



ALASKA STATE HOSPITAL &
NURSING HOME ASSOCIATION

March 7, 2014

To: House Finance Co-Chair Austerman and Co-Chair Stoltze
RE: HB 266 Operating Budget/Loans/Funds – SHARP Funding

The Alaska State Hospital and Nursing Home Association (ASHNHA) is writing to express our concern about the proposed reduction in the Supporting Health Care Access through Loan Repayment and Direct Incentive Program (SHARP). We respectfully request that you rescind the \$1.2 million decrement to the SHARP-II Program budget. The SHARP program is helping Alaska's hospitals and other health care providers to ensure an adequate supply of healthcare providers.

If the proposed reduction is implemented, some of the 62 providers with current service agreements will lose funding for part or all of their support for service agreements. Unexpectedly ending these contracts before the three year period is complete could impact the supply of healthcare providers and access to care for Alaskans. Healthcare providers have made a commitment to providing care to Alaskans and it is important for the state to honor the contracts that have been made through the SHARP program. The proposed reduction will result in a shortfall of \$572,000 on current SHARP contracts.

ASHNHA is a member of the SHARP Advisory Council. The Council has been working since August 2013 on the latest round of selections to ensure all areas of the State and a broad range of very hard to fill healthcare occupations are represented. As a result of this work, the Council has recently recommended 39 clinicians for the program. The proposed decrease in funding means none of these health care providers will receive loan repayment or direct incentives even though they have been waiting for many months and may have already changed their lives based on the intent to receive the funding. The 39 pending agreements include clinicians at small and rural hospitals that have already been waiting for many months.

ASHNHA asks for full funding support of the SHARP program. This program is an important component of an Alaska health care system that provides access to health care for the most vulnerable in our state.

We recognize the serious budget challenges that are faced, if it truly is necessary to reduce the SHARP program, we request the reduction be handled in a way that does not harm the professionals who in good faith have committed to working in remote and hard to fill positions with the expectation of receiving 3 years of loan repayment or direct incentives. Please provide funding to meet the existing commitments and give the program time to produce data demonstrating results.

Sincerely,


Karen Perdue
President/CEO

House Finance Committee Hearing
FY15 Operating Budget
March 4, 2014

- I represent Agenet, a statewide association which advocates on behalf of vulnerable older Alaskans and their family caregivers.
- Today, we join the Alaska Commission on Aging in asking you to invest in two long-standing senior grant programs: 1) the Family Caregiver Support Program and 2) the Nutrition, Transportation and Support grants which effectively prevent or delay costly institutional care.
- Family members, most often a daughter or a spouse, are the foundation of long-term care for older persons in Alaska and we want to help them last as long as they can in this unpaid but rewarding role.
- Caring for an older person with dementia or physical disabilities can be physically and emotionally demanding and caregivers often neglect their own help.
- The caregiver support program offers training on caregiving skills, services such as respite care, which gives the caregiver a much-needed break, and items which relieve the stress of the caregiver, such as a lift-chair or minor home modifications.
- We are requesting a \$325,000 increment in senior grant funds for the Family Caregiver Support Program, funds which go to non-profit agencies around the state; the waiting lists of family caregivers needing respite care and supplemental services is rapidly growing.
- Our other request is for the NTS grant program. The senior meal and transportation grants are well-known throughout Alaska, primarily through your local senior centers.
- The NTS programs around Alaska are serving an increasing number of seniors and striving to meet the demand for more services as the costs of fuel and food continue to rise.
- Research shows that states which invest more in home-delivered meal programs see greater reductions in nursing home placements.
- We are requesting a \$545,000 increment in NTS senior grants to be dispersed to local senior meal and ride programs around Alaska.

Senior grants have proven to help older Alaskans remain with dignity in their own homes and communities. They also support families to care for their own and save the state money by preventing elders from going into costly institutions.

Millie Ryan

From: Jen Weinlaeder <jen.weinlaeder@gmail.com>
Sent: Tuesday, March 04, 2014 12:52 PM
To: Millie Ryan; Ron Little; Kelly Tousley
Subject: Document for House Finance Committee

March 4, 2014

To: Members of the House Finance Committee
Re: Complex Behavior Collaborative—request for funding (\$525,000 GF/MH)

My name is Jennifer Weinlaeder. My husband and I are parents of a 14-year-old boy who experiences autism. We live in Juneau and began receiving services from Alaska's Challenging Behavior Collaborative (CBC) in August of 2013. My intention is to inform you about the positive difference the CBC has made in our family's life.

In January 2013 our son, then 13, wrapped a short length of rope around his neck and acted like he was going to choke himself. We were in his occupational therapist's clinic. He grabbed this piece of equipment—constructed from rope and dowels and designed as part of a therapeutic swing—so quickly off a cabinet shelf, that the therapist and I were taken by surprise. Working together we calmly removed the rope swing from around his neck. I knew he was physically fine but the image of his rage, frustration and vulnerability is etched in my mind.

Shortly afterward the therapist told me she could no longer work with our son. His needs exceeded her training and ability to keep him safe. For two years she worked with him while teaching us about his sensory differences and how they made it difficult for him to regulate his emotions and behaviors. On this day he was triggered by a denial to buying a toy from Ben Franklin.

The CBC gives us access to a masters level, board certified behavior analyst (BCBA) from Anchorage. There are no BCBA's in Juneau. The analyst comes down about once a month for a few days. She is teaching us about his functional behavior—what he does to go toward something he wants and what he does to get away from something he wants to avoid. She observes his triggers, challenging behaviors and our typical responses. One thing I know for sure: parenting a child with autism is not intuitive.

Ross Greene, a psychologist from Harvard, wrote a book called, "The Explosive Child." In it he states, *Kids do well if they can*, not *Kids do well if they want to*. How we explain and understand our child's explosive behavior directly influences the strategies we use to help him change his behavior. Dr. Greene's approach resonates with us. Our son has lagging skills in the area of flexible thinking, frustration tolerance and problem solving. He needs skill development and that's what we're getting through the CBC.

I strongly urge you to include \$525,000 in the budget for the Challenging Behavior Collaborative. It's helped our family and can assist many more. It keeps our son in his home and out of a residential facility.

I appreciate the work of this committee.

Thank you for your time and attention,

Helen Phillips

From: House Finance
Sent: Friday, March 07, 2014 1:55 PM
To: Helen Phillips
Subject: FW: SOA general budget

-----Original Message-----

From: Jennie Hafele
Sent: Wednesday, March 05, 2014 11:32 AM
To: House Finance
Subject: FW: SOA general budget

Please enter into the record the testimony below to the House Finance Committee on HB 266 dated 03/05/2014

-----Original Message-----

From: Bryce Ward [<mailto:bryce.ward@northpolealaska.org>]
Sent: Wednesday, March 05, 2014 11:10 AM
To: Jennie Hafele
Cc: Bryce Ward
Subject: SOA general budget

Dear honorable legislators,

Unfortunately I am unable to testify today in regards to several issues that are of critical importance to the city of North Pole. The two main issues that I would like to address are PERS contribution by employers and revenue sharing. The city of North Pole is a PERS employer and is not allowed (without substantial penalty) to withdrawal from this program. I understand there is substantial issues with the retirement fund stemming from mismanagement and poor oversight, none of which is the municipalities fault. In a conventional system if the plan did not perform a employer could withdraw, this is not the case with the PERS system. Increasing the contribution of employers and not addressing the mismanagement or inability for employers to withdrawal would have drastic effects on municipalities.

The city of North Pole, like many municipalities directly benefits from revenue sharing of the sale of the state owned resources. While the state continues to reap a premium for Alaskan royalty oil at the cost of all Alaskans, especially in rural or smaller communities. it is not only prudent to maintain revenue sharing but also increase it. Until the state decides to give residents and local businesses the benefit of using their own resources at a cost not at a premium, revenue sharing should not be cut.

Thank you

Bryce ward, mayor city of North Pole

Sent from my iPhone

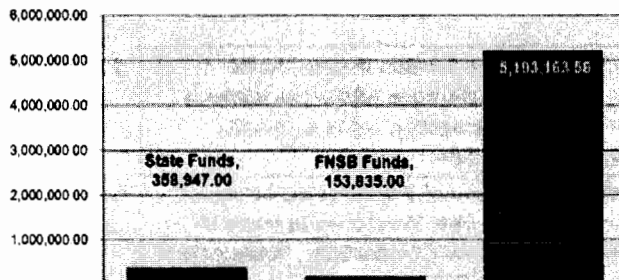
Provided by Carolyn Holmes

Human Services Community Matching Grant

Highlights of the Community Impact

FY 2013

The agencies used state funds to leverage 14 times that amount in the value of services to the community!



