

**ALASKA STATE LEGISLATURE**  
**HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES STANDING COMMITTEE**  
Anchorage, Alaska  
August 30, 2006  
8:16 a.m.

**MEMBERS PRESENT**

Representative Paul Seaton, Vice Chair  
Representative Sharon Cissna

**MEMBERS ABSENT**

Representative Peggy Wilson, Chair  
Representative Tom Anderson  
Representative Carl Gatto  
Representative Vic Kohring  
Representative Berta Gardner

**OTHER LEGISLATORS PRESENT**

Senator Bettye Davis

**COMMITTEE CALENDAR**

USING ALASKA'S HEALTHCARE DOLLARS WISELY: BEHAVIORAL HEALTH AND  
FAITH-BASED COMMUNITY INITIATIVES

**PREVIOUS COMMITTEE ACTION**

No previous action to record

**WITNESS REGISTER**

CRISTY WILLER, Director  
Division of Behavioral Health  
Department of Health and Social Services  
Juneau, Alaska

POSITION STATEMENT: Presented a PowerPoint regarding the  
division.

TERI KEKLAK, Medical Assistant Admin IV  
Division of Behavioral Health  
Department of Health and Social Services  
Juneau, Alaska

POSITION STATEMENT: Answered questions.

JERRY FULLER, Project Director  
Office of Program Review  
Department of Health and Social Services  
Juneau, Alaska

POSITION STATEMENT: Related that work on the report on the Bring the Kids Home Initiative has just begun.

STEPHANIE WHEELER, Executive Director  
Office of Faith Based and Community Initiatives  
Department of Health and Social Services  
Anchorage, Alaska

POSITION STATEMENT: Presented a PowerPoint regarding faith-based and community initiatives.

### **ACTION NARRATIVE**

**VICE CHAIR PAUL SEATON, Acting Chair,** called the House Health, Education and Social Services Standing Committee meeting to order at 8:09 a.m. Representatives Seaton and Cissna were present at the call to order. Also in attendance was Senator Davis.

#### Using Alaska's Health Care Dollars Wisely: Behavioral Health and Faith-Based Community Initiatives

VICE CHAIR SEATON announced that the committee would hear a presentation regarding behavioral health and faith-based community initiatives.

8:09:28 AM

CRISTY WILLER, Director, Division of Behavioral Health, Department of Health and Social Services (DHSS), began by pointing out that the committee packet should include a PowerPoint entitled, "Alaska's State of Mind: Behavioral Health in the Great Frontier" as well as a document entitled, "Serious Behavioral Health Conditions and Social Loss" and another document entitled, "Behavioral Health." She then began her review of the division, which she characterized as a complex system. The slide entitled, "Percentage of Deaths by Cause Among Alaskans Aged 14-19 Years 1999-2001" relates that 34 percent of the deaths of the aforementioned age group are caused by suicide. This slide also relates the proportion of this age group whose death was caused by an unintentional injury via motor vehicle or other, which the division believes to be to some degree suicidal. The slide entitled "Suicide Rate" relates

the suicide rates in Alaska, specifically for Native and Non-Native groups, over the last approximately 10 years as compared to the national rate. The graph relates that Alaska's suicide rate has been above the national average for some time, which is caused by the very high rate of suicide in the Alaska Native population. She then referred to the slide entitled, "Comparing the Health Risk Behavior of Adults with Frequent Mental Distress vs All Other Adults," which uses a pie chart to illustrate that 11 percent of the adult population has frequent mental distress. Those with mental distress are significantly more impacted by poor health than all other adults in the state as illustrated by the bar graph. She related that a recent Washington State study shows that having treatment for substance abuse impacts the health and continuing life of individuals such that the cost of treatment is offset by the savings in the health care costs that would've otherwise been engendered by the individual. She noted that the Washington State study dealt with real people on Medicaid.

[8:18:13 AM](#)

MS. WILLER then moved on to the slides with charts regarding binge and heavy drinking in Alaska versus that nationwide. Of course, alcohol consumption is higher in Alaska than in the nation. To meet the challenges, the division awards to providers and agencies of the state grants in order to provide services. The slide entitled "Comprehensive Prevention, Early Intervention & Treatment Grants" shows the distribution of the comprehensive services and the funds for those. She then highlighted the slide entitled, "Bring the Kids Home Grants," which relates where the funds were granted to already existing community services.

