504, this requirement means that "the provision of regular or special education and related aids and services . . . designed to meet individual educational needs of handicapped persons [must be as adequate as those designed to meet] the needs of

nonhandicapped persons. . . ."⁵⁶

Of note, some case law is in conflict with the Section 504 regulations requiring a free appropriate education. Some courts, including the US Supreme Court, have held that Section 504 does not impose an obligation for a free appropriate public education despite federal regulations to the contrary.⁵⁷ What this conflict means for future lawsuits is unclear. In accordance with the language of Section 504, courts consistently hold, however, that Section 504 requires that schools make reasonable accommodations to allow disabled students to gain equal access to educational opportunities provided at that school.⁵⁷

TITLE II OF THE AMERICANS WITH DISABILITIES ACT

ADA extends Section 504 to public accommodations in the private sector and state and local public agencies that do not receive federal funding (the discussion of which is beyond the scope of this article).⁵⁸ In the context of disabled students attending public schools, Section 504 and Title II of ADA are similar. Title II of ADA prohibits any public entity (e.g., public schools) from discriminating on the basis of a disability.^{59,60} Congress intended Title II of ADA and its implementing regulations to be consistent with Section 504,^{54,61-63} although the federal regulations and the US Department of Education, Office for Civil Rights have interpreted Section 504 more broadly than Title II of ADA.⁵⁷ Under both

Section 504 and Title II of ADA, recipients of federal funds and public entities must address the disability-related needs of disabled students so they can participate in services or programs to the extent necessary to avoid discrimination.⁵⁴ The definition of *disability* under Title II of ADA is identical to that of Section 504. Under the regulations of Title II of ADA, a school must "make reasonable modifications in policies."⁵⁴ A school that refuses to administer medication because of a student's disability would be in violation of Title II of ADA.⁴⁸

HOW THESE FEDERAL STATUTES HAVE BEEN APPLIED

A clear demarcation indicating at what point a child's asthma rises to the level of a disabling condition is not available. Presumably, when a child's asthma significantly interferes with breathing, the child would be considered to have a disability.⁵⁸ Parents and the child's health care provider, along with teachers, the school nurse, and other school officials, are in the best position to evaluate the effect a child's asthma has on a child's health and academic performance. Gelfman and Schwab recommend that health professionals document the following: "(1) how the disability interferes with 1 or more life functions [e.g., breathing, learning]; (2) how the disability affects the student's functioning (e.g., energy level, exercise needs, medication effects, etc); and (3) what individualized