State funds	\$358,947
Borough funds	\$153,835
Income generated by projects	\$542,034
Other funds received by projects	\$1,915,649
In-kind generated by projects	\$2,735,480
Total value to the community	\$5,705,945

Highlights of Services Provided in FY 2013

Grant funds were distributed to ten non-profit agencies

- **Alaska Legal Services Corporation**- 195 people served: 40 received full legal services, 49 received brief legal services and 107 received legal counseling. 91% of those who received full representation reported an increased ability to protect their basic needs.
- **Alzheimer's Disease Resource Agency of Alaska**- Hosted 155 trainings & meetings, including Art Links, ABCs of Caregiving, Mind Matters, Savvy Caregiver, caregiver support groups, awareness presentations & professional trainings. 398 participants, including seniors, family caregivers & the general public.
- **Big Brother's Big Sisters**- 233 children were matched with mentors; new matches were increased by 73% this year. Mentors increase scholastic confidence and reduce a child's risk taking behavior.
- **Boys and Girls Clubs**- 315 youth participated in Clubhouse programs designed to improve academic success, character, leadership development, and healthy lifestyles. 97% of youth surveyed expect to graduate from high school, an increase from prior measurements.
- **Fairbanks Community Food Bank**- 2,029,222 pounds of food donated and 38,987 people received services through 23,014 volunteer hours. 99% of requests for food were served.
- **Interior AIDS Association**- 55 persons served: 80% of those able or needing to work found or kept employment; 25 out of 28 tested negative for illicit drugs after two years in treatment. Organization exceeded goal of promoting productive activity among participants.
- **Interior Community Health Center** - 1,191 poor and near poor individuals, uninsured or under-insured, received health care services. Increased access to preventive and primary health care to 9% of target population.
- **Literacy Council** - 165 students received access to literacy services; attending 6,693 hours of classes and tutoring. 94% of students increased their literacy level as demonstrated on the BEST Plus test. Program added 23 new tutors and 6 new ESL teachers.
- **North Star Youth Court** - 161 youth served: 68 youth were trained for youth court; 83 youth were adjudicated for misdemeanors; 30 adjudicated for minor consumer alcohol; 10 participated in mediations. 93% of DJJ referrals have not reoffended prior to age 21.
- **Wellsprings Revival Ministries (Joel's Place)** - 115 people received services supported by this grant, including callers to Project Safety Net response center, youth using Joel's Place day program and youth taken from JP to the temporary overnight shelter. 4 Americorps members served 1,518 hours at key Safe Place sites.

FY 2014 Human Services Community Matching Grant

Agency	Projects Funded	Grant Amount
Interior AIDS Association	Project Special Delivery is a program for opiate addicts who want to eliminate their dependency on narcotic drugs and regain control essential to building and maintaining a productive and dependency-free lifestyle. Outcomes include reduction and elimination of drug abuse, improved mental & physical health, improved employment & financial stability, and improved family relationships.	\$ 50,000
Fairbanks Community Food Bank	The Food Bank collects local surplus food and supplies it to those in need and to agencies that provide on-site meal services such as Stone Soup. Almost 2 M pounds of locally collected food is distributed through approximately 100 local churches/agencies by more than 20,000 volunteer hours.	\$ 50,000
Interior Community Health Center	The Interior Community Health Center (IHC) provides affordable preventative & primary health care services to low & moderate income people (such as the uninsured & underinsured). Promotes health, prevents disease, reduces disease complications and improves health status outcomes.	\$ 50,000
Alaska Legal Services Corp.	Alaska Legal Services provides civil legal assistance to low-income families and individuals in areas of family law, health care, housing & income. Civil legal assistance addresses domestic violence, lack of medical care, homelessness & loss of income, protecting rights & benefits provided by law that would be meaningless without access to the justice system.	\$ 50,000
Alzheimer's Disease Res. Agency	Alzheimer's Disease & Related Disorders (ADRD) Education & Support Project gives family caregivers the information and support needed to maintain care of their loved ones at home for as long as possible. Services reduce depression, anxiety & stress through education, counseling & ongoing support.	\$ 50,000
Big Brothers Big Sisters	Big Brothers Big Sisters matches children at risk of delinquency, drug and alcohol abuse, teen pregnancy or academic failure with mentors that provide positive adult attention. Nurturing, stable relationships produce improved life outcomes.	\$ 50,000
Literacy Council of Alaska	The Adult Literacy Program offers services for illiterate adults that focus on literacy skills needed for daily life. English as a Second Language services include English classes and American cultural and life skills. These services alleviate poverty, social inequality, discrimination, health risks and isolation.	\$ 50,000
Resource Ctr for Parents & Children	Stevie's Place is a child advocacy center that works alongside law enforcement and child protection services to provide forensic services to child victims when there are allegations of child sexual abuse or serious physical abuse. Services includes advocacy, support, accessing resources and information such as transportation, housing, and protective orders.	\$ 50,000
North Star Youth Court	Youth court is a diversion program for youth who commit minor consuming alcohol and misdemeanor offenses, providing immediate and appropriate consequences, and mandated referrals for counseling and substance abuse assessment. The mediation service is also a diversion program for youth who commit criminal offenses with an identified victim to increase accountability. Youth offenders respond well to the peer-based approach.	\$ 50,000
Boys & Girls Clubs of the Tanana Valley	Boys & Girls Club provides a safe and positive place for youth to spend time, especially after school while many parents are still at work. This is the time period when kids historically become involved in high-risk or criminal behavior or become victims of crime. Staff & volunteers engage children & youth to achieve academic success, good character & citizenship, and healthy lifestyles.	\$ 44,834
Audit Expense	DHSS has placed controversial audit requirements, which exceed the State Single Audit standards, on these grants which directly reduces available dollars for program delivery.	\$ 854
Total Projects Funded for FY2014		\$ 494,834



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House Finance Committee

Committee on Education

Committee Name
Dated 3/5/14

Bill / Subject

Thank you for your service. The Lathrop PTSA would like to ask the committee to increase education funding. As a parent ~~test~~ I can speak to this. Last fall my son's 10th grade English class began the school year in an overcrowded classroom. This was due to staffing changes and adjustments because of the budget. Students were seated on the floor and leaning against walls because there were not enough chairs for the 30+ students. This was rectified within the week, but gave a glimpse of how funding can impact classrooms. Too many students in one classroom takes the focus off learning. Class sizes impact learning. Lower teacher to student ratios allow teachers to effectively manage classroom interactions and provide differentiated learning that supports success for every student. Funding reductions mean less teachers in classrooms and more students at-risk for not passing classes, not graduating on time or at all and not being prepared for college or careers. Please fund our schools as constitutionally mandated. Send the message to our students that they matter and education in Alaska is valued now and in the future. Thank you again for your service and your attention.

SIGNED:

Octavia Harris

Testifier

Lathrop PTSA and Self

Representing

1353 Joyce Dr. Fairbanks 99701

Address / Phone Number

(907)
956-1262



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House Finance Committee
Committee on Operating Budget Dated 3/5/2014
Bill / Subject

I am a very involved ~~parent~~ in the Fairbanks Northstar Borough School District. I have seen ~~a~~ teachers and administrators work together to educate, inspire and support Alaska's students. During the last few years of decreased funding of their day to day operations, I have seen them research and innovate ~~as~~ as well as stretch and support one another in order to continue the valuable work they do for Alaska's students. I am requesting that you also support Alaska's students by increasing PUBLIC School Funds. It is a constitutional mandate of our State that the state funds Public Education. ^{Therefore it should be your first priority.} It is also necessary for the future of our state. Thanks you for your time. Please increase funds for Public Education.

SIGNED:

Testifier

Representing

Self
2530 ALLEN ADALE RD, Fairbanks, AK 99709
Address / Phone Number

John P. Yates, Jr., A.S., CDC II, BHC II

P.O. Box 70632 Fairbanks, AK 99707 (mail)

1170 Rock Jasmine Court North Pole, AK 99705 (home)

(907) 460-9779 jvinak@yahoo.com

To Whom It May Concern:

I am a substance abuse counselor employed by Fairbanks Native Association at Ralph Perdue Center, and I am writing to ask that you reconsider the proposed cut of \$2 million in funding for residential substance abuse treatment programs in Alaska and maintain funding at existing levels.

Many of our consumers are unable to remain abstinent/sober in their current environments and require the stabilization and skills training only available in a residential treatment setting. The decision to place a consumer in residential treatment is a complex and clinical one arrived at by a treatment team using specific criteria. Our consumer placement decisions are guided and bound by the American Society of Addiction Medicine (ASAM) treatment criteria for addictive, substance-related and co-occurring disorders, a national standard created and compiled by medical professionals. Level of care placement decisions are not random but rather carefully developed to best meet the needs of the consumer and promote the best possible outcome. Adherence to ASAM standards is required by accreditation entities, in our case CARF. Further, accreditation of our facility is required by the state; any cuts in state funding for residential treatment would result in our inability to comply with state mandates in other areas, an irony that was perhaps not foreseen when the funding cuts were proposed.

Alcoholism and addiction are unlike any other illnesses. They are multifaceted health issues that very often require the multifaceted medical and mental health care available only in a residential treatment setting. Many consumers will only achieve wellness and recovery with the aid of residential treatment.