[8:21:32 AM](#)

MS. WILLER continued with the slide entitled, "Rural Human Services System Grants." She characterized this program as a very useful and cost-effective program. The Rural Human Services System Grants pay for the salaries, supervision, and education for folks in rural villages to become counselors for mental illness and substance abuse. The program allows these counselors to attack the problem in their own village and be the focus of sobriety and mental health efforts within the small communities of Alaska. In fact, this year the legislature provided funds to expand the program such that there are 10 more counselors. The slide entitled, "Special Behavioral Health Program Grants" highlighted other programs, such as:

independent case management and flexible supports, evidence-based practices, Alcohol Safety Action Program (ASAP), housing programs. She noted that the lack of safe, sober, and supportive housing for clients is more recognized. She noted that the integrated treatment of children and families with trauma history just began last year as it has become more apparent that many of the medical, mental, and substance abuse issues arise from early trauma histories of children. She mentioned that there are also multi-program grants to regional Native health organizations.

[8:24:08 AM](#)

MS. WILLER moved on the slide entitled "Societal Costs - United States" The numbers come from a document entitled, "The Domino Effect" put out by the State of Oregon to show the actual impact on Oregon's budget due to the drastic cuts in substance abuse funding. Clearly, nationwide public programs were heavily effected. She highlighted that states spent \$81.3 billion to deal with substance abuse, which amounts to 13.1 percent of state budgets. Similarly, the McDowell report analyzed in relation to alcohol and other drug abuse, the cost to Alaska in terms of productivity losses, criminal justice and protective services, health care, traffic crashes, and public assistance. The specific costs are listed on the slide entitled, "Societal Costs - Alaska."

[8:26:27 AM](#)

MS. WILLER then moved on to the slide entitled, "DBH Grant Component by Program - Percentage." This slide relates the change in funding over time for various types of services. She explained that the reason the treatment percentages for ADA and Mental Health treatment went to zero is because it's an integrated program now. Therefore, those treatment dollars are going to the Behavioral Health Treatment component. The figures relate that in the last 3 years about 50 percent of the total the Division of Behavioral Health (DBH) grant is going into treatment while much less is going into prevention, suicide prevention, and the Rural Human Services Program. She related that this chart represents about \$52-\$53 million a year that's going into these grantee programs. In terms of Medicaid billings, from 2002-2005 the amount billed for Medicaid for substance abuse services has increased by 34 percent and mental health services has increased by 28 percent. The total of those two combined billings has risen from \$36.4 million to \$46.6 million.

8:28:53 AM

MS. WILLER continued with the slide entitled "Positive Outcomes in Life Domains." This slide represents the 2005 summary of client status reports, which are questions asked of clients upon entry and then periodically afterwards. The graph illustrates that the essential social and physical needs of those who were in substance abuse treatment were as equipped or better able to face life after treatment. Ms. Willer opined that this indicator illustrates that things are happening to change the face of this disease in Alaska.

8:31:59 AM

MS. WILLER moved on to the slide entitled, "Bring the Kids Home Shows Success in 2005." The bar chart on the aforementioned slide shows that after a couple of years working to fund more local programs and better gate keeping practices, there was a decline of about 5 percent in children going out of state [for services]. The next slide entitled, "More RPTC [Residential Psychiatric Treatment Center] Medicaid Dollars Stayed in Alaska in 2005." She related that the average increase in out-of-state Medicaid spending was 59.2 percent from year to year. However, from 2004 to 2005, the increase in out-of-state spending was only 1.1 percent.

8:34:02 AM

MS. WILLER then turned to the slide entitled, "What Do Adults Say About Services?" The chart relates the responses of the behavioral health survey in regard to access to services, appropriateness of care, outcome of the care, and satisfaction. She noted that this is a nationally developed survey instrument and thus the outcomes can be compared with national statistics. The chart relates that approximately 82 percent were generally satisfied. The next slide entitled, "What Do Youths Say About Services?" is a similar survey that illustrates that about 76 percent of those surveyed were satisfied overall. The slide entitled, "What Do Parents/Caregivers Say About Services?" relates that about 77 percent were satisfied overall.

8:35:48 AM

REPRESENTATIVE CISSNA drew attention to the percentages related to cultural sensitivity. She inquired as to who were the 14 percent who didn't have a positive experience in regard to

cultural sensitivity. Knowing who this population is could be crucial, she opined.

MS. WILLER relayed that there is a way to sort responses [based on ethnicity]. In fact, the information is collected, and therefore the chart could be presented with that information.

