

# Operating Budget Public Testimony

Community Support Services

Public Health

Public Safety



Cordova Family Resource Center  
P.O. Box 863, Cordova AK 99574  
907-424-5674 FAX 907-424-5673  
cfr@ctcak.net

3/17/2017

Dear Senate Finance Committee Members:

I am writing to you as the Executive Director of The Cordova Family Resource Center. Our agency provides life-saving first response and other advocacy services to victims of domestic violence and sexual assault every day: Last year our agency served 70 unduplicated individuals impacted by domestic violence and/or sexual assault, to our 52 unduplicated individuals during the previous year. We provided total of 992 individual services to participants compared to 512 during the previous year. CFRC had a total of 187 (24-hour) Help line calls last year compared to the previous year with 118 calls this is an increase of 63%. CFRC has seen a huge increase in the request for assistance with short-term and long-term restraining orders, for a total of 14 requests last fiscal year, with 7 requests during the first 2 quarters of this year. The agency has exhausted our funds for emergency transportation for individuals seeking safety outside our community, as well as our safe home funds for FY 17, during the first two quarters. CFRC facilitates and supports the prevention programs such as Girls on the Run, Green Dot, Coaching Boys into Men, Choose Respect Campaign, B.I.O.N.I.C (Believe Or Not I Care) youth mentoring program, 4<sup>th</sup> R school Curriculum in schools, 4<sup>th</sup> R afterschool programs, the Lead-On mini summit, Summer art programs and summer camps.

We work under strained resources to provide these evidence-based, trauma-informed, and comprehensive services in order to increase public safety and public health. Many victim service agencies throughout the state are the only safe and confidential option for victims. In other cases, victims simply feel most safe or are most able to first access agencies like ours in order to obtain immediate safety and to meet their and their families' longer-term needs.

**In light of this, I request that you do not pass DPS Amendment 13: which proposes to transfer funding out of the victims service grant line of the Council on Domestic Violence and Sexual Assault budget, to fund a new Alaska State Trooper 'blue shirt.'**

With funding from this victim services grant line, we are able to provide as much first response as possible to help save lives, services such as, 24-hour Crisis Line, Safety Plans, Safe home placements, assistance with the Courts (Restraining Orders) and medical advocacy for SART response. Indeed, victim advocates work with victims immediately following a traumatic experience of violence, to ensuring their immediate

and longer-term safety, and also on an ongoing basis through legal advocacy, referral to other behavioral health, housing, and employment-specific services, etc.

For example, at the beginning of this fiscal year we had a woman (English was not her primary language) call the helpline. She was being strangled by her partner; her small children were there in the home at the time. CFRC was able to notify law enforcement, translate for the women, get her and her children to safety while the police were searching for the perpetrator, help her apply for a restraining order, get her set up on VINE (to be notified of any hearings), assist her with housing and state assistance (since he was the primary breadwinner) and provide resources and supportive counselling for her and her children.

**I urge you to not take funding from one type of life-saving first response service provision (victim services) to go towards funding another (a new blue shirt Trooper). Please take the time to consider other potential means to create a new blue shirt position.**

Thank you for taking the time to review this request, and for allowing me to share the voice of victims and advocates in public safety policy.

Sincerely,

A handwritten signature in black ink that reads "Nicole Songer". The signature is fluid and cursive, with the first name "Nicole" and last name "Songer" clearly distinguishable.

Nicole Songer  
Executive Director

## **Doniece Gott**

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**From:** Peter & Michelle Kennedy <bigdaddychickybaby@yahoo.com>  
**Sent:** Friday, March 17, 2017 11:28 AM  
**To:** Senate Finance Committee  
**Subject:** Public Health Funding

Good People -

Public Health has been the back bone in Alaska's rural health care since the Tuberculosis outbreak in the early twentieth century. TB is the second deadliest disease, after HIV/AIDS. Alaska has consistently had the first or second highest Chlamydia trachomatis (CT)infection rate since 2000. All diseases, and other STDs, sadly, are prevalent in our State of Alaska.

The Public Health Clinics and Public Health Nurses have always been an important part in maintaining the health of our State.

In the city of Sitka, Alaska, the Public Health Clinic not only serves low income individuals, it also provides both TB and STD screening, along with treatment. Since Sitka no longer has a Planned Parenthood, the Public Health clinic supports an affordable, private location for women and teens seeking women's reproductive health care. Public Health also makes available well child exams and immunizations. The Sitka Public Health Nurse(s) have had an active role in surveillance, local emergency planning events, mobile clinics and networking with other community healthcare providers.

Having been a Public Health Nurse for over a dozen years, experienced the changes and financial cuts to this program over the years - to further cut Public Health Nursing would be gross negligence by the Finance Committee to the people of this State, let alone the City of Sitka. Please consider the cost to the State when an epidemic occurs and there's no public health available.

Most Sincerely,  
Michelle Kennedy R.N. WHNP

**Doniece Gott**

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**From:** Loyd Platson <lplatson@scpsak.org>  
**Sent:** Friday, March 17, 2017 11:07 AM  
**To:** Senate Finance Committee  
**Subject:** Cuts to Public Health Nursing

Finance Committee Members,

I am writing to express my concern over the consideration of budgetary reductions in Public Health Nursing. Past budgetary reductions have already led to staff reductions (30 that I am aware of) and Public Health Nursing Offices closing in many parts of the state. The negative impact, especially in Southeast Alaska's smaller communities, is great where health services are already restricted due to less providers and the higher costs. This affects individuals and families that have restricted financial resources the greatest. Looking at the resulting health disparities is a tremendous cause for concern. Those already underserved will be further victimized.

Public Health Nurses work in the community and are not confined to a conventional clinic setting. This is unique to Public Health Nursing and not duplicated by other providers and allows for greater health access, especially to underserved populations. Public Health Nurses provide individual patient services in addition to community focused initiatives, such as tackling opioid abuse, infectious disease surveillance, and teen pregnancy prevention. They are able to focus on youth, the underserved and those without insurance or ability to cover deductibles and co-pays.