In 2009, the National Survey on Drug Abuse and Health estimated that 9.5 percent of Alaska's population age 12 and older (55,700 residents) were dependent on or abusing alcohol or drugs. Costs to the economy in 2010 totaled \$1.2 billion. Costs by category include:

- \$673.2 million in productivity losses,
- \$50.5 million in traffic crash costs,
- \$217.7 million in criminal justice and protective services,
- \$237.3 million in health care, and
- \$13.2 million in public assistance and social services.

In 2014 it is reasonable to assume these numbers and costs have increased. The cost of placing consumers in residential substance abuse treatment pales in comparison to the overall cost to the state of Alaska and its citizens. If funding is cut for residential treatment services the Legislature should be prepared to increase funding for corrections, public assistance, Office of Children's Services, etc. In this light, the cost of maintaining existing funding for residential treatment seems reasonable and prudent.

A legitimate question for you to ask would be, "Where should I get the money?" There has been much debate and discussion of late about oil tax reform and repeal of that reform, and it seems most of this debate is of a very factional, all or nothing nature. Can we compromise? Can we meet in the middle? Oil ultimately pays for just about everything in Alaska, so can we decrease the amount or percentage of the tax reform without total repeal? Everyone may not walk away completely happy or satisfied, but the result would be increased revenue to fund needed programs such as residential substance abuse treatment.

Finally, let us examine the personal costs of addiction in Alaska. Alcoholism and addiction are deadly illnesses, and people are literally dying to get into residential treatment. To be able to serve these people early, when they present for treatment, would not only save money but also save lives, not to mention the anguish of their families over the needless waste of humanity. What if it was your family, someone you love? Perhaps you could choose to send them to a private, for-profit residential treatment center Outside. Though many of our consumers are indigent and have few resources, shouldn't they also have a choice to seek and participate in residential treatment? While someone would no more choose to suffer from addiction than they would cancer, the fact is that neither one is a choice. The days of viewing addicts as second-class citizens unworthy of the treatment available to those with other illnesses needs to end. What if it was someone you love?

Sincerely,

John P. Yates, Jr., A.S., CDC II, BHC II



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the FINANCE
Committee on OPERATING BUDGET / MH Dated 3/5/14
Bill / Subject BUDGET Committee Name

My name is John Yates. I live in North Pole & am employed by Fairbanks Native Assoc. at Ralph Perdue Center. I am here to ask that you maintain funding for residential substance abuse treatment at existing levels. Many of our consumers are unable to remain abstinent/sober in their current environment. Our placement procedures are bound by ASAM treatment criteria, a national standard required by accreditation entities. Accreditation is required by the state. In 2010 addiction cost Alaska \$1.2 billion, likely more in 2014. People are literally dying to get into residential treatment. They need & should have access to residential treatment services.

SIGNED:

John Yates J.
Testifier

FAIRBANKS NATIVE ASSOCIATION
Representing

605 HUGHES AVE. FAIRBANKS, AK 99701
Address / Phone Number
(907) 452-6251, x 6423

Helen Phillips

From: Ernie Meloche <ernie.meloche@gmail.com>
Sent: Friday, March 07, 2014 6:28 AM
To: Helen Phillips
Subject: Support Trauma System Funding (HB168; AS 18.08.085)

Dear Alaska Legislators,

Failing to fund the Trauma Care Fund would be a tremendous default of your duty to the people of Alaska. I am a board certified Emergency Physician and have dedicated the last twenty-five years to the caring for the people you represent.

I have seen the results of wise use of the trauma care fund in the training of the health care team, the community and the pre-hospital care teams that take care of you and your families, and those of the people you represent. These trauma care fund are critical in maintaining the excellent system that exists today.

Through use of these funds we do everything possible to make the trauma care in this state better. Any true Alaskan can testify at length how prevalent trauma is in our daily lives and how critical it is for those who represent us in the government to make sure we have the tools needed to maintain our trauma care at the highest levels possible.

Please do whatever you must to ensure that the Trauma Care Fund is fully funded in the coming years. You, your family and the people you represent will be the very ones who will benefit from such efforts, and the ones who are hurt by you if your actions fail in this regard.

Please vote to support the Trauma Care Fund (HB168; AS 18.08.085)

Thank you for your efforts on our behalf. Feel free to contact me if you need any further information to support your fight for these bills.

Sincerely,

Ernest B. Meloche, MD
Board Certified Emergency Physician
Ketchikan Medical Center Emergency Department
EMS sponsor for North Tongass Fire Department
EMS sponsor for the Alaska Marine Highway EMS department
Ketchikan, Alaska, 99901
Cell Phone - 907-617-7704
e-mail - ernie.meloche@gmail.com
Mailing Address: PO Box 6058, Ketchikan, Alaska, 99901

March 5, 2014

Dear House Finance Committee Members,

My name is Carlen Williams, Director of the Southeast Area Health Education Center (SE AHEC) of legislative district 33. SE AHEC is a regional center that has been located in Ketchikan and hosted by Peacehealth Ketchikan Medical Center for the last year. SE AHEC is one of five regional AHEC centers that are all hosted by a community organization. This not only ensures community buy in but allows equal access to AHEC programing that fits the needs of our diverse regions.

The overall Alaska AHEC programing uses a pipeline approach to health careers. We engage high school students to the possibilities of health focused careers as a future path of employment. We coordinate and support clinical rotations to post-secondary students enrolled in health career educational programs. We provide continuing education (CE) opportunities to our current health care providers. It is the regional centers job to make sure these activities fit the needs of their region.

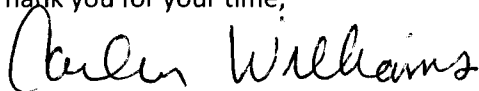
We are not only trying to grow our own health care providers but keep them here in Alaska.

The Alaska AHEC is not an extravagant program. Each center across the state is minimally staffed with very tight budgets to achieve long lasting programing. Collaboration and partnerships is our top priority in any project we are involved in.

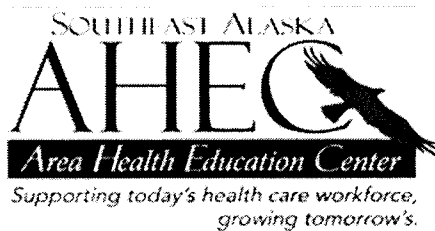
I am respectfully requesting that the Alaska AHEC budget line item in the University of Alaska budget be reinstated to the full amount of \$652,900.

Without the reinstated Alaska AHEC budget line item into the UA budget the statewide program will be drastically affected including the closure of the Southeast AHEC regional center.

Thank you for your time,



Director



3100 Tongass, Ketchikan, AK 99901

907.228.8455 office

907.228.8324 fax

cwilliams@peacehealth.org

Miranda Robles
5324 N Tongass Highway
Ketchikan, AK 99901
March 5, 2014

Rep Alan Austerman, Co-Chair
Rep Bill Stoltze, Co-Chair and
House Finance Committee
Alaska State Legislature

Re: Support for Alaska AHEC's inclusion in University of Alaska budget

Dear Members of the Finance Committee:

I am the recipient of direct support from Alaska AHEC. I came here from California where I was working at a minimum wage job and could only pay my rent and gas. My family discouraged me from moving but I could not envision that life for me.

I learned about AHEC and worked two jobs while going to school for my CNA license. I am a hard worker and was lucky enough to be offered three jobs within two days of graduating. Though it was nerve-wracking to wait for my testing before I could actually accept a job, that encouragement from AHEC helped me realize that there was a better path for me. AHEC gave me courage and confidence in myself. AHEC helped navigate the paperwork at the university. AHEC gave me guidance about budgeting and filling out loan forms.

Now, I work at the Pioneer Home and am on my way to becoming a full-time nurse. My CNA credential gave me a hope and a great start. It would not have happened without AHEC's help. Now two of my friends are also at the University of Alaska campus in Ketchikan because of me, one in the sciences and another in nursing.

I urge you to maintain funding for AHEC.

Sincerely,

A handwritten signature in black ink, appearing to read 'Miranda Robles', with a stylized flourish at the end.

Miranda Robles
Nursing Student supported by AHEC



Klawock City School District

P.O. Box 9 Klawock, Alaska 99925 907-755-2220 Fax: 907-755-2913

Jim Holien
Superintendent

Kelli Larson
K -12 Principal

March 4th, 2014

To: Alaska State Legislators
From: Jim Holien – Superintendent

Dear Legislators,

This is a letter of support for Alaska AHEC and the programs they operate. Klawock School has just formed a relationship with AHEC and our students are benefitting from their programs. Currently, we are offering an Intro To Health Careers class to our students, which is supported by AHEC. Without their support, we could not offer this class to our students.

Like many schools across the state, our student population is declining and our budget is shrinking. Klawock does not have the resources to offer new classes to our students and AHEC has been invaluable to our school by providing this opportunity.

I request that the Alaska AHEC budget line item in the UA budget be reinstated. This has a direct impact on our students and it allows them access to classes and programs Klawock School cannot offer alone.