[8:38:02 AM](#)

MS. WILLER concluded with the last three slides, which are the Alaska Mental Health Trust's posters entitled, "You KNOW me ...". She explained that the diseases with which the division deals are among the most stigmatized. The posters are an effort to make people realize that people dealing with these diseases are walking among us.

[8:40:30 AM](#)

VICE CHAIR SEATON related his understanding that youth who go outside of the state for residential treatment are considered emancipated and thus receive 100 percent funding. Furthermore, airline tickets for family visits are provided regardless of the family's ability to pay. Moreover, those tickets don't even have to be advanced purchase prices. He asked if that's correct.

[8:42:05 AM](#)

MS. WILLER began by commenting that the higher cost of [out-of-state] care is certainly one of the reasons for the Bring the Kids Home campaign.

[8:42:43 AM](#)

TERI KEKLAK, Medical Assistant Admin IV, Division of Behavioral Health, Department of Health and Social Services, answered that the children who are institutionalized outside the home for 30 days are eligible for Medicaid. Currently, all airline tickets paid for by Medicaid are paid through the state travel office and thus the cost of the ticket is whatever the agreed upon rate with the state is.

[8:44:10 AM](#)

VICE CHAIR SEATON requested that the department investigate whether families are being provided airline tickets to visit children in residential treatment centers outside of Alaska

without any advanced purchase requirements. He further requested that the department investigate whether a change in policy that could be a savings could occur while still allowing travel. Vice Chair Seaton asked if there is any test/requirement for financial need before the state provides a family with a child in residential treatment outside of the state tickets to visit that child.

MS. KEKLAK explained that for Medicaid travel, the patient in residential care is considered the recipient. Therefore, if the patient is eligible for Medicaid, other family members may be approved to travel. She emphasized that Medicaid doesn't pay for parents to travel for social visits to their children. There has to be documentation that the parent, guardian, or other family member is going to participate in the active treatment of the child while present. In further response to Vice Chair Seaton, Ms. Keklak related that the first question asked is whether the treatment can be done telephonically.

[8:47:49 AM](#)

REPRESENTATIVE CISSNA opined that in order to develop good state policy on programs such as Bring the Kids Home one needs to understand what is required to help the child's treatment process, why parents are required, what happens when parents aren't part of the treatment, and the costs involved. If this committee understood all this, it could make better budget decisions because there could ultimately be savings by spending some funds.

MS. WILLER said that she can provide such information to the committee.

[8:50:20 AM](#)

REPRESENTATIVE CISSNA requested more of the kind of cost reporting that has presented today. She then expressed the need for the public to understand that the drivers of health care costs, many of which are addressed in the report, increase when upfront prevention dollars aren't spent. She also expressed the hope to figure out how to be prepared for future costs of mental health.

[8:53:23 AM](#)

MS. WILLER, in response to Vice Chair Seaton, said that the earlier mentioned report from Washington State was a match study

of the Medicaid eligible persons in the state. The study analyzed the medical costs of people who needed treatment. Those who needed treatment were defined as certain event cases, such as being arrested for driving under the influence or presenting at the emergency room with an alcohol-related injury. The groups were matched for those that went into treatment and their costs as compared to the others who didn't have treatment after the event. The costs were significantly higher for those who didn't receive treatment after the event. In fact, the increased medical costs of those who didn't receive treatment were high enough that they offset the cost of treatment that they would've received had they sought treatment. She then mentioned an Oregon study called, "Falling Dominos," which essentially addresses the same issue. The aforementioned studies are exactly the type Alaska should do in order to obtain the information that would illustrate to folks that addressing these problems at the initiating point is a cost-savings mechanism.

[8:57:44 AM](#)

VICE CHAIR SEATON requested that Ms. Willer provide the committee with the relevant charts and discussion from the Washington report. With regard to the slide entitled, "Positive Outcomes in Life Domains," he inquired as to the location of the base line. He then expressed the desire for data for those people who are not consumers and where they would rank the issues on the aforementioned slide.

MS. WILLER concurred that this is not balanced against a control. However, she noted that a control could be effectuated or these questions could be asked of individuals as they enter and exit the system, which could reach individuals at the various stages of recovery.

VICE CHAIR SEATON suggested that asking the questions when the individual comes in for treatment and after treatment would provide a base line and provide some measure of these qualitative questions.

[9:01:07 AM](#)

REPRESENTATIVE CISSNA noted that in the treatment programs with which she has worked, those questions are asked upon entrance.