Our Public Health Nurse is an integral part of our Community Prevention and Health Coalition and is a key collaborator on multiple prevention, health and wellness initiatives. Her unique perspective and data, especially related to underserved populations helps inform and guide our local efforts. I imagine, other communities would have similar experiences.

With proposed federal changes in health care, access to care is likely to become even more difficult. As mentioned above, those already underserved will be affected even more and the already huge gaps related to health disparities will become even greater.

I strongly urge you to NOT enact further cuts to this vital community service. The health and wellbeing for small rural communities will be negatively affected. We all have a responsibility to take care of ALL our people.

Thank you for your consideration in this matter.

Peace,

*Loyel Platson*

Prevention/Coalition Director

Sitka Counseling and Prevention Services, Inc.

113 Metlakatla St.

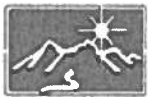
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Sitka Counseling  
113 Metlakatla St. Sitka, AK



H.O.P.E. Coalition



**Healing Our People and Environment**

**Healthy Organizations, People and Environments**

## **Doniece Gott**

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**From:** Christine Schut <cschut@ahfc.us>  
**Sent:** Friday, March 17, 2017 10:33 AM  
**To:** Senate Finance Committee  
**Subject:** Protect Community Support Services!

As a Service Coordinator for Senior and Disabled Housing, I see firsthand how budget cuts impact our seniors and people with disabilities. I see seniors living in fear of losing their Medicaid because they know they will not be able to pay the copay for Medicare or even pay the Medicare Parts B and D premiums without increased financial hardship. Medicaid is vital to helping these seniors pay those healthcare costs. Please do not cut the Medicaid program.

Community based services allow people with disabilities and seniors to be able to stay in their homes longer. There are far too few long term care beds in our Fairbanks community to cover even the most needful situations. If in home services like personal care attendants and care coordination are cut, it will increase the number of people requiring those few beds and will cause citizens who, with help, would be able to stay in their homes to be forced into long term care options. Please do not cut community based services.

Finally, community based services for those members of our community living with mental health issues are inadequate and inefficient at best. The majority of providers do not accept Medicaid and Medicare, so to hamper the efforts of the few providers who do would cause more of our community members to go without services. The shortage of mental health providers has a close link to the shortage of funding for Medicaid. We do not want our citizens to be forced to go outside of our community to receive mental health services. Each person of whom I am speaking is an important stitch in the fabric of our city. We want them to be served here.

Christine Schut, BSW

ALPA/AHFC Service Coordinator

907-460-2773

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**Doniece Gott**

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**From:** Irbert Vega <ivega@searhc.org>  
**Sent:** Friday, March 17, 2017 10:12 AM  
**To:** Senate Finance Committee  
**Cc:** Laurie Hood  
**Subject:** Sitka Public Health

Senate Finance Committee:

I am concerned about the proposed budgetary cuts to our public health services. I am a family doctor that serves the communities of Sitka and Angoon and can tell you that our local public health nurse serves an invaluable role in keeping our community safe and healthy. Public health nurses historically have been the primary providers administering treatment for tuberculosis and other conditions that jeopardize the health of the community. Without public health nursing untold numbers of individuals would go without sexually transmitted infection screening/treatment, contraception, and immunizations. These professionals play a critical role in treating the uninsured, under-insured, and undocumented. I cannot overstate the importance of maintaining funding for our Sitka Public Health nurse and department.

Sincerely,

Irbert Vega, MD

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Irbert L. Vega, MD  
Family Medicine  
Phone: 907-966-2411  
Fax: 907-966-8387  
Mt. Edgecumbe Hospital, Sitka AK

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## Doniece Gott

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**From:** Debby Burwen <dlburwen@gmail.com>  
**Sent:** Thursday, March 16, 2017 1:44 PM  
**To:** Rep. Jason Grenn; Rep. David Guttenberg; Rep. Scott Kawasaki; Rep. Daniel Ortiz; Rep. Lance Pruitt; Rep. Steve Thompson; Rep. Tammie Wilson; Rep. Cathy Tilton; Rep. Mark Neuman; Rep. Louise Stutes; Rep. Les Gara  
**Cc:** Senate Finance Committee  
**Subject:** Please do not cut support services!

Dear Members of the Legislature,

I would like to ask you to resist making further cuts to community-based support services. My immediate family includes someone born with a disability that leaves her unable to take care of herself, so I feel like I can speak personally about how much these services can mean to the disabled.

I can tell you that the people who provide support services for the handicapped and disabled are the best kind of people who are wonderful citizens to have in our community. They are not the best paid, but they work hard and diligently in their jobs to provide invaluable services to our most vulnerable citizens who, through no fault of their own, have found themselves in need of help.

And the good news is that community-based health services cost less than institutional-type care and typically provide a better environment for the disabled. So why wouldn't we support these community-based services?

Instead of languishing in some facility, my step-daughter is a happy and healthy member of our city who works and contributes to our community in many ways. For example, she competes in many local community races and you can see how much she inspires other people without disabilities to challenge themselves and work hard too - if she can do it, well so can I! The joy my step-daughter exudes while being out in the community is palpable and is probably one of the reasons her photo has shown up in the news on numerous occasions. She inspires us and others too.

So what turns a disabled person into someone joyfully and productively living life, while costing less in services? It is the awesome community-based services she has had the good fortune to receive here in our great state. Please continue them. It's simply the right and the least expensive thing to do.