Thank you for your time, efforts, and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Holien". The signature is stylized with a large, looped "J" and "H".

Jim Holien
Superintendent

Christa Bruce
5129 N Tongass
Ketchikan, AK 99901
March 5, 2014

To: Members of the House Finance Committee

Re: Alaska's AHEC

Southeast AHEC is one of five regional AHEC centers in Alaska. Alaska AHEC is dedicated to recruiting and training our own health care professionals and strengthening rural practice. To that end, our center has vigorously pursued students interested in health-related careers. We know that workforce development--investing in our own population--will significantly strengthen our ability to fill the gap in numbers of rural providers—doctors, nurses, CNAs, dentists, imaging specialists, to name a few.

In the last year and a half, Southeast AHEC in Ketchikan has facilitated and/or supported financially more than 40 student caregivers. We have become the go-to place for people in our region who want to train or re-train in health careers. AHEC's scope is bringing new hope for employment to people who recognize the tremendous needs in health care in Alaska. The future for skilled people is bright here.

The University of Alaska is key to program support as we work to support students doing their clinical rotations in Alaska. We have shown through longitudinal data (made possible by UAA) that students doing clinical work in Alaska do return as providers. That is good news for us.

Our curricular outreach is also strong in the public schools and interest is growing. We have partnered with several schools to implement "Intro to Health Careers" and begin a strong Career and Technical Ed (CTE) pathway. The university has made it possible to offer a dual-credit option which is particularly appealing to parents.

AHEC is gaining a reputation for helping students navigate a health career pathway. We need program guidance and support from the university to help overcome the obstacles students face.

I am happy to answer any questions you may have.

Thank you,



Christa Bruce
Education Coordinator
Southeast AHEC
3100 Tongass Avenue
Ketchikan, AK 99901
907.228.8456



CHRISTA BRUCE, Education Coordinator

(907) 228-8456 OFFICE
(907) 821-0003 MOBILE
(907) 228-8324 FAX

3100 Tongass Avenue
Ketchikan, Alaska 99901
cbruce@seakahec.org

WWW.SEAKAHEC.ORG

WRITTEN TESTIMONY

Name: Loretta Brown
Representing: Self
Bill No./Subject: HB 266
Committee: House Finance
Date of Hearing: 3/5/2014

I, ~~the~~ all of ^{the} Homer community, Alaska Community, ocean ecosystems, and marine organisms benefit from the work and dedication of the Kachemak Bay Research Reserve in Homer. The Research Reserves (KBRR) provides vital research for assessing baseline biological and physical characteristics in Kachemak Bay.

This information is not only important for management of our fisheries and wildlife resources but also provides important and accessible information the the public, commercial fishermen, and the tourist industry in Homer. ~~KBRR~~

Cutting funding to KBRR would not only completely cut out ~~a~~ vital monitoring research in Kachemak Bay but also an informational resource between ^{the} State of Alaska natural resource and fisheries ~~and~~ management agencies and the public who use and rely upon these resources for enjoyment and subsistence use.

- For the record, I am an employee of KBRR (Reserve) through ADFG-SFD (Sport Fish). I am speaking today from the perspective of a concerned citizen.
- The Reserves' mission is not specific Sport Fish, however, it does meet the broad information needs across ADF&G including education, coastal training program, and research capacity.
- Specifically, the Reserve's education program served over 4,000 students, teachers, and visiting public in 2013. It has active education program outreaching information on harvested species and fishing skills.
- The coastal training program reached 400 coastal professionals by providing targeted needs-based trainings. This includes bringing skill-building trainings such as ArcGIS to ADF&G biologists in the lower Kenai Peninsula region.
- The research program is designed to provide information to coastal decision-makers on the physical sciences (such as relative sea-level change, coastal erosion, and ocean circulation patterns) as well as the biological sciences (such as habitat requirements for juvenile salmon, life history data for harvested clam species, ocean acidification on larval crab species, HAB and invasive species monitoring).
- The cutting edge work done on juvenile salmon habitat have been useful for managing habitat and permit regulations by DNR, the Division of Habitat, and to the Kenai Peninsula Borough.
- While the Reserve is not providing data on in-stream returns of adult salmon as requested by DSF, we are fulfilling a significant and unaddressed portion of the Division's Strategic Plan for research, monitoring, and education outlined in their 2010-2014 plan.
- I ask that you provide KBRR with one year of matching funding for the NOAA Operations grant in the amount of \$250K. This will provide time for the Reserve to seek a more relevant partnership. It would be ridiculous to close the Reserve at this juncture. The community would lose jobs, valuable long-term data necessary to navigate a changing climate, and the additional revenue the Reserve attracts through partnerships, ~all for the want of match funding to a large, sustaining grant.

Angela Doro / 6
 1200 Carriage
 Court Homer
 AK 99603

WRITTEN TESTIMONY

Name: Karen Shemet
Representing: Spratt Family Services
Bill No./Subject: HB 266
Committee: House Finance
Date of Hearing: 3/5/14

Please fully fund Parents as Teachers program + all other home visiting + early childhood programs so that our vulnerable young children + their families receive the support they need in order to thrive + create a vibrant society. Funding preschool rather than prisons later really makes fiscal + societal sense. There is a great return actualized when we fund early childhood + it is time to put full funding behind it.

Thank you

Karen Shemet



Kachemak Bay Conservation Society
 3734 Ben Walters Ln, Homer, AK 99603
 907 235.8214
 kbayconservation@gmail.com

House Finance Committee,

Dear Members,
 Thank you for your service.

The Kachemak Bay Conservation Society (KBCS) has been a non-profit organization for 35+ years. It has supported many organizations through education and grassroots efforts. KBCS is an all-volunteer organization involving many in the Kachemak Bay area.

KBCS would like to take this opportunity to express our disappointment in the Alaska Department of Fish and Game, Sport Fish Division and the ADF&G, in general, for the lack of support for the Kachemak Bay Research Reserve. (KBRR). We realize there is a general belt tightening within all state agencies, however we feel the KBRR is certainly an entity worth supporting for the following reasons:

1. The Kachemak Bay Research Reserve was organized under the National Estuarine Research Reserve System, which is a state, federal and local partnership. State funding serves as a match for larger funding amounts from the National Oceanic and Atmospheric Administration (NOAA) and other grant organizations. KBRR also seeks other funding for projects, which meets its mission, and these funds have been significant. This type of funding is still available and helps support an entity that employs Alaskans and supports the local economy.
2. KBRR supports a research team that conducts studies, which helps to understand the health of anadromous systems and the watershed of Kachemak Bay, which is beneficial to fisheries, other state agencies, and the general public.
3. KBRR conducts symposiums of national importance, which brings many people to Alaska for better understanding of oceans and oceanic issues.
4. KBRR is a major marine educator for the local community through its Coastal Training Program, Public Discovery Lab, and outdoor programs, which focus on coastal and estuarine ecology. These programs are very important for the youth of the area and have the potential to inspire career choices.
5. KBRR is located in the U.S. Fish and Wildlife Service Islands and Ocean Visitor Center. The NOAA Kasitsna Bay Laboratory is located on the south side of Kachemak Bay. The close proximity of these three organizations makes collaboration much easier and will help to bring research projects to the Homer area.
6. KBRR benefits the youth and general public through education and collaboration. The Reserve is in place and serves the State of Alaska by bringing together leaders in Marine Science.
7. Without this state funding, the NOAA matching funding will end **and KBRR will cease to exist.** KBRR has a staff of approximately 11 personnel. These people and their families are residents of the Homer area and support the local economy. Not only would we be losing an important learning and educational organization, we would experience a brain drain of very well educated people.



Kachemak Bay Conservation Society
3734 Ben Walters Ln, Homer, AK 99603
907 235.8214
kbayconservation@gmail.com

KBCS believes diversification of the states economy is very important. KBRR represents a perfect example. It is our hope that the legislature can find a source of funding that will allow the continued important work of this highly prestigious organization.

