

ALASKA STATE LEGISLATURE
SENATE HEALTH, EDUCATION AND SOCIAL SERVICES STANDING COMMITTEE

February 14, 2007

1:37 p.m.

MEMBERS PRESENT

Senator Bettye Davis, Chair
Senator Joe Thomas, Vice Chair
Senator John Cowdery
Senator Kim Elton
Senator Fred Dyson

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

SENATE CONCURRENT RESOLUTION NO. 2
Relating to establishing March 2007 as brain injury awareness month.

MOVED SCR 2 OUT OF COMMITTEE

Presentation: Bring the Kids Back Home Initiative

PREVIOUS COMMITTEE ACTION

BILL: SCR 2

SHORT TITLE: BRAIN INJURY AWARENESS MONTH: MARCH 2007

SPONSOR(s): SENATOR(s) MCGUIRE

01/24/07	(S)	READ THE FIRST TIME - REFERRALS
01/24/07	(S)	HES
02/14/07	(S)	HES AT 1:30 PM BUTROVICH 205

WITNESS REGISTER

Marit Carlson-Van Dort, staff
to Senator McGuire
Alaska State Capitol
Juneau, AK 99801-1182

POSITION STATEMENT: Presented SCR 2

Margaret Lowe
Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 200

Anchorage AK 99508

POSITION STATEMENT: Participated in overview of the Bring the Kids Back Home Initiative

Debbie Keith

No address provided

POSITION STATEMENT: Participated in overview of the Bring the Kids Back Home Initiative

Shell Purdy

No address provided

POSITION STATEMENT: Participated in overview of the Bring the Kids Back Home Initiative

Cindy Anderson, Director
Secondary Special Education
Anchorage School District
Anchorage AK

POSITION STATEMENT: Participated in overview of the Bring the Kids Back Home Initiative

Fred Kopacz, Director
Planning and Grants
Southcentral Foundation
No address provided

POSITION STATEMENT: Participated in overview of the Bring the Kids Back Home Initiative

Carol Greenough, Planner
Department of Health & Social Services
Juneau AK

POSITION STATEMENT: Participated in overview of the Bring the Kids Back Home Initiative

Renee Cook
Kiana, AK

POSITION STATEMENT: Participated in overview of the Bring the Kids Back Home Initiative

Jackie Johnson
Kiana, AK

POSITION STATEMENT: Participated in overview of the Bring the Kids Back Home Initiative

Alex Noon
Anchorage, AK

POSITION STATEMENT: Participated in overview of the Bring the Kids Back Home Initiative

Jeff Jesse, Chief Executive Officer
Alaska Mental Health Trust Authority (AMHTA)

POSITION STATEMENT: Participated in overview of the Bring the Kids Back Home Initiative

Bill Hogan, Deputy Commissioner
Department of Health & Social Services
Anchorage AK

POSITION STATEMENT: Participated in overview of the Bring the Kids Back Home Initiative

ACTION NARRATIVE

CHAIR BETTYE DAVIS called the Senate Health, Education and Social Services Standing Committee meeting to order at [1:37:00 PM](#). Present at the call to order were Senators Thomas, Dyson, Elton, Cowdery, and Chair Davis.

SCR 2-BRAIN INJURY AWARENESS MONTH: MARCH 2007

CHAIR DAVIS announced SCR 2 to be up for consideration.

MARIT CARLSON-VAN DORT, staff to Senator Lesil McGuire, Sponsor of SCR 2, explained that SCR 2 would make March 2007 Brain Injury Awareness Month. Alaska has the highest incidence of Traumatic Brain Injuries (TBI) in the nation; over 800 are reported annually and 12,000 Alaskans are living with such injuries. Permanent disabilities can often result. The Brain Injury Association of America (BRIA) annually recognizes March as Brain Injury Awareness month.

[1:39:33 PM](#)

SENATOR DYSON asked about the difference between traumatic and non-traumatic brain injuries, and where prenatal alcohol poisoning fits.

MS. CARLSON-VAN DORT said that she did not know how the BRIA differentiates between the two.

SENATOR DYSON said that non-traumatic brain injuries such as FAS can still have a profound effect on people.