Thank you,

Debby Burwen



### ***Some Facts and Figures to Consider***

§ Community behavioral health treatment and rehabilitative services cost 20-50% less than a psychiatric hospital for people with severe mental illness.<sup>1</sup>

§ Community support services for seniors can cost half to one-fourth less than nursing home care.<sup>2</sup>

§ For a person not on Medicaid, the cost of nursing home care can be over three times the cost of being served at home and in the community.<sup>3</sup>

§ Alaskans transitioning from corrections, juvenile justice, or therapeutic court programs are more likely to remain crime-free when community supports are available for them.<sup>4</sup>

<sup>1</sup>*Comparing outpatient mental health services (average 2010 annual cost of \$8,712/person) to inpatient psychiatric treatment (average 2010 annual cost of \$21,674/person) and residential psychiatric/behavioral rehabilitation services (average 2010 annual cost of \$48,766/person). Source: Long-Term Forecast for Medicaid Enrollment and Spending, Supplements 2008, 2009, and 2010, Department of Health and Social Services*

<sup>2</sup>*Comparing home and community-based services like personal care attendants (average 2010 annual cost \$23,387/person) and Medicaid waiver services (average 2010 annual cost ranging from \$23,299 to \$43,662/person) to skilled nursing facility costs (average 2010 annual cost \$91,988/person is the state's cost, but the total cost with all funding sources). Source: Long-Term Forecast for Medicaid Enrollment and Spending, Supplements 2008, 2009, and 2010, Department of Health and Social Services; Division of Senior and Disability Services waiver data.*

<sup>3</sup>*According to the Genworth 2016 Cost of Care Survey, the median annual cost of a semi-private room in a nursing home in Alaska is \$292,000.*

<sup>4</sup>*Trust Beneficiaries in Alaska's Department of Corrections, Hornby Zeller Associates, May 2014.*

## **Doniece Gott**

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**From:** Helander, Ken <khelander@aarp.org>  
**Sent:** Thursday, March 16, 2017 1:43 PM  
**To:** Senate Finance Committee  
**Subject:** Public comment

My name is Ken Helander, Advocacy Director for AARP Alaska. I wish to advocate for adequate funding to support the most vulnerable older Alaskans, whether by very limited personal income or by extent of disability and physical dependency. Regardless of an individual's personal initiative in planning and saving for retirement and later life, there are often experiences that alter the course of a life and its expectations. An accident, serious illness, loss of a significant person or job, relocation....any of these can affect a person's ability to provide for themselves, sometimes for the rest of their life.

In my more than forty years of working with older people, I have never heard anyone say they aspired to live in assisted living, or they couldn't wait to be in a nursing home. Quite the contrary...people overwhelmingly wish to remain in their own homes where things are familiar, where they have functional mastery, and where each room echoes their history. This is quality of life.

But aside from quality which is a personal preference, the important issue for members of the Finance Committee is how much that costs the state. In this case, you can have it both ways....get a higher quality of life for a great deal less expense. It is extraordinarily more expensive to receive care in out-of-home placement, like assisted living or a nursing home, and there are few older Alaskans who can pay for that care out of pocket for very long. When a person's individual resources are gone, the state will be on the hook for those costs. One final reminder...the cost of nursing home care in Alaska is the highest in the world....nearly \$300,000 per year. And we have the fastest growing population demographic of 65+ individuals in the nation, according to the U.S. Census Bureau's 2016 report released this week.

Specifically, we urge restoration of funds for the Medicaid Adult Preventative Dental Program (\$288,300), Public Health Nursing (\$1,136,800) and Adult Public Assistance (\$3,500,000). Each of these state programs will help older Alaskans to remain independent in their own homes.

Thank you members of Senate Finance.

**Ken Helander**

Advocacy Director

AARP Alaska

907-762-3314



# Alaska

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## **Doniece Gott**

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**From:** Barb Luhr <bbluhr@gmail.com>  
**Sent:** Thursday, March 16, 2017 1:36 PM  
**To:** Senate Finance Committee  
**Subject:** Day Habilitation reduction

I want to go on record that I oppose this reduction in Day Habilitation for Alaskan's with disabilities.

I have a 36 year old daughter that has lived her entire life in Alaska. I have raised her to be as independent as she can and to give back to her community. I have always told her "Everyone has a disability yours is just more visible". She has a full productive life doing community service several times a week. A reduction in Day Habilitation will jeopardize her welfare as a citizen of Alaska.

Thank you for your time on this very important matter,  
Barb Luhr  
Petersburg

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"Life is not easy for any of us. But what of that? We must have perseverance and above all confidence in ourselves. We must believe that we are gifted for something and that this thing must be attained."

– Marie Curie

## **Doniece Gott**

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**From:** Natalie Williams <woodsmoke722@gmail.com>  
**Sent:** Thursday, March 16, 2017 1:19 PM  
**To:** Senate Finance Committee  
**Subject:** Public Health Nursing budget cuts

To whom it concerns,

I am writing in response to hearing about the proposed \$1 million in cuts to State Public Health Nursing for the upcoming fiscal year.

In my community of Haines, last year's cuts resulted in our local Health Center losing its two full time staff positions (one of which, the Office Assistant position, was mine) with the center now being covered by monthly visits from Juneau nurses. I'm concerned that this cut, which would also result in the loss of an equal amount in matching federal funds, would result in a loss of the local facility and any nurse coverage at all for Haines.

It would be detrimental to our community to lose what's left of the affordable, confidential services and community outreach and education provided by our Public Health Nurses.

Additionally I fear the long term statewide costs of increased teen pregnancy rates, decreased immunization rates, and increased STD and other communicable disease rates, as well as the inability of Public Health Nursing to play its role in disaster preparedness and emergency response, will cost our State far more in the long run than it will save in the short term. I am an Alaskan who is well aware of our current budget situation and the need for fiscal conservancy. I just wonder if cuts now that will cost us down the road as well as resulting in a decreased quality of life for Alaskans, especially the vulnerable population served by Public Health Nursing, is the best way to accomplish that.

Respectfully,

Natalie Williams

## Doniece Gott

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**From:** gg <smokd\_salmon@hotmail.com>  
**Sent:** Thursday, March 16, 2017 1:10 PM  
**To:** Senate Finance Committee  
**Cc:** Sen. Bill Wielechowski; Rep. Ivy Spohnholz  
**Subject:** Home and Community Based Support Services Testimony

Honorable Members of the Senate Finance Committee,

Please do not make additional cuts to home and community based services for those who are least able to support themselves and need this safety net.