Sincerely

Roberta Highland

Roberta Highland
President,
Kachemak Bay Conservation Society
3734 Ben Walters Lane
Homer, AK 99603
907 235-8214

kbayconservation@gmail.com
www.kbayconservation.org



South Peninsula Behavioral Health Services, Inc.
3948 Ben Walters Lane, Homer, AK 99603

**Child, Adult &
Psychiatric
Treatment
907-235-7701
Fax:
907-235-2290**

2/5/14

To whom it may concern;

**24 hour
Emergency
Services**

**Rehab
Services
The Annex
907-235-6990**

**DD Services
PRIDE Program
907-235-7805
Fax:
907-235-7834**

I want to take a moment to strongly advocate for continued funding for the Complex Behavior Collaborative (CBC). My journey as a care coordinator partnering with the CBC began in a way that is far too common for many agencies that serve Alaskans who are at high risk of institutionalization. In working with a young man who has exhibited a range of behaviors related directly to his own safety as well as the safety of those who work with him (assaulting family, school personal and our agency personnel), I received a frantic phone call from his parents begging me to find an institutional placement as they felt they had no options and no place to turn after another assault. The truth is that as a state we lack the resources and expertise to serve such individuals in our smaller, more rural communities. When you look at residential or institutional programs in Alaska you will find limited options with few beds available if any, as a number of beds are reserved for OCS children. When you couple that with the fact that clients such as mine have special needs, due to the particular presentation of their developmental disability, and in this case a client who is both dually diagnosed with mental illness and genetic abnormality, I shared the hopelessness and deep concern these parents were experiencing.

www.spbhs.org

It was at this point that I discovered the CBC as a resource to work with Alaskans who are at immanent risk of institutionalization. As we began the process of developing a team which would implement the ABA plan, a new hope that we might prevent this young man from losing his home and community arose. We were able to work intensively with mental health services as well as with the school and family. In particular, as the school was seeing a large percentage of daily aggressive and non-compliant behaviors, the CBC was able to work in the school setting and train the para-professionals to implement behavior strategies specifically designed for this young man. As you can imagine, where there was a sense of failure and desperation, this new team felt empowerment and hope.

We are still meeting bi-weekly as a comprehensive team to help this young man. I can say with certainty that if the CBC was not in existence, our client would be institutionalized in a setting far from home, which might not provide the level of support he requires to find success and some day return to his community and family.

Today we have reached out to the CBC and found support to keep five of our participants in our community. The strategies that we learn working with the CBC help us better serve many of our most challenged individuals.

As a care coordinator having been involved in social services in Alaska over the past thirteen years, I want you to know that the CBC plays a pivotal and vital role in reducing both present and future expenses related to institutional and residential treatment for behaviorally challenged Alaskans. There is no other such program or resource which exists to meet this need in our rural communities.

Sincerely,

A handwritten signature in black ink, appearing to read "Sean Jones", with a long horizontal flourish extending to the right.

Sean Jones
Care Coordinator



South Peninsula Behavioral Health Services, Inc.
3948 Ben Walters Lane, Homer, AK 99603

**Child, Adult &
Psychiatric
Treatment
907-235-7701
Fax:
907-235-2290**

2/5/14

To Whom It May Concern;

**24 hour
Emergency
Services**

The PRIDE Program was successful in having a youth we serve accepted by the Complex Behavior Collaborative (CBC) and we are currently working with them to craft and implement a behavior management program specifically tailored for this youth. We are in the process of completing a second referral to the CBC and are hopeful that it will be accepted as well. Along with improving the quality of life for the individual served and reducing the likelihood of an institutional placement, this program works to increase the knowledge base and capacity of local providers/community, enabling even more individuals to benefit from the process.

**Rehab
Services
The Annex
907-235-6990**

In July of 2012, we made our first referral for a teenage boy who experiences significant Developmental Disabilities and Mental Illness. This young man is impulsive and finds it difficult to anticipate the consequences of his behavior. He is frequently assaultive of his parents, direct service providers, and peers. He has a history of sexually inappropriate behaviors and requires continual, close supervision in all environments for his safety and that of others. This youth has an intense need for constant attention causing teachers, parents, direct service providers alike find him extremely challenging and exhausting to supervise, mentor, and teach. He is at high risk for institutionalization.

**DD Services
PRIDE Program
907-235-7805
Fax:
907-235-7834**

Our agency has served this youth for several years with both waiver services and mental health treatment yet his challenging behaviors appeared to be beyond our capacity. We were unable to effect significant, sustained improvement in his behavior. His parents were at the point of sending him to an institutional placement at the time we requested the assistance of the CBC.

www.spbhs.org

The CBC sent us an expert in Applied Behavioral Analysis, Phillip Tafts, MSW, BCBA of the CHD, who has been able to work closely with the treatment team, family, and school. He has been a tremendous source of knowledge and support. He has been able to evaluate this situation and design a plan for this youth. He has taught new skills to the team enabling them to regain confidence, perspective, and increase their ability to manage this youth's behaviors, which will hopefully improve his quality of life and increase his independence.

I urge you to continue funding this extremely valuable resource. It seems to be the most effective way to prevent institutional placements and increase agency/community capacity. This program is also cost effective and requires a fraction of the funding need to support Alaskans in placements in other states.

Thank you for your continued support of this critical project.

Susan Drathman
PRIDE Program Director

3/5/14

To Whom It May Concern at Alaska State Legislature:

I have been involved with providing services for Alaskans with disabilities for 23 years. I support funding to continue the Complex Behavior Collaborative (CBC). The Complex Behavior Collaborative (CBC) has been the most practical and useful training program the State has ever offered to disabilities programs in my opinion. With consultation and training for caregivers and community providers, people with disabilities with truly challenging behaviors are given a chance to remain in their communities. CBC offers constructive solutions for the teams that serve Alaskans with disabilities and a way to develop management plans designed specifically for individuals with challenging behaviors to avoid crisis and remain in their communities and homes.

The CBC program serves Alaskans of all ages who have mental illness, a head injury, dementia, fetal alcohol spectrum disorders, substance abuse use or trauma disorders. Since the CBC has just recently been started in FY 13 & 14 and has proven to be very successful throughout communities it has served in Alaska, annualized funding in FY 15 needs to be continued.


The communities in Alaska already served by this successful training program will be seriously lacking without CBC continuing (and potentially expanding), due to all of the solution based positive results it has helped disability programs develop. The state is better serving complex behaviorally challenged individuals with disabilities because of CBC and I know the program I work for is greatly improved and offers caregivers and providers more skills to improve the lives of Alaskans with developmental disabilities. Please continue funding for this unique and important behavior management consultation and training program.

Sincerely,

A handwritten signature in cursive script that reads "Meg Mitchell".

Meg Mitchell, Case Manager PRIDE Program

- For the record, I am an employee of KBRR (henceforth referred to as Reserve) through ADFG-SPORTFISH (henceforth SportFish). I am speaking today from the perspective of a concerned citizen.
- In the interest of time, I am going to defer testimony already provided about the value RESERVE serves not only to the Homer community but the entire state of Alaska.
- I want to assert that the proposed budget cut is, in my opinion, a narrow sighted decision made by SPORTFISH.
- The \$175k proposed cut from the GF is the entirety of state match required to receive larger federal grants from NOAA and other sources.
- The multiplier effect on this match brings in over \$1m in federal funding through SPORTFISH, for which a 14% administration charge is applied for all incoming funding that offsets the GF applied to RESERVE.
- I want to stress that the proposed cut does not just slash a budget- it will result in complete closure of the Reserve.
- Given RESERVE's national affiliation, this budget cut would have significant financial strings attached for the state of Alaska.
- SPORTFISH would default on their agreement terms with NOAA and could be responsible for reimbursing the current market value of RESERVE property investments, including a portion of AIOVC, the modular facility on Kachemak Drive (houses Kasitsna Bay Lab personnel, NPS, DNR, other), and Bay Av lab storage facility- to name a few. An amount that may be in the hundreds of thousands to millions of \$.
- Further, using federal funds RESERVE contributes \$133k annually to the operation of AIOVC, which serves 75,000 visitors per year. There is currently no alternative building partner that could fulfill that obligation.
- In closing, I encourage you to consider providing GF support to RESERVE for one additional year to allow an alternative state agency partner to be identified—a process which has already been initiated. The transfer of partnership would not only ensure the continuation of valuable research and education services, but would prevent further significant debt by the State of Alaska by alleviating the potential responsibility for property investment payback.


 Stacey Buckelew
 03-05-14

WRITTEN TESTIMONY

Name: Dr. Martin Renner

Representing: _____

Bill No./Subject House bill 266

Committee: House Finance Committee

Date of Hearing: 5 March 2014

I am deeply concerned about the funding cut of the Kachemak Bay Research Reserve from the ADFG budget. All of us living here in Homer and around the bay are closely connected to the sea - whether we realize this or not. The research reserve serves a vital role, providing applied ecological research serving our community. Without this research, informed management decisions are impossible.

The research reserve also provides a great service to local schools, offering field trips, discovery labs, and education during the extremely popular shorebird festival. My two children have frequently participated in the programs, which has enriched their lives in a permanent way.

Needless to say, ^{closing} ~~deleting~~ the research reserve would cause economical hardship to the entire community in Homer. I urge you to fight for reinstating funding to KBRR. Thank you for your consideration. Martin Renner

Barbara Corlne

PO Box 122

Wrangell AK 99929

(907)874 2314

House Finance Committee

Co-Chair Rep. Alan Austerman

Co-Chair Rep. Bill Stolze

Vice Chair Rep. Mark Newman

March 7, 2014

Re: Trauma funding 2015

Gentlemen:

I was elected to the Board of Directors of Wrangell Medical Center last year but am also a citizen who has a major concern about the discontinuing of the funding for trauma center upgrades. WMC is currently in the process of trying to qualify for its Level IV certification and to lose that funding would pretty much eliminate that.