MS. WILLER clarified that these questions are being asked upon entry to treatment and the data was promulgated from those

answers. For instance, the chart shows that 82 percent of respondents felt either more productive or maintained their level of productivity [prior to treatment] after receiving treatment. Therefore, this chart ["Positive Outcomes in Life Domains"] has a built-in comparison over time. However, there is not a comparison of a group of people who didn't receive treatment at all.

[9:03:21 AM](#)

MS. WILLER concluded her presentation by thanking the committee for asking the division to the table as it has been a great opportunity to better express the professional world in which the division works and the clients it serves.

[9:04:20 AM](#)

REPRESENTATIVE CISSNA expressed the need to hear a presentation from those who are actually trying to keep kids in the state for treatment and hear why the recommendations were made.

The committee took an at-ease from 9:06 a.m. to 9:07 a.m.

[9:07:56 AM](#)

VICE CHAIR SEATON mentioned that staff from Representative Coghill's office had pointed out that a report on the Bring the Children Home Initiative is required for the beginning of next session. He inquired as to the stage at which that report is and whether it will be on time.

[9:08:19 AM](#)

JERRY FULLER, Project Director, Office of Program Review, Department of Health and Social Services, relayed that the department is just beginning to work on that report and thus there aren't any intermediate results that could be provided today. However, the intention is to have that report ready by next session if not sooner.

[9:08:57 AM](#)

STEPHANIE WHEELER, Executive Director, Office of Faith Based and Community Initiatives, Department of Health and Social Services, began by highlighting that the Office of Faith Based and Community Initiatives (FBCI) has only been in operation for about 18 months. Ms. Wheeler emphasized that the Office of FBCI

is about building and strengthening partnerships. She informed the committee that the Office of FBCI is supported by an advisory council of about 22 members statewide. Furthermore, Alaska is one of 32 states that have created an FBCI office.

MS. WHEELER opined that the Office of FBCI is all about rallying the "Armies of Compassion." She highlighted that FBCI [organizations] have been in existence for a very long time and have been providing support services to communities. Therefore, the Office of FBCI provides support to those who provide the support to communities. Ms. Wheeler began her PowerPoint presentation with a slide containing the following quote from President George W. Bush: "Starting now, the Federal Government is adopting a new attitude to honor and not restrict faith-based and community initiatives, to accept rather than dismiss such programs, and to empower rather than ignore them." She reviewed the goals of the initiative, as follows: lift up the vital work done by "neighborhood healers", build the capacity of grassroots groups, level the playing field in federal social service programs, and maximize partnerships between government and faith-based and grassroots organizations.

[9:13:05 AM](#)

MS. WHEELER related that due to the Gulf Coast disaster of Hurricanes Katrina and Rita, many studies were put forth regarding the contributions of faith-based organizations. She then drew attention to the slide entitled, "Faith Based Contributions." The information provided on this slide was derived from a study of 300,000-380,000 congregations in America. The study found that about 90 percent of those congregations provided one or more social service programs or ministries to communities. The study also found that faith-based ministries provide specialized help across the range of needs. Furthermore, faith communities mobilize their members to volunteer and give financial support to community programs. She noted that recent disasters in Alaska have resulted in some great partnerships. Ms. Wheeler moved on to the slide entitled, "Community Wellness Partnerships," which relates a quote from Dr. Robert K. Ross, President and CEO of the California Endowment, who has been invited to speak at the DHSS Health Summit in December. She said that Dr. Ross is about developing community wellness partnerships within communities.

[9:16:10 AM](#)

MS. WHEELER continued with the slide entitled, "Vision/Mission of the FBCI Office." She explained that last year the FBCI Office worked really hard to try to make sure that the office is aligned within the department. Therefore, the vision of the FBCI Office is to improve the well-being of Alaskans while the mission of the office is to strengthen and expand the resources contributed by faith-based and community initiatives. Continuing with the slide entitled, "Alaska Office of FBCI We believe" reviewed that the office believes there is a need for additional resources and that faith-based and other community organizations can contribute to adding new resources to the state. Moreover, the Office of FBCI believes that public funds are best leveraged through partnerships. The office also believes that some faith-based and community groups are unnecessarily disadvantaged in any effort to partner with state government.