- Please protect housing assistance and homeless shelters, benefits for low income seniors, Pioneer homes, assisted living, substance abuse and mental health treatment, job supports, community health programs, family caregiver and natural supports, case management, crisis intervention, education and training for providers and caregivers, peer support, and transportation services. **Please do not cut funding for community-based support services. This funding helps caregivers provide care and helps family members continue to work outside the home. The result is that parents are better able to continue to provide for their families and are less apt to become dependent on welfare programs.**
- **Please maintain the current level of funding for DHSS.** Reductions to the Department of Health and Social Services are reductions to critical public program. The \$7 million proposed cut will get passed on to the programs that serve children, people with disabilities, and older Alaskans.
- **Please do not cut the Medicaid prescription drug program or the Adult Preventative Dental Program.**
- **Please do not cut Public Health Nursing further.** This program has already suffered cuts in last year.
- Cuts to safety net services for families living in poverty make it even more difficult for people to become self-sufficient. Reducing resources for Temporary Assistance for Needy Families risks not only the federal match for these essential programs, but also risks the health and well-being of Alaskan children growing up in poverty. **Please do not cut the general funds for the Adult Temporary Assistance Program.**
- Cuts to the general fund spending is 43% since 2015. **We need a fiscal plan that provides enough revenues to maintain critical services. Please seriously consider increasing oil royalty share to State of Alaska. It is our oil and Alaskans are worth more than 12%.**

Thank you for your time and consideration.

Greta L. Goto



Resident of District 16

cell: (907) 317-1407

email: [smokd\\_salmon@hotmail.com](mailto:smokd_salmon@hotmail.com)



Southcentral Foundation (SCF) is an Alaska Native-owned, nonprofit health care organization serving nearly 65,000 Alaska Native and American Indian people living in Anchorage, Matanuska-Susitna Borough and 55 rural villages in the Anchorage Service Unit. Incorporated in 1982 under the tribal authority of Cook Inlet Region, Inc. (CIRI) SCF is the largest of the CIRI nonprofits, employing more than 2,000 people in more than 80 programs.

SCF's vision is a Native Community that enjoys physical, mental, emotional and spiritual wellness; our mission is to work together with the Native Community to achieve wellness through health and related services. SCF has developed and implemented comprehensive health-related services to meet the changing needs of the Native Community, to enhance culture, and empower individuals and families to take charge of their lives.

SCF does not use the passive term, "patients"; this does not reflect the level of engagement SCF strives for. Rather, since the AN/AI people we serve are both the customers and the owners of the health care system, we refer to them as "customer-owners". Unlike a traditional system in which the patient often has a minimal role in their diagnosis and treatment, customer-owners work *in relationship* with their care providers to achieve overall wellness. SCF recognizes that each individual has more control over his or her own health outcomes than a provider does, and that when providers build strong, long-term relationships with customer-owners, it helps providers understand customer-owners and the health issues they may be facing. It also builds trust between them, which allows providers to more effectively help customer-owners achieve wellness.

Many Alaskans, including Alaska Native and American Indian people, still do not have access to behavioral health services despite the clear need for these services. The impact of neglecting these needs extends beyond the health system and results in costs to the General Fund. Neglecting to provide or reducing resources to address behavioral health needs places a greater burden on public safety, judicial and social systems. Partnering with the Alaska Tribal Health System has the potential for realizing high returns on investment by providing behavioral health services across Alaska.

SCF currently has several locations that offer critically needed behavioral health services to Alaska Native and non-Native adults and families. We serve: Alaska Native and American Indian people ages 18 and older at the Anchorage Native Primary Care Center; individuals and families at the *Benteh Nuutah* Valley Native Primary Care Center; and adults, children and adolescents, both Alaska Native and non-Native, at the Fireweed Clinic in Anchorage. These services include: crisis intervention, case management (clinic and community based), psychiatric evaluation, medication management, psychotherapy (immediate access, group, family, couples, limited individual), and psychoeducational learning circles.

SCF has provided integrated, team-based care for more than 20 years; we also incorporate case management and same-day access to care. SCF fully integrated behavioral health consultants into the primary care clinics over 10 years ago. Increasing access to behavioral health services

has been one of the most transformative changes at SCF. The data shows that this increased access has resulted in reductions in emergency department and hospital use, dramatic improvements in outcome and quality measures, and high patient and employee satisfaction ratings.

SCF currently employs 34 behavioral health consultants (BHC), working in primary care clinics, pediatrics, women's health, behavioral health, and community health center clinics. All BHC's are master's level trained clinicians (psychologists, master of social work, family therapists, etc.). Medicaid does not pay for this type of care being provided.

SCF has also co-located many psychiatrists and Psychiatric Nurse Practitioners in the primary care setting. This allows for management of even the most complex behavioral health supported individuals, like those undergoing Suboxone addictions treatment within the primary care setting. As with many of our innovations, this is financially challenging. Payment that recognizes the value of integrating, behavioral health and medical care is desirable.

The State of Alaska Community Behavioral Health Treatment and Recovery Grant (CBHTR) provides funding for SCF to treat some of our most acute customer-owners. These include the Chronically mentally Ill (CMI), Severely Mentally Ill (SMI), Severely, Emotionally Disturbed Youth (SED), Residential and Outpatient, Peer Support for Substance use services, Psychiatric Emergency Services (PES).

Further reductions in funding will force us to make difficult choices about reducing services that could impact the number of people we serve, particularly for programs like behavioral health that do not have increased Medicaid revenue due to Medicaid expansion.

Here are a few examples of how the CBHTR Grant funding has impacted the people we serve:

Dena a Coy (DAC) provides oversight in a residential setting for direct clinical mental health and substance use services to women in treatment. One unique component of DAC is that mothers can bring their infant and toddler age children to reside in the program while receiving treatment. It was found that a consistent barrier to treatment for women with children was the inability to care for their young children. DAC has served 27 customer-owners this quarter and 43 unique women in this grant year.