As you know, Southeast is not accessible by road anywhere and relies on boats and planes to get around. Before I retired, I was the part owner of the local air taxi and as such, dispatched many a float plane on medevacs from fishing boats, logging operations and hunting camps. You cannot send the plane out full of fuel not knowing what situation you will actually be encountering nor the size of the patient needing the medevac. So, for those people needing more acute care than WMC could provide, it meant returning to base for more fuel to get to a facility equipped to handle trauma. That entailed a delay that couldn't have been good for any of the folks hurt but was necessary to get them there. It is the belief here that if WMC had its trauma designation, much of that could be avoided and patients would get the care they needed immediately after arriving here.

Surely there must be a cut that can be made elsewhere in the budget that does not jeopardize lives? I beg you to reinstate the trauma funding.

Respectfully,





March 5, 2014

Honorable Representative Alan Austerman, and
Honorable Representative Bill Stoltze
State of Alaska House Finance Committee
Sent Via E-mail
LegFinance@legis.state.ak.us

Re: Proposed Cuts to the Community Health Aide Training & Supervision (CHATS) Grants Program Budget

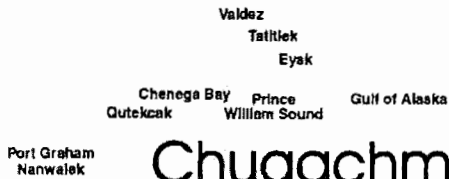
Honorable Representatives Alan Austerman and Representative Bill Stoltze:

I write you on behalf of **Chugachmiut**, for which I serve as the **CHAP Director**, regarding the proposed cuts to the Community Health Aide Training & Supervision (CHATS) grants program budget. We are acutely aware of the budget shortfalls that we face in Alaska and the current economic climate. Thank you for allowing us to share our comments and concerns on the proposed cuts.

Chugachmiut's CHA program involves five of the seven Chugachmiut Regional Native villages: Chenege Bay, Nanwalek, Port Graham, Seward and Tatitlek, Alaska. All are located within Southcentral Alaska. The Primary Network Spoke site is located at Chugachmiut Health Services in Seward. Each of the other four communities is considered secondary network spoke sites. Chugachmiut supports a standardized clinic model in each community to increase visiting provider quality of care. All medical providers and support staff regularly travel to each community, regardless of their home community.

Our immediate concern is to ask that you protect the funding for the CHATS program. This program is critical to reducing emergency and inpatient workloads while preventing long-term chronic health problems and disruptions to families and communities. Stable funding for this grant is critical to ensuring cost-savings to the Alaska Tribal Health System (a critical component of the Alaska Public Health System) and the State's General Fund.

The Mission of the CHATS program is to provide training and supervision of primary community health aides who provide health care services in rural communities throughout the State. Community health aides and practitioners (CHA/Ps) are critical to the delivery of health care in the state of Alaska. They are the first responders and often the only providers of care in most of rural Alaska. The CHAP program is globally recognized as a model of care in underserved communities. Their value is demonstrated in the improved health and greater capacity in rural communities to address health. The design of the training and utilization of CHA/Ps employed vision and foresight. Additionally, CHA/Ps are able to generate revenue to support the delivery of care through third party



Chugachmiut

billing; without the CHATS program, the need for these critical, life-saving, and potentially self-funding positions cannot be met.

The CHAP program is already under great pressure in that the training program has long been chronically underfunded. The training centers have sought and implemented innovative methods (including distance and online/virtual training sessions) to maximize resources to increase the number of CHA/Ps receiving training. However, certification requirements (wisely so) require direct oversight with a preceptor and student and supervised direct interaction with patients. Any "cost-savings" realized from these methods, have been directed toward an attempt to increase the number of CHA/Ps trained. At present there are only 198 training slots available annually for an estimated 324 slots needed for CHAs to progress through training. To add to the challenges, CHA training centers already faced difficulties with one training center closing its doors. The proposed cuts puts at-risk the remaining training centers and will translate into more costly expenditures and poorer health outcomes which will adversely impact Alaska's health.

The Alaska Tribal Health System has developed many innovative methods for providing health care across the state. New and exciting tools, such as telemedicine will not eliminate the need for CHA/Ps. In fact, CHA/Ps are also critical to the use of telemedicine, extending the reach of advanced medical personnel in a sustainable manner through the benefits of third-party billing. CHA/Ps are partners and facilitators of using telemedicine in rural Alaska.

I cannot overstate our deep concern about the current consideration to cut this critical program where other resources are not able to supplement or offset the losses to Alaska's capacity to meet this critical need. Please consider the long-term impacts and the resulting adverse impacts to the State of Alaska. Please keep the funding levels whole for the CHATS program.

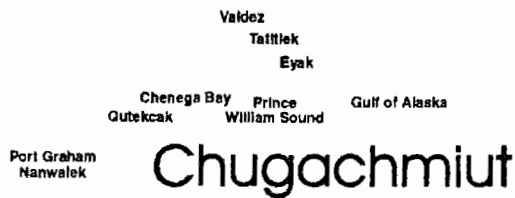
Thank you kindly for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Sue Steward". The signature is written in a cursive, flowing style.

Sue Steward, BSHA, CHP
Chugachmiut, CHAP Director
sue@chugachmiut.org





March 5, 2014

Honorable Representative Alan Austerman, and
Honorable Representative Bill Stoltze
State of Alaska House Finance Committee
Sent Via E-mail
LegFinance@legis.state.ak.us

Re: Proposed Cuts to the Community Health Aide Training & Supervision (CHATS) Grants Program Budget

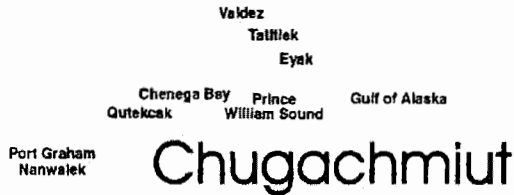
Honorable Representatives Alan Austerman and Representative Bill Stoltze:

I write you on behalf of **Chugachmiut**, for which I serve as the **CHAP Clinical Instructor**, regarding the proposed cuts to the Community Health Aide Training & Supervision (CHATS) grants program budget. We are acutely aware of the budget shortfalls that we face in Alaska and the current economic climate. Thank you for allowing us to share our comments and concerns on the proposed cuts.

Chugachmiut's CHA program involves five of the seven Chugachmiut Regional Native villages: Chenega Bay, Nanwalek, Port Graham, Seward and Tatitlek, Alaska. All are located within Southcentral Alaska. The Primary Network Spoke site is located at Chugachmiut Health Services in Seward. Each of the other four communities is considered secondary network spoke sites. Chugachmiut supports a standardized clinic model in each community to increase visiting provider quality of care. All medical providers and support staff regularly travel to each community, regardless of their home community.

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The Mission of the CHATS program is to provide training and supervision of primary community health aides who provide health care services in rural communities throughout the State. Community health aides and practitioners (CHA/Ps) are critical to the delivery of health care in the state of Alaska. They are the first responders and often the only providers of care in most of rural Alaska. The CHAP program is globally recognized as a model of care in underserved communities. Their value is demonstrated in the improved health and greater capacity in rural communities to address health. The design of the training and utilization of CHA/Ps employed vision and foresight. Additionally, CHA/Ps are able to generate revenue to support the delivery of care through third party



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The Alaska Tribal Health System has developed many innovative methods for providing health care across the state. New and exciting tools, such as telemedicine will not eliminate the need for CHA/Ps. In fact, CHA/Ps are also critical to the use of telemedicine, extending the reach of advanced medical personnel in a sustainable manner through the benefits of third-party billing. CHA/Ps are partners and facilitators of using telemedicine in rural Alaska.

I cannot overstate our deep concern about the current consideration to cut this critical program where other resources are not able to supplement or offset the losses to Alaska's capacity to meet this critical need. Please consider the long-term impacts and the resulting adverse impacts to the State of Alaska. Please keep the funding levels whole for the CHATS program.

Thank you kindly for your consideration.

Sincerely,

Cyndy Langmade PA-C

Cyndy Langmade, PA-C
Chugachmiut, CHAP Clinical Instructor
cyndy@chugachmiut.org

St. Paul

St. George

Aleutian Pribilof Islands Association, Inc.

1131 E. International Airport Rd.
Anchorage, Alaska 99518-1408
Phone (907) 276-2700
Fax (907) 279-4351



January 15, 2014

Honorable Representative Alan Austerman, and
Honorable Representative Bill Stoltze
State of Alaska House Finance Committee
Sent Via E-mail
LegFinance@legis.state.ak.us

Re: Proposed Cuts to the Community Health Aide Training & Supervision (CHATS) Grants
Program Budget

Honorable Representatives Alan Austerman and Representative Bill Stoltze:

I write you on behalf of Aleutian Pribilof Islands Association, for which I serve as the President/CEO, regarding the proposed cuts to the Community Health Aide Training & Supervision (CHATS) grants program budget. We are acutely aware of the budget shortfalls that we face in Alaska and the current economic climate. Thank you for allowing us to share our comments and concerns on the proposed cuts.