[9:17:45 AM](#)

MS. WHEELER then reviewed the slide entitled, "Alaska Office of FBCI We will." She highlighted that the Office of FBCI will foster partnerships between and among government and faith and community groups; build capacity in faith-based and community organizations; and educate the government, organizations, and the public about FBCI contributions, opportunities and issues. Ms. Wheeler related that she provides presentations across Alaska and the nation and opined that it's discouraging that Alaska Leads the Nation in many health-related areas. She highlighted that Alaska leads the nation in the areas of: substance abuse, fetal alcohol syndrome, suicide, domestic violence, and child sexual assault. Furthermore, the state has, as specified in the title of the next slide, "Growing (Health Related) Concerns." Those concerns include homelessness/affordable housing, hunger, gangs, seniors, and prison re-entry. A recent Food Bank of Alaska study found that about 70,000 Alaskans go hungry every year. With regard to housing, the Alaska Housing Finance Corporation (AHFC) statistics show that about 10,000 Alaskans are homeless every year. Of those homeless Alaskans, about 4,000 are children. She then related that Alaska is experiencing an increase in youth and gang violence.

[9:21:37 AM](#)

MS. WHEELER moved on to the slide entitled, "Seniors," and related that the senior population is the fastest growing in the United States. She related that about one-third of Alaska's

seniors are living in poverty. She further related that the national Alzheimer's Association projects that Alaska will have the second highest increase in seniors experiencing Alzheimer's disease, which can be costly. Ms. Wheeler highlighted that in Florida the state and various FBCI have partnered to focus on providing adult day care centers. Through this partnership there has been a decrease in the number of seniors needing long-term care, having to go to assisted living, and a decrease in health-related costs. These Adult Day Care Centers provide the necessary support services for seniors to have a good quality of life while living at home.

[9:23:27 AM](#)

MS. WHEELER turned to the next slide, "Homelessness." She informed the committee that studies show that homeless people visit emergency rooms frequently because of the lack of a regular source of medical care. Furthermore, homeless children get sick twice as often, are four times more likely to have asthma attacks, have five times more stomach problems, and have twice as many hospitalizations as other children. Ms. Wheeler moved on to the slide entitled, "Prison Re-entry." She reiterated that there are record numbers of prisoners returning to Alaska's communities. Therefore, if services aren't in place, these released prisoners don't become connected to the community and end up returning to jail or to a mental institution. She informed the committee that about 37 percent of those in Alaska's correctional facilities have mental health issues. She then informed the committee that the APIC Steering Committee in partnership with the Department of Corrections, Social Services Administration, and the Disabilities Determination Services are trying to provide wrap-around services for those being released from prison who have mental health and other disabilities. This partnership has resulted in 100 percent success rate in the targeted individuals and thus these individuals aren't returning to jail or mental institutions.

[9:26:40 AM](#)

MS. WHEELER continued with the slide entitled, "Suicide Prevention," and reminded the committee that Alaska has the highest suicide rate in the nation as it's twice the national average. The suicide rate for Alaska Natives is four times the national average. She mentioned that last year the Office of FBCI and the Suicide Prevention Council came together to review the suicide issues in rural Alaska. The aforementioned lead to

discussions with local communities regarding how faith communities can partner with the local school districts and mental health providers in order to garner some positive results with suicide among youth in rural areas. Just such a partnership has come together to build a program around suicide prevention in the Yukon-Kuskokwim area. She opined that the program is working wonders.

[9:28:54 AM](#)

MS. WHEELER moved on to the slide entitled, "Veteran Outreach (Story)" and related that the Combat Veteran's Outreach partnership has just been formed. She explained that recently a number of Alaska Native men from rural areas have been deployed to Iraq. The concern, she further explained, is that there aren't many support services for active duty military in rural Alaska. Therefore, the aforementioned partnership came together to help provide support services and training with faith-based ministry leaders to help those military personnel returning to rural Alaska.

MS. WHEELER reminded the committee of the recent disaster in the Hooper Bay area. That disaster is considered a health hazard because 71 people, 16 percent of the village, lost everything, which has resulted in families living together. In fact, in one instance 17 people are living in one home without running water and one honey bucket, which is a health hazard. There is an instance in which forming partnerships [has helped]. She highlighted that the faith-based communities have taken the lead in providing support services to the families in Hooper Bay, specifically Franklin Graham has pledged about \$1 million in aid to help rebuild five homes and provide some of the necessities of the area such as four-wheelers.