The SCF Fireweed Clinic delivers the Teens Responsibility Accepting Individuals Life Skills (TRAILS), which is a youth program for Severely Emotionally Disturbed (SED) youth ages 13-18 who experience significant problems functioning at home, in school, at work, or in the community. These customer-owners receive individual therapy, afterschool clinical group programming with peers, case management and coordination of services.

SCF also provides services to institutional discharges within 24-hours of discharge, thus creating a safety net for customers until they can receive services with Fireweed Clinic or the Primary Care Center. SCF ensures that a master's level clinician is available all hours of the day to respond to emergencies. Customer-owners discharged from psychiatric hospitalization receive a follow-up appointment with a clinician within 24 hours. SCF continues to work closely with

referral agencies to ensure there is no lapse in care when discharged from Department of Corrections and Psychiatric Hospitalization.

These are just a few examples of how partnering with the Alaska Tribal Health System promises high returns on investments. This partnership benefits the state on 100 percent Federal Medical Assistance Percentages (FMAP) for tribal members using the system. This integrated setting also reduces the stigma of getting behavioral health care, increasing the likelihood individuals seeking care.

The time to invest in comprehensive behavioral health services for all Alaskans is now. Many of the people who benefit from Behavioral Health Services are the same people that, without access to BHS, have increased interactions with the Justice System, Department of Corrections, Office of Children's Services, Alaska Psychiatric Institute, the homeless population and those seeking jobs. Our concern is that by reducing access to services and by further reductions in funding, will contribute to rising costs in other areas of the State's budget.

I want to encourage the Senate Finance committee to adopt the subcommittees recommendation for no further reductions in Behavioral Health funding and to continue your work on developing a fiscal plan that addresses revenue in order to maintain these critical services.

Thank you for your consideration and please contact me if you have any questions or comments.

Katherine Gottlieb, MBA, DPS  
President/CEO  
Southcentral Foundation  
4501 Diplomacy Drive  
Anchorage, AK 99508  
(907) 729-5207

Senate Finance Committee Members,

I am sending you a photo of my adult son, Collin. Collin receives services through Disabilities Services in the form of a Home and Community-Based Medicaid Waiver Plan of Care. This plan of care provides Collin the support he needs at home (still lives with his parents) and in his community. Collin requires full-time care due to his significant intellectual and physical disabilities. I hear your committee is discussing the possibility of capping day habilitation services to eight hours weekly to help curtail the States budget deficit. This is not a way to decrease spending but rather increase State costs dramatically.

Currently, Collin's 34 hours a week of day habilitation costs are \$69,169. In part, this amount provides a living wage to staff members so they can care for their families. If not for employment, people would have to depend on State hand-outs. This amount provides Collin support so I can continue to provide the bulk of care that he needs. Without the minimal break I get, as an aging Mom, it would be difficult for me to continue providing for all of his many needs. Institutional care is outrageous in cost, which would be put on the State! This amount allows Collin to be a part of his community. Denying him the ability to be supported, so he can be included outside of his home, would be unconscionable and against all inclusionary practices!

Please understand the importance of home/community based services for people like Collin. It is the most cost effective way to provide the services he needs for his overall health and well-being. Thank-you for your consideration of this important matter!! I will be happy to answer any questions you might have on this subject.

Collin's Mom, Lorraine Krueger

Sent from my iPhone







**Doniece Gott**

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**From:** penny lamp1 <kwrcsart@gmail.com>  
**Sent:** Thursday, March 16, 2017 3:15 PM  
**To:** Senate Finance Committee  
**Subject:** DPS 13 and DPS 14

Dear Members of the Senate Finance Committee,

I am writing you with my concerns on amendments DPS 13 and DPS 14. These amendments will take away critical funding that is needed for victim services.

This will critically impact our sexual assault response team, our shelter, and our victims advocacy services. Funding is at a bare bone structure at this moment.

To endure more cuts will have a detrimental impact on our victims and their families. Many of our services are life saving for victims. CDVSA funded victim services

Programs have helped almost 8000 in FY16. The Troopers are very important to our community, but to cut one first victim service at the expense of another does

Not make much sense. I feel that our victim services help victims and their family's get stable and we are able to assist them in being safe, staying safe, and moving forward.

We have a full active SART team, Full shelter to house women and children, we assist our victims with being by their side through the legal aspects of their cases. Going

To Grand Jury – Court appearances – Restraining Orders – Divorce – Custody – Child Support – Stalking Orders – Sexual Assault Orders – Multiple Housing applications

, Housing appeals, Public Assistance applications, Job Services, Vocational Rehabilitation, Counseling, child Care. We assist them while they work with Office of Children Services,

Food banks, Clothing banks and every needs they might run into while staying safe and moving forward. These service are desperately needed. Please reconsider this budget cut as

It will effect so many and will leave so many families extremely vulnerable and may force them to stay in a dangerous situation because there is no one able to assist.

Thank you so much for making it possible for you to be able to hear my voice.

Sincerely,

**Penny Lamp1**

CCR/SART Coordinator

Shelter Coordinator

Kodiak Women's Resource & Crisis Center

422 Hillside

Kodiak, Alaska 99615

Phone: 907-486-6171



**Doniece Gott**

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**From:** Tiffany Schneider <tiffanypru@yahoo.com>  
**Sent:** Thursday, March 16, 2017 2:40 PM  
**To:** Senate Finance Committee  
**Subject:** Day Habilitative Services Cap

Hello,

My name is Tiffany Schneider, and I am a resident of Juneau. My son, Cayden, who is 10 years old, experiences Autism, and uses Individual and Group Day habilitative services to gain access to our community, engage with other children, and work on his goals. There are no other options available for Cayden, such as day care, camps, and after school programs because he needs so much 1:1 support to facilitate his interactions. If Cayden were to go to the playground, unsupervised, he would be involved in multiple conflicts with other children, due to his inability to fully process the meaning of social interactions. In the school system Cayden is assigned extensive 1:1 support throughout the day, with strategies and interventions that are individualized towards his needs. This same level of support needs to be continued after school and/or during school breaks in order for Cayden to participate in any activities offered within our community. It is not feasible for any parent to be a 1:1 support, by their child's side, every minute of every day, for every activity.