The Aleutian Pribilof Islands Association oversees the following five clinics: Atka Clinic, Nikolski Clinic, Oonalaska Wellness Center, St. George Traditional Clinic and the St. Paul Health Center. Out of the five clinics, three of them are staffed by community health aides only.

Our immediate concern is to ask that you protect the funding for the CHATS program. This program is critical to reducing emergency and inpatient workloads while preventing long-term chronic health problems and disruptions to families and communities. Stable funding for this grant is critical to ensuring cost-savings to the Alaska Tribal Health System (a critical component of the Alaska Public Health System) and the State's General Fund.

The Mission of the CHATS program is to provide training and supervision of primary community health aides who provide health care services in rural communities

throughout the State. Community health aides and practioners (CHA/Ps) are critical to the delivery of health care in the state of Alaska. They are the first responders and often the only providers of care in most of rural Alaska. The CHA/P program is globally recognized as a model of care in underserved communities. Their value is demonstrated in the improved health and greater capacity in rural communities to address health. The design of the training and utilization of CHA/Ps employed vision and foresight. Additionally, CHA/Ps are able to generate revenue to support the delivery of care through third party billing; without the CHATS program, the need for these critical, life-saving, and potentially self-funding positions cannot be met.

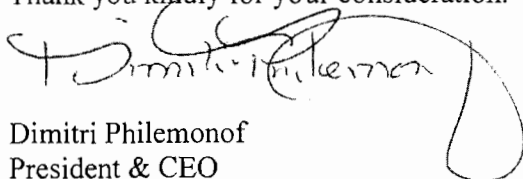
The CHA/P program is already under great pressure in that the training program has long been chronically underfunded. The training centers have sought and implemented innovative methods (including distance and online/virtual training sessions) to maximize resources to increase the number of CHA/Ps receiving training. However, certification requirements (wisely so) require direct oversight with a preceptor and student and supervised direct interaction with patients. Any "cost-savings" realized from these methods, have been directed toward an attempt to increase the number of CHA/Ps trained.

To add to the challenges, CHA/P training centers already faced difficulties with one training center closing its doors. The proposed cuts puts at-risk the remaining training centers and will translate into more costly expenditures and poorer health outcomes which will adversely impact Alaska's health.

The Alaska Tribal Health System has developed many innovative methods for providing health care across the state. New and exciting tools, such as telemedicine will not eliminate the need for CHA/Ps. In fact, CHA/Ps are also critical to the use of telemedicine, extending the reach of advanced medical personnel in a sustainable manner through the benefits of third-party billing. CHA/Ps are partners and facilitators of using telemedicine in rural Alaska.

I cannot overstate our deep concern about the current consideration to cut this critical program where other resources are not able to supplement or offset the losses to Alaska's capacity to meet this critical need. Please consider the long-term impacts and the resulting adverse impacts to the State of Alaska. Please keep the funding levels whole for the CHATS program.

Thank you kindly for your consideration.

A handwritten signature in black ink, appearing to read "Dimitri Philemonof", with a large, sweeping loop at the end.

Dimitri Philemonof
President & CEO

Cc: Carolyn Crowder, Health Director

To the House Finance Committee through the chair,

Alaska Youth Advocates offers the chance for a healthier life to young people who have little or no family support, often are no longer in school, may suffer from abuse or addiction, and have no place to go but the streets. Through our POWER Teen Center and health clinic in downtown Anchorage, we reach out to youth, offering a caring environment and information that can help them make safer, more positive decisions in their lives.

The youth served at AYA have experienced extreme levels of trauma and abuse. Many have had interactions with the Office of Children's Services but were unable to get the necessary support from our system. Our legislature recognized this need and since 2006 has increased support to improve OCS. The recent OCS work load study does recommend an additional 54 positions to increase efficiencies and keep social workers working with families to succeed.

Studies have shown that between 1/3 – 2/3rds of child maltreatment cases involve substance abuse. As we all know, substance abuse affects our state at record numbers thus affecting our high levels of child abuse, domestic violence, sexual assault and suicide. Due to the years of trauma our youth experience, sometimes they turn to coping mechanisms they are all too familiar with, drugs and alcohol.

Our substance abuse treatment is already not meeting the needs of our state. Recently I worked with a youth who was ready to access help for her substance abuse. For weeks we worked together to get her into residential treatment. Not everyone is so persistent. We need to be ready to respond with services when a person is ready to treat their disease.

Everyone at AYA wants to equip young people to make decisions that will lead to productive lives. Many of our youth are not able to make these productive life choices without first the support of substance abuse treatment.

Please restore funding to substance abuse treatment and fund the recommendations provided by the OCS Workload Study.



NAMI Anchorage

Anchorage's Voice on Mental Illness

144 W. 15th Avenue
Anchorage, Alaska 99501
(907) 272-0227 (phone)
(907) 277-1400 (fax)

www.namianchorage.org
info@namianchorage.org
www.facebook.com/namianchorage
We are a Pick Click Give organization.

Testimony of Francine Harbour, Behavioral Health Budget, 03-04-14

Good afternoon representatives. Thank you for this opportunity to speak about funding for treatment of substance abuse disorders. My name is Francine Harbour. I am the executive director of NAMI Anchorage, the National Alliance on *Mental Illness*. I am here to talk about *substance abuse disorders* because of the high rate of people who become chemically dependent to self-medicate an underlying mental illness or other brain disorder. Unfortunately mental illness and substance abuse too often go hand-in-hand.

My understanding is that the budget that has been released cuts over \$2 million from behavioral health services. Of particular concern is the loss of funding for residential beds for people with substance abuse disorders. I also understand that some of the funding has been moved to outpatient treatment. Unfortunately, that order of treatment services is backwards. People need to FIRST spend time in a residential setting learning new coping skills and establishing healthy support networks and THEN receive ongoing support to maintain sobriety and wellness. Actually, it is NOT an EITHER/OR situation. BOTH residential facilities AND outpatient care need to be funded as part of a strong and EFFECTIVE continuum of care.

In closing, I would like to vigorously make the point that substance abuse disorders and their co-occurring brain disorders present COMPLEX medical challenges. The brain is, after all, our most complex organ. Residential beds, outpatient care and the coordination of care that is

supported by the Complex Behavior Collaborative all need the levels of funding originally requested. With this funding, we can continue to develop solutions that are EFFECTIVE and LAST, which is what everyone wants. Thank you for your time and support of the original behavioral health budget.

Presented by Francine Harbour, NAMI Anchorage, 272-0227.

Date: March 3, 2014

To: House Finance Committee

From: Marge Hays
Kenai Peninsula College
College Council
House District 30-3040

Re: University of Alaska Budget

Having been a professor at Kenai Peninsula College for over 20 years, I have personally seen what the institution has contributed to students' competence, enthusiasm, and self-confidence as they make their way through their programs. With my membership on the College Council, I have been able to continue my interest and knowledge of how the University system proceeds.

Our University signifies to Alaskans that a higher education not only provides for career possibilities and advancement, but for quality of life. This "takes" state funding, but "gives" economic contributions to the state. The University provides an environment in which commerce, the arts, research and innovation flourish. Better jobs mean more resources and the higher salaries result in benefits to businesses, industry and services.

To be viable, the University needs to continue being relevant with program offerings and the technology updates needed for work skills and their many internet classes. It is a pleasure for me to meet so many alumni who hold leadership positions in community and state organizations.

Thank you for your time on this budget. I hope you will be able to supplement the funds presently being considered for reduction.

Letter of Support for the Governor's Budget – Supporting Health Care Access through Loan Repayment and Direct Incentive Program (SHARP)

Dear House Finance Co-Chair Austerman, Co-Chair Stoltze and Vice Chair Neuman

This letter is written to you on behalf of the members of the SHARP Advisory Council in support of full funding of the SHARP Programs and specifically to ask that you rescind the \$1.2 million decrement to the SHARP-II Program budget.

SHARP SFY'15	
	State GF
Current SHARP-II Provider Contract Budget	\$2,036,300
Proposed Reduction Amt	\$1,200,000
Proposed Percent Reduction	59%
Amount Remaining after Cut	\$836,300
Current SHARP-II Contracts	\$1,408,800
Proposed Shortfall on Current SHARP-II Contracts	(\$572,500)
Percent Underfunded on Current SHARP-II Contracts	-41%

Impact of Budget Reduction in FY2015

- Vulnerable Alaskans currently receiving health care may lose their provider
- 39 recently selected and recommended provider service agreements by the SHARP Advisory Council cannot be made.
- Some or all of the 62 providers with current service agreements may lose funding on the entire or a portion of the support for their service agreements. This may also impact provider employers and their organizations.

Program Accomplishments

The SHARP Programs provides healthcare provider loan repayment and direct incentives to ensure an adequate supply of healthcare providers will be available to meet the healthcare needs of Alaskans in the areas of highest need. SHARP is designed to improve healthcare access for Alaskans who have other substantial barriers to healthcare access (e.g. remote location in Rural Alaska), receive Medicaid, Medicare, or other federal health benefits or are uninsured.