[1:40:58 PM](#)

SENATOR THOMAS asked for statistics on the age groups in which TBIs occur, and the types of brain injuries included in the definition.

MS. CARLSON-VAN DORT said that many brain injuries happen rurally, more frequently among Alaska Natives and males aged 18-24. TBIs are often the result of motor vehicle accidents.

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SENATOR ELTON moved to pass SCR 2 from committee and asked for unanimous consent. There being no objection, the motion carried.

PRESENTATION: BRING THE KIDS BACK HOME INITIATIVE

[1:42:52 PM](#)

MARGARET LOWE, Trustee for the Alaska Mental Health Trust Authority (AMHTA), said that in recent years hundreds of Alaskan children have been sent to the contiguous United States for residential psychiatric treatment. Years ago Alaska was selected as having the best comprehensive youth mental health services in the US, but increasing population and heightened case evaluation have led to a lack of facilities in Alaska. The cost of sending children outside Alaska is great, fiscally and emotionally. Ideally children would be serviced as close to home as possible, where families could visit.

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MS. LOWE introduced Debbie Keith, Shell Purdy, Cindy Anderson, and Fred Kopacz, Director of Planning and Grants for the Southcentral Foundation.

DEBBIE KEITH, representing herself, related a personal story about her son, who was sent outside Alaska for residential treatment. He would have been more successful in school and his personal life if he would have had treatment closer to home.

[1:50:03 PM](#)

SHELL PURDY, representing herself, related a personal story about her experience in Alaskan and out-of-state youth treatment facilities. She said that consistency of provider and care and family support are important for effective treatment, as well as community education.

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CINDY ANDERSON, Director of Secondary Special Education for the Anchorage School District (ASD), said that the ASD provides a spectrum of services for special education youth. Out-of-state treatment centers are often not informing the schools that the child will be returning when their treatment has been completed, and in some cases the children are not ready for assimilation into the schools. Communication and consistency need to be improved between schools and agencies, and transitional planning must be improved.

She said that children can be treated and supported in Alaska with the appropriate facilities. The ASD currently aids in transitioning children into schools while still in residential treatment, and offers vocational programs through the King Career Center.

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MS. ANDERSON said that increased staffing is needed to improve the student-to-staff ratio. Improved counseling services in school, better training for staff, and set behavior plans are all important goals. Anchorage is not necessarily close enough to home for many children, so services must be improved across the state.

[2:00:25 PM](#)

FRED KOPACZ, Director of Planning and Grants for the Southcentral Foundation, said that the tribal system is finding ways to partner with the state to aid Native children with treatment beginning at the village level. There are 158 residential beds in Anchorage. The state has been working on a pilot program utilizing Medicaid benefits for residential treatment and case management, but the greatest challenge facing effective treatment in Alaska is staff training, which is needed for a fully functional system of care.

[2:05:00 PM](#)

CAROL GREENOUGH introduced Renee Cook, Jackie Johnson, and Alex Noon.

[2:07:41 PM](#)

JEFF JESSE, Chief Executive Officer for the Alaska Mental Health Trust Authority (AMHTA), said that the Bring the Kids Back Home (BTKBH) initiative is extremely complex. In the last five years 400 youth yearly were in treatment programs outside of Alaska, and expenditures grew 60 percent. The growth has since stabilized and the number of youth in treatment centers is now 362. At this point more residential beds are not needed; building family and community support and prevention is the most important issue.

[2:11:21 PM](#)

MR. JESSE said that 40 percent of youth in out-of-state centers are Alaska Native, and many have co-occurring disorders. All are Medicaid eligible after 30 days from home, but the state is often not informed that the children are leaving Alaska.

He said that the new in-state residential capacity for years 2007 to 2009 will improve. There are specialty populations, like that of those affected with Fetal Alcohol Syndrome (FAS), which will require specially designed programs.

[2:15:55 PM](#)

BILL HOGAN, Deputy Commissioner with the Department of Health and Social Services (DHSS), explained that there has been a yearly 4 percent reduction in the length of residential placement stay and client satisfaction is between 75 and 85 percent.

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MR. JESSE explained the collaborations and general efforts made by the BTKBH initiative, and how participation on every level is critical to improvement.