Cayden currently receives 10 hours of Day hab per week during the school year, and 20 hours per week during school breaks. If Day Hab is capped to 8 hours a week, during school breaks, Cayden would be required to accompany my husband or myself to work, where he would remain in an office setting for eight hours or more. With Day Hab services he is able to remain active by participating in activities such as hiking, swimming, organized sports, and interact with other children while still having the 1:1 support he needs.

Sincerely,  
Tiffany Schneider  
(262)880-1524

## Doniece Gott

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**From:** Tiffany Hall <thall@recoveralaska.org>  
**Sent:** Thursday, March 16, 2017 4:07 PM  
**To:** Senate Finance Committee  
**Subject:** Protect Community Support Services

Dear Senators,

Please protect community support services. Please do not further cut these extremely vital programs, but rather enact a fiscal plan to fund them. Please support an income tax; I will very gladly pay an income tax to help pay for these crucial services!

As executive director of Recover Alaska, a multi-sector based initiative to reduce the negative impacts of alcohol across the state, I especially ask you to maintain funding that corresponds to the audience most affected negatively by alcohol. Please protect case management services, crisis intervention, peer support, substance abuse and mental health treatment, job supports, community health programs, family caregiver and natural supports, education and training for providers and caregivers, and transportation services. These dollars spent addressing the problem upfront and in an ongoing manner are so much more effective, and so much less expensive, than the dollars that go to seeing folks transported by first responders to emergency rooms. What's more, without these supports, there will only be an increase in emergency room visits.

Recover Alaska is funded by the Rasmuson Foundation, the Alaska Mental Health Trust Authority, Mat-Su Health Foundation, Southcentral Foundation, the State of Alaska DHSS, and Providence Health and Services Alaska, and is supported by many more organizations including the Alaska Children's Trust, Alaska Native Tribal Health Consortium, Yukon Kuskokwim Health Corporation, Fairbanks Memorial Hospital Foundation, United Way of Anchorage, Set Free Alaska, the Alaska Behavioral Health Association, and the Advisory Board on Alcohol and Drug Abuse. Maintaining this funding is a priority of this collective.

As a tax-paying constituent born and raised in Alaska, I additionally implore you to maintain funding for the Medicaid prescription drug program, the Adult Preventative Dental Program, Public Health Nursing, and the Adult Temporary Assistance Program, and please maintain the current level of funding for DHSS.

Again, I am happy to pay an income tax, as are many Alaskans, in order to live in a community that continues to support the most vulnerable among us.

Thank you for your service and consideration,  
Tiffany

Tiffany Hall

Executive Director

Recover Alaska

3201 C Street, Suite 110

Anchorage, AK 99503

P: 907-249-6644

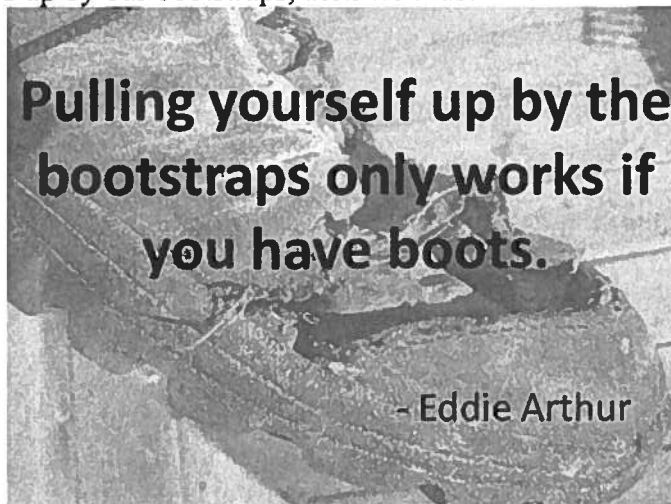
## **Doniece Gott**

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**From:** Anna Nelson <anna@interioraids.org>  
**Sent:** Thursday, March 16, 2017 5:21 PM  
**To:** Rep. Scott Kawasaki; Rep. Adam Wool  
**Cc:** Senate Finance Committee  
**Subject:** Health & Social Services Budget Comment

I wish you all the best in your heartfelt efforts to reconcile the fact that we have less money than we need to do what everyone wants. I would encourage you to remember that not everyone has bootstraps.

If we are to pull ourselves up by our bootstraps, then we must first have bootstraps (and boots). If only it were



as easy as ordering a set.

I think that we are, as a state and a country, at a crossroads. What we used to think of as “American Values” don’t seem to be as cohesive as I thought or imagined that they were. I am not a socialist, though my choices are often aligned with what we think of as socialism. I believe that people who have wealth should CHOOSE to ensure opportunity for those who have not yet built their own wealth. How many make their fortunes not only by their own efforts, but by paying the people who get them there as little as possible, and by paying as little as possible for the natural resources they use in their products?

RAISE THE MINIMUM WAGE and reduce the need for social services. Do you really think that Walmart can’t pay higher wages? Will they charge more for their Chinese made goods? Maybe, but so what? If people have more money to spend, maybe they will choose Alaskan or American goods instead.

Eliminate oil company welfare; add income taxes on people who make more than the median state income (includes out of staters who otherwise just take money away). When “the people” have more money, they will

spend it...contributing to the economy. If you cut social services to the bone, you not only abandon those who needed the help, but you cut jobs and increase the need for benefits caused by all those job cuts.

I hope that you will think outside the box. Expand your vision to include every human in our state. We cannot abandon some who can't keep up. This is not who we are. We need to keep trying to teach people how to fish...literally and metaphorically. People have to be healthy enough to work and as distasteful as it may be, that includes helping in the battle against drug addiction. If we do not help people become as self-sufficient as possible, we will be housing and feeding them in jail.