Since 2010, **136 SHARP clinicians** have provided healthcare to **156,190 Alaskans** and have been provided **305,522 patient visits** in over 38 communities, spread across all 6 regions of Alaska. In the last reported quarter, October-December, 2013, **89 clinicians** served **25,972 patients** with **61,819 visits**.

SHARP clinicians work in a broad range of healthcare occupations, including:

- Behavioral Health (44): 9 Psychiatrists, 5 Psychologists, 12 Clinical Social Workers, 13 Professional Counselors, 3 Physician Assistants, Nurses (RN) & 1 Nurse Practitioner; and,
- Dental Health (24): 17 Dentists, & 7 Dental Hygienists; and in

- Medical Care (68): 27 Physicians, 13 Nurse Practitioners, 10 Physician Assistants, 9 Pharmacists, 7 Nurses (RN), & 2 Physical Therapists.

Participating healthcare agencies are now more than 43 statewide: tribal health, hospitals, Community Health Centers, Community Mental Health Centers, government & other clinics.

The Council recently recommended another 39 providers to the State of Alaska Department of Health and Social Services Commissioner.

The SHARP Program

- Increases access to care for underserved populations
- Supports prevention and early treatment which contributes to better patient health outcomes
- Improves health care provider organizations stability and sustainability by reducing turnover
- Supports communities where hiring and retaining health care providers is a challenge – 33 or 53% of SHARP-II Program Providers Very Hard to Fill (VHTF) positions are currently being supported
- Enables health care providers to stay in communities and contribute to local economies directly and by serving as an anchor position for other health care support staff who also contribute to local economy.

Council members support and ask for your full funding support of the Governor's budget for both the SHARP Programs in the amount of **\$2,236,300 for the SHARP provider contracts**, I (SHARP GF \$200,000) and SHARP II (\$2,036,300) programs as components of an Alaska Health Care System that provide access to health care for the most vulnerable in our state.

Sincerely

Randi Sweet,
Chair, SHARP Advisory Council



Attachments:

Alaska SHARP Program Clinician Census by Region, Town and Discipline



citizen review panel

State of Alaska

Panel Members

Diwakar Vadapalli, Chair
Dana Hallett
Susie Heuer
Kristin Hull
Margaret McWilliams
Ben Creasy

Coordinator:
Sylvan Robb

MEMORANDUM

March 03, 2014

The Honorable Mark Neuman
House of Representatives
Alaska State Capitol
Juneau, AK 99801

RE: Request to consider the recommendations of the 2012 *OCS Statewide Workload Study*

Dear Representative Neuman:

On February 19, 2013, the House Finance sub-committee on Health and Social Services discussed the recommendations from the 2012 *Office of Children Services (OCS) Statewide Workload Study*. The sub-committee agreed with the spirit of the report's recommendations. However, members of the sub-committee did not commit any additional resources that can enable OCS to implement these recommendations.

The Citizen Review Panel requests that the sub-committee reconsider the recommendations and enable OCS to implement them.

The Citizen Review Panel:

The Citizen Review Panel (CRP) is a federally mandated body constituted to examine and evaluate the policies and practices of the Office of Children Services. Similar panels exist in every state in the Country.

Alaska's CRP conducts its work through the year and releases an annual report in June every year. Recommendations from that report are presented to the House and Senate Committees on Health and Social Services during the following legislative session. Following are the recommendations from the Panel's most recent annual report released in June 2013:

- That OCS take aggressive action to reduce staff turn-over.
- That OCS establish deadlines that require non-emergency petitions to be filed allowing for supervision of the family by the continuum of legal parties without necessitating the removal of the child.

- OCS should provide Western Region with a full complement of supportive (e.g., adoption specialist, intake supervisor, etc.) positions identical to those offered in all other regions.
- We encourage OCS to enhance data compilation efforts to facilitate better understanding of child welfare issues in the state and promote evidence-based practice.

2006 and 2012 OCS Statewide Workload Study Reports

While each of the recommendations listed above is equally important in enhancing OCS' performance, lack of adequate staff is most crippling. During a presentation of the Panel's 2013 recommendations to the House Committee on Health and Social Services on February 11, 2014, we discussed the severe workload that many OCS frontline social workers carry, and the debilitating impact such workloads have on the quality of services they deliver and on their own quality of life. The Panel is concerned that many children and families in crises may not be receiving the type or level of service they need and the workers could provide, directly impacting the safety of some of the most vulnerable children in Alaska.

The 2006 *OCS Statewide Workload Study* conducted by Hornby Zeller Associates, Inc. documented the problem at that time and recommended increased staff on the frontlines. In response, the Legislature provided additional funding over several fiscal years to increase the number of frontline and supervisory positions. According to OCS, and from our own observations during site visits over the years since that study, this increased funding was very helpful in decreasing the work load of frontline workers and improved their working conditions. However, the agency is still faced with extreme caseloads in some of their field offices, and workers find it impossible to adequately serve the needs of children and families in crises.

OCS commissioned another workload study in 2012 that identified a need for 44 additional positions. While the 2006 study focused on increasing the number of frontline workers and supervisors, the 2012 study focused on identifying tasks currently performed by frontline social workers that can be transferred to support positions, allowing social workers more face-time with children and families. The study identified all the tasks that could be transferred and suggested 44 additional positions. Thirty one (31) of these suggested positions are support positions – social service assistants (SSAs) and office assistants (OAs). Thirteen (13) are community care licensing specialists (CCLS).

The Office of Children Services, in an executive summary of the 2012 *OCS Statewide Workload Study* published on its website, expressed concerns with some of the methodology and findings. However, the agency agrees with the need for additional positions and notes that this need is more acute in some parts of the state than others.

The Citizen Review Panel agrees that adding positions, as recommended in the 2012 *OCS Statewide Workload Study* can potentially help frontline workers to focus more on service provision that can shorten the length of foster care stay for children in out of home care, and increase safety of children in crisis situations. The additional specialized and dedicated positions, if added, will free frontline workers from spending inordinate amounts of time on case management, data input, or driving children between appointments. These additional positions

will potentially have a direct positive impact on safety of children and families in Alaska, and therefore, lead to improved outcomes for these children and families in the long run. Thus, the Panel requests that the study recommendations be considered for implementation.

However, the study's recommendations may need to be clarified, and we strongly urge the Office of Children Services to do so in time for this legislature to consider the recommendations.

Specifically,

- The study identified additional positions based on a geographic classification of rural, medium rural, and urban. This classification needs to be translated to fit the OCS regional administrative boundaries.
- OCS disagreed with the number of suggested additional CCLS positions. OCS noted that this number appears inflated and may differ by region. This needs to be clarified and accurate numbers identified by region.

Despite the confusion in methodology, the Panel agrees with the study's recommendation of additional support positions. We hope the House Finance sub-committee on Health and Social Services reconsiders the recommendations of the 2012 *OCS Statewide Workload Study* and enables the Office to implement those recommendations.

Thank you for your time and interest in ensuring the safety of Alaska's children and families. For more information on the Panel and its activities, please visit www.crp.alaska.org.

Sincerely,



Diwakar Vadapalli, Ph.D.

Chair, Citizen Review Panel

CC:

Alaska House Committee on Health and Social Services
Alaska Senate Committee on Health and Social Services
Governor Sean Parnell
Commissioner William Streur, Department of Health and Social Services
Director Christy Lawton, Office of Children Services



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Anchorage's Voice on Mental Illness

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We are a Pick Click Give organization.

Testimony of Brandon Williams, Behavioral Health Budget, 03-04-14

- My name is Brandon Williams and I am here representing the Anchorage affiliate of the National Alliance on Mental illness, or NAMI
- I am here to discuss the proposed cuts to the Complex Behavior Collaborative
- At NAMI, a large percentage of the people we serve have dual diagnoses
 - People challenged with both mental illness and substance abuse disorder
 - These are individuals with complex behavioral needs that are served by the Complex Behavior Collaborative
 - NAMI supports funding level originally requested for the Complex Behavior Collaborative
- The American Medical Association conservatively estimates that:
 - Roughly 50% of individuals with severe mental illness are affected by substance abuse
 - 37% of alcohol abusers and 53% of drug abusers also have at least one mental illness
- Consequences of having untreated co-occurring mental health and substance abuse problems can be numerous and harsh
 - There is a greater likelihood of violence, jail, and being homeless
 - Poorer functioning at home and work
 - A greater chance of relapse
 - When compared to those with only substance abuse or mental illness, as opposed to both
- Integrated treatment across multiple providers is the best way to help these individuals become a contributing part of their communities
- The Complex Behavior Collaborative provides the integrated treatment that individuals with co-occurring mental health and substance abuse issues need

- Please continue full funding for the Complex Behavior Collaborative
- Thank you for your time

Presented by Brandon Williams, NAMI Anchorage, 272-0227.