He said that 2008 goals for the initiative are improving levels of outpatient care, early intervention opportunities, and peer support. Peer resources are particularly important, and the initiative wants to partner with the legislature on funding peer support.

[2:20:32 PM](#)

MR. HOGAN said that performance measures in all levels of service are important to validate the initiative's efforts.

MR. JESSE referenced a slide to show progress in home and community-based resources, and how capacity has been measured in the state. The Denali Commission has been helpful in meeting financial needs, but a Residential Psychiatric Treatment Center (RPTC) certificate of need is necessary for such treatment.

He said that an area that should be addressed is transitional housing, which helps youth leaving the care system for more independent living.

[2:25:03 PM](#)

MR. HOGAN talked about workforce development and its current inadequacy. He has worked with the University of Alaska to develop a rural training academy for crisis intervention, suicide prevention, and basic counseling, and the UA has expanded their bachelor and master in social work programs, as well as starting a PhD program in psychology with the expectation that graduates will work in the community.

MR. JESSE said that the goals of the initiative will create Alaskan jobs in the long term, and gave examples of how jobs are currently being out-sourced.

[2:27:50 PM](#)

MR. JESSE explained that care coordination between agencies and providers is one of the most important aspects of the health care system. He showed a slide explaining the partnership the initiative wishes to have with the legislature.

[2:29:32 PM](#)

CHAIR DAVIS asked how comprehensive services can be improved, considering the current lack in communication between different health services.

MR. HOGAN said that out-of-state providers are obligated to inform the state, school district, and local providers when children return to the state, but not enough notice is being given. Providers need to work more on developing discharge plans.

[2:31:38 PM](#)

CHAIR DAVIS asked if there is a committee or board that discusses these problem areas on a regular basis.

MR. JESSE said there is a Care Coordination subcommittee of the AMHTA that meets regularly to work on different issues. He talked about out-of-state providers and how children are sent off to different residencies.

[2:33:15 PM](#)

CHAIR DAVIS said that facilities need to be as non-restrictive as possible considering the youth's level of need.

MR. HOGAN said that a national assessment tool is now being used to determine the level of care needed for each patient.

MR. JESSE said that ideally the AMHTA would have begun by improving preventative care, but more immediate action needed to be taken.

[2:35:49 PM](#)

SENATOR ELTON asked what help is needed by school districts.

MR. HOGAN said that the youths' needs should be assessed properly, aides are needed in classrooms, and access to therapy and psychological services is important.

SENATOR ELTON asked if funding is readily available for these needs.

MR. HOGAN said that the BTKBH initiative will receive some money from HSS.

[2:40:20 PM](#)

SENATOR THOMAS asked if behavioral problems and treatment are different regarding youth sent out-of-state.

MR. HOGAN said that many kids sent to out-of-state treatment centers have serious psychological problems. They haven't been able to be served in Alaska, but programs are in development to aid them in-state.

MR. JESSE said that home and community-based services are helpful in early intervention and problem reduction.

[2:43:50 PM](#)

SENATOR THOMAS asked if problem prevention is an educational matter.

MR. JESSE said that community behavioral health centers address preventative education.

[2:45:13 PM](#)

SENATOR DYSON asked what the cost of high-level out-of-state treatment per day currently is, and what it will be in Alaska.

MR. HUGGIN replied that out-of-state residential treatment costs approximately \$280 per day, and that the same high level of care would cost \$357 per day in Alaska. As more preventative care is implemented, fewer children will need high-level care.

MR. JESSE said that moving children in-state would be an investment, but would pay off.

[2:48:14 PM](#)

SENATOR DYSON said that allowing private facilities to open in Alaska would mean losing control of the treatment process, and asked for Mr. Jesse's opinion.

MR. JESSE gave an example of poor supply-and-demand response, and explained the negative aspects of private residential care.

[2:52:24 PM](#)

MR. HUGGIN said that a national care benchmark is needed and will be implemented.

MR. DYSON said that Alaskan boarding schools may have been negative in some respects, but many children profited from the experience, and he did not want negative statements made earlier in the meeting to stand uncorrected.

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SENATOR COWDERY mentioned an upcoming television show about addiction that he recommended to the committee and audience.

There being no further business to come before the committee, Chair Davis adjourned the meeting at [2:54:54 PM](#).