I know there is no easy answer, but please make your decisions considering "what is the right thing to do?" Things may have to get worse before they get better, but we should be working toward *better* all the time anyway. Don't let the most vulnerable of us bear the largest burden.

Thank you.

Anna Nelson

2545 Livingston Loop

Fairbanks, Alaska

P.O. Box 283

Ester, AK 99725

(907)590-7103

**Doniece Gott**

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**From:** theagency@gci.net  
**Sent:** Thursday, March 16, 2017 5:12 PM  
**To:** Senate Finance Committee  
**Subject:** proposed reduction in day habilitation

Hello, finance committee member.

I would like to express my opinion from the standpoint of a care coordinator who works with individuals who have Waiver Services from the State of Alaska, Senior and Disabilities Services.

Day habilitation is an important part of their goal to be apart of the community where they live. I understand that these day habilitation services may be drastically reduced due to budget cuts.

I encourage you to reconsider these cuts to day habilitation services due to their importance for these individuals.

Thank you.

Sheryl Baechler, care coordinator

295 E Fairview Avenue,

Homer, Alaska 99603

# **PETERSBURG LEGISLATIVE INFORMATION OFFICE**

Email: [petersburg.lio@akleg.gov](mailto:petersburg.lio@akleg.gov)  
907-772-3741/ phone/ 907-772-3779/fax

## **WRITTEN TESTIMONY**

**YOUR FULL NAME:** Barbara Luhr

**REPRESENTING (ORGANIZATION OR SELF):** Self

**BILL #:** SB22      **Subject:** FY18 Operating Budgets

**COMMITTEE NAME:** Senate Finance

**HEARING DATE:** March 17, 2017

Cuts to HSS Waivers will badly effect my daughter's quality of life. It would give her only 12 hours a week to be out in the community. Right now she has 30 hours per week and in that time she volunteers in a kindergarten class, goes shopping, has lunch with friends, teaches a Sunday school, goes to an art studio and she teaches a youth bible study. Those are just a few of her community events she does every week. She has always been part of her community, be it Petersburg or Juneau.

This cut would turn back time in Alaska where citizens with a disability are not part of the community, basically not seen.

Whatever you can do to stop the harmful cut, would be appreciated not only by Sabrina but all Alaskans with disabilities.

**Thank you for placing my testimony on the written record.**

**Doniece Gott**

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**From:** Lynn <happy333alaskan@gmail.com>  
**Sent:** Friday, March 17, 2017 8:40 AM  
**To:** Senate Finance Committee  
**Subject:** Protect home based services

Hi, i'm a single working mother of a 15-year-old autistic daughter, she currently receives Day Habilitation from Hope community resources and her Day-Hab provider. Without these services I would not be able to work as I have no friends or family here in Alaska. I don't want to go on welfare or be homeless which IS what will happen, if you don't protect home based services for us.

I'm completely stressed out and sobbing even while I type this to you because I'm so scared at what's going to happen to us now. I feel like no one cares about us or if we're homeless or not. I've worked since I was 12 years old and I'm 53 now. I don't want to quit working because I can't afford a babysitter, but that is what will happen and we'll end up homeless. I beseech you to PLEASE fight to protect us!

I just want to continue working and I won't be able to do that if you cut day-hab hours to 8 hours a week.

Respectfully

Lynn Petitt

(907) 782-6115



**Doniece Gott**

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**From:** Peggy Sue Wright <msps.wright@gmail.com>  
**Sent:** Friday, March 17, 2017 7:50 AM  
**To:** Senate Finance Committee  
**Subject:** testimony - budget

For the record, my name is Margaret S. Wright. I am a registered nurse with years of experience in Alaska. I write today as the President of the Alaska Nurses Foundation which supports the continuing education of nurses, especially public health nurses, in Alaska.

Alaska Nurses Foundation is strongly opposed to any more cuts to Public Health Nursing. Cuts to public health nursing are cuts to critical public health services, most especially in our rural communities, but also to all of Alaska. Public Health Nursing is NOT a duplication of private health care NOR a competitor Public Health Nursing is a PARTNER, often the one that can bring many providers and community members together to further health and safety.

In Homer, Public Health Nurses are leading work with a partnership of health care providers to increase the number of newborns that go home with their birth dose of hepatitis B vaccine, decreasing the potential for chronic hepatitis infection and liver cancer in Homer and the surrounding communities.

In Juneau, Public Health Nurses are leading in the statewide Project HOPE to get naloxone out into the community to prevent overdose deaths, but even more they are working actively with the local coalition, Juneau Stop Heroin, Start Talking and other coalitions to prevent the addiction and adverse health behaviors that lead to drug usage to begin with. prevention and preventing addiction.

In Fairbanks, Public Health Nurses are very active partners with homeless shelters and organizations like Project Connect and Rescue Mission, to get TB screening out to those using homeless population, preventing TB spreading to others, and in the process building partnerships that have increased influenza vaccination and supported folks moving out of homelessness.

In Dillingham, Public Health Nurses have partnered with local and Tribal government in learning about ACEs(Adverse Childhood Experiences) and are building awareness about childhood needs and how grow children more resilient, decrease exposure to ACEs and help those already exposed building Dillingham's future with less obesity, addiction, depression and poor physical health.

In all these examples and many more, Alaskan Public Health Nurses are supporting our health where health begins in where we live, learn, and play.

The public health nursing budget was decreased by more than 20% in the last 2 fiscal years. Further cuts to the Section of Public Health nursing, the backbone of public health, puts the health and security of all Alaskans at risk. Access to critical services such as STI screening in high risk settings, getting immunizations to those who have trouble getting in for care, and planning for public health emergencies are critical components of the stability and health of our State. This budget proposal puts them in jeopardy. Other parts of the country have learned the true hardship of cuts to local public health infrastructure, such as Scott County, Indiana and their Hepatitis and HIV outbreak, and Kern County, California with record STD rates that are leading to syphilis in newborns.

