**ALASKA STATE LEGISLATURE**
**HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**
February 12, 2009
3:03 p.m.

**MEMBERS PRESENT**

Representative Bob Herron, Co-Chair
Representative Wes Keller, Co-Chair
Representative John Coghill
Representative Bob Lynn
Representative Paul Seaton
Representative Sharon Cissna (via teleconference)
Representative Lindsey Holmes

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

PRESENTATION: MENTAL HEALTH COMPREHENSIVE PLAN

- HEARD

PRESENTATION: ALASKA MENTAL HEALTH TRUST-BRING THE KIDS HOME

- HEARD

**PREVIOUS COMMITTEE ACTION**

No Previous Action to Record

**WITNESS REGISTER**

BILL HOGAN, Commissioner
Office of the Commissioner
Department of Health and Social Services (DHSS)
Juneau, Alaska
**POSITION STATEMENT:** Presented a Power Point and testified about the mental health comprehensive plan.

DELISA CULPEPPER, Chief Operating Officer
Alaska Mental Health Trust Authority (AMHTA)
Department of Revenue (DOR)
Anchorage, Alaska

**POSITION STATEMENT:** Testified about the mental health comprehensive plan.

JEFF JESSEE, Chief Executive Officer
Alaska Mental Health Trust Authority (AMHTA)
Department of Revenue (DOR)
Anchorage, Alaska
**POSITION STATEMENT:** Presented a Power Point and testified on Bringing The Kids Home (BTKH) initiative.

KARIN SCHAFF, Adolescent Treatment Services Director
Volunteers of America Alaska
Anchorage, Alaska
**POSITION STATEMENT:** Testified about the Alaska Youth and Family Network (AYFN) and the Adolescent Residential Center for Help (ARCH).

KAREEM NOEL, Youth Navigator
Alaska Youth and Family Network (AYFN)
Anchorage, Alaska
**POSITION STATEMENT:** Testified about the Youth Navigator program.

CARLA NICHOLAI, Youth Navigator
Alaska Youth and Family Network (AYFN)
Anchorage, Alaska
**POSITION STATEMENT:** Testified about the Youth Navigator program.

**ACTION NARRATIVE**

3:03:49 PM

**CO-CHAIR BOB HERRON** called the House Health and Social Services Standing Committee meeting to order at 3:03 p.m. Representatives Herron, Keller, Seaton, and Holmes were present at the call to order. Representatives Lynn, Coghill, and Cissna (via teleconference) arrived as the meeting was in progress.

Presentation: Mental Health Comprehensive Plan

3:04:36 PM

CO-CHAIR HERRON announced that the first order of business would be a Power Point presentation about the Comprehensive Integrated

Mental Health Plan and the Alaska Scorecard titled "Moving Forward." [Included in the members' packets.]

3:05:28 PM

BILL HOGAN, Commissioner, Office of the Commissioner, Department of Health and Social Services (DHSS), spoke about the Power Point titled "Moving Forward." He mentioned that the DHSS had decided to post more information and regularly update data on its website. He referred to slide 2, "Statutory Requirements," and stated that DHSS must "prepare, and periodically revise and amend a plan for an integrated comprehensive mental health program." He summarized that this included plans for developmental disability, alcoholism, and dementia. He pointed out that the leadership team and planning group included representatives from DHSS, Alaska Mental Health Board, and the Department of Corrections, as well as other federal, state, and private behavioral health services, as listed on slide 3, "Comp Plan Leadership Team."

DELISA CULPEPPER, Chief Operating Officer, Alaska Mental Health Trust Authority (ANHTA), Department of