[9:34:34 AM](#)

MS. WHEELER moved on to the slide entitled, "Solutions (Interagency Collaborations)." She reiterated that partnerships are important, and therefore the Office of FBCI looks to expand and strengthen those partnerships across the state. She then related the concern that if the pandemic flu hits the United States, it may hit Alaska first. The Office of FBCI has worked in partnerships with the federal government agencies to design a check list for faith-based communities throughout the nation in order to help them prepare for the pandemic flu and provide information to those in the community. Ms. Wheeler related that there are a number of health care ministries across the state

that work with volunteers, such as Faith In Action. Faith in Action is located in Anchorage, Sitka, Homer, Girdwood, Eagle River, and Soldotna. Faith in Action helps train volunteers to provide long-term care to individuals in their home. In Anchorage, at this point approximately 60 parish nurses have been trained of which 43 are active in some sort of health ministry activity. Furthermore, there are 19 churches in the Anchorage area that have initiated a health ministry team. Furthermore, several churches provide regular blood pressure screening through the trained volunteers. The aforementioned is a great way to utilize volunteers in prevention efforts. Ms. Wheeler then mentioned Project Access in Anchorage, the mission of which is to increase access to health care for low income and uninsured members of the community by using a volunteer network of providers. In the first 8 months of operation, the Anchorage Project Access has recruited a provider network of over 300 physicians and health care providers. Furthermore, to date the program has screened over 300 applicants and connected 150 patients with no-cost medical care from community health care providers. Ms. Wheeler then mentioned that the United Way recently performed a survey in the Anchorage area, the results of which will be reviewed in September. Such community assessment projects will help provide information regarding the health care needs in Alaska communities.

9:41:04 AM

MS. WHEELER concluded her presentation with a review of the slide entitled, "Volunteers in Alaska - 2005." Recently a study from the National Community Service Commission discussed the volunteer services in Alaska. In 2005, there were over 183,000 volunteers in the state. In fact, the national volunteerism rate is 29 percent while in Alaska the volunteerism rate is 39 percent. She noted that about 25 percent of Alaska's volunteers come from faith-based communities. According to the aforementioned study, the dollar value of a volunteer's time is about \$18.04. Therefore, Alaska has potentially leveraged about \$690 million by utilizing volunteers.

9:43:19 AM

VICE CHAIR SEATON returned to the Hooper Bay disaster, and inquired as to how the Office of FBCI works with the different agencies to provide services.

MS. WHEELER explained that whenever there is an issue, a group can be formed in conjunction with the Salvation Army, the Red

Cross, or other government agencies to assess needs in the area. Such a group will also attempt to locate resources to help meet the needs of the individuals. For instance, in Hooper Bay [the Office of FBCI] was involved in a number of teleconferences with volunteers in order to help understand the needs while trying to locate resources for those needs.

VICE CHAIR SEATON recalled that Ms. Wheeler had related that the Alaska volunteerism rate is 39 percent of which about 25 percent of Alaska's volunteers come from faith-based communities. He asked if that's an increase that the Office of FBCI has stimulated.

[9:46:47 AM](#)

MS. WHEELER reminded the committee that the percentages are from a 2005 study. Furthermore, since the Office of FBCI has only been in existence for about 18 months there won't be data regarding whether there has been an increase in the faith-based community volunteerism. The statistics reflect that 25 percent of those who volunteer [in Alaska] come from the faith-based communities.

[9:47:38 AM](#)

REPRESENTATIVE CISSNA returned to the issue of military personnel from rural Alaska serving in Iraq, and expressed the need for the home front to welcome the returning military. Such a homecoming could be made easier, if the families left at home are taken care of while the family member is away.

MS. WHEELER related that one of the issues when rural Native Alaskan males are deployed for military service is that the family is left without its provider. The Office of FBCI is working through some strategic planning to determine what the community can do for the family in providing the support services.

[9:50:59 AM](#)

REPRESENTATIVE CISSNA opined that part of the conversation is determining how much is placed on the faith-based and community-based organizations and what would fall to state agencies. Having attended many of the local faith-based community meetings, Representative Cissna said that she is concerned because the volunteers are often literally putting themselves in jeopardy. She emphasized the need to take care of the families

[of deployed military personnel], a task in which the state government has to play a part.

MS. WHEELER noted her agreement that it takes everyone to address the situation resulting from military deployment.

[9:53:32 AM](#)

VICE CHAIR SEATON announced that he would suggest to Chair Wilson that there needs to be a joint meeting between the House Health, Education and Social Services Standing Committee and the House Special Committee on Military and Veterans' Affairs.

[9:54:31 AM](#)

RYNNIEVA MOSS, Staff to Representative John Coghill, Alaska State Legislature, suggested that perhaps the Joint Armed Services Committee should also be notified of such a joint meeting.

[9:55:35 AM](#)

#### **ADJOURNMENT**

There being no further business before the committee, the House Health, Education and Social Services Standing Committee meeting was adjourned at [9:56:33 AM](#).