Washington and Florida learned that even in austere budget environments if they kept their local public health ability to build partnerships and work locally in collaboration with health, social and development providers that they could have positive health outcomes. That is a lesson we need to remember. Public Health nursing is not a duplication of primary care. Without consistent, local, reliable, and high quality public health presence and services in the form of public health nurses, Alaska stand at the precipice of similar health crises.

Multiple communities have already had their services cut. Haines, Cordova, Seward, Wrangell, Galena...Do not cut away any more of the bone and muscle that support our communities health.

Please do not cut Public Health Nursing further. Thank you.

Margaret S Wright, DrPH

**Doniece Gott**

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**From:** Dr. Arom Evans <evans@obhn.org>  
**Sent:** Friday, March 17, 2017 6:04 AM  
**To:** Senate Finance Committee  
**Subject:** Proposed cuts to Medicaid

Finance Committee

It seems to me to be counterproductive to cut funding to community and outpatient care. In the 13 years I have been practicing psychiatry in Alaska, the number of child psychiatrists has gone down by about one half. Of the ones that are still here, many are no longer taking Medicaid. This is because of lack of reimbursement.

Outpatient care is much more cost effective than inpatient psychiatric care. Each case costs about \$1000 to \$4000 per year to manage in an outpatient setting. Each hospitalization costs between \$20,000 to \$60,000. Residential can be as much as \$200,000 per year. ER visits are very expensive as well.

If you defund outpatient, it will lead to sicker kids and may actually increase costs because it drives the patient into higher cost services.

Respectfully,

Dr. Arom Evans

Board Certified Child and Adolescent Psychiatrist

CEO/ Medical Director

Orion Behavioral Health Network

(907)-696-7466

[www.obhn.org](http://www.obhn.org)

**Doniece Gott**

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**From:** April Rezendes <barefeet4@gmail.com>  
**Sent:** Thursday, March 16, 2017 6:01 PM  
**To:** Senate Finance Committee  
**Subject:** Public Health Funding

I am writing to you to express my concern for the proposed cuts to Public Health Nursing. Over the last two years, budget cuts have led to staffing cuts, health center closures and limited services at those health centers that remain open. The additional proposed cuts would seriously diminish the capacity of these nurses and support staff to provide day to day preventative health services to Alaskans. While there may be some small cost savings immediately, in the long run cutting funding will lead to more cost outputs for the state. Public Health Nurses serve individuals in clinic, gaining the trust and confidence of some of Alaska's most vulnerable citizens. But they also serve their communities through collaboration with partners, education in the schools, emergency planning and more. Cutting funding for Public Health Nursing affects the whole state, but the largest burden is going to fall on those individuals who live in rural areas where the Public Health Nurse is one of their primary contacts with health care and information and also on those in more urban areas who do not have the ready access to health care that so many of us can take for granted. Public Health Nursing is a safety net for individuals but also for the state-preparing for the next outbreak or disaster, ensuring that we, as a state are ready.

I recognize that changes have to be made, but at some point we have to stop cutting necessary services and start looking at additional sources of revenue. I fully support an income tax. This is something that would raise revenue and not put the majority of the burden on those most in need.

Thank you for your time,  
April Rezendes, RN, MPH  
Juneau

TESTIMONY CALLED IN TO THE SENATE FINANCE COMMITTEE ON March 16, 2017

Hello, my name is Marilyn Doucette

I am calling in concerning my adult son who lives in Juneau. His name is COREY GILMORE and he has a physical disability, Cerebral Palsy. I heard recently that his Dayhab hours would be cut drastically to 8 hrs. a week. THEN I just heard today that it has been increased to 12 hrs. a week which is better, but I feel he needs more in order to be able to continue his activities in the community. He uses about 24hrs. a week. Corey moved to Juneau from Maine to be with his partner who also has

Cerebral Palsy. They both use electric wheelchairs and need assistance when they are in the Community. Corey also has a low vision problem which means he has no depth perception and virtually no peripheral vision. He needs someone with him because he could run off a curb, which has happened. He ended up with a gash in his forehead which needed stitches in the Emergency Room. So you can see that it is a safety issue for him to go out without a staff member with him.

He and his partner volunteer at a preschool 2 times a week for 2 Hrs. at a time;

He goes to CANVAS 3 times a week for 3 hrs. at a time. He and his partner volunteer at AWANA at his church, which is a youth group, for 2 ½ hrs. a week. He goes to PAVITT Health & Fitness once a week for 1 ½ hrs. which is important for his health.

He goes to church every week for 2hrs. and he and his partner go grocery shopping each week for 2hrs.

He does have supported employment one day a week and he may be able to get more employment. Even with just 12 hrs. of Dayhab a week, he would have to stay home several days a week which would cause him to become depressed. Corey wants to be able to volunteer and make a difference in his community. As he told me when he heard about the cuts,

TESTIMONY CALLED IN TO THE SENATE FINANCE COMMITTEE ON March 16, 2017

Hello, my name is Marilyn Doucette

"How do I pick what I have to give up?" He is very committed to volunteering at the preschool, working with children with disabilities and also volunteering at the youth group at his church.

It is also very important for him to take part in the classes at the CANVAS. He is developing his painting and has sold one painting and is hoping to sell more.

His stepfather and I live in Maine, so he doesn't have any natural support to help him. We help him and take him out in the community when we visit, but can only visit once or twice year because of the distance.

Being part of the community is VITAL for my son's emotional, physical and spiritual well being.

I hope you consider this when you make the decision to cut Dayhab hours. We also hope that you would consider each person's situation individually, because everyone is different.

Corey receives his funding through the Home & Community Based Waiver. He and Sabrina only use one staff member when they go to preschool and other group Dayhab activities such as when

they volunteer at AWANA and when they go to church. Corey and I are very appreciative of the help he receives.

Thank you,  
Marilyn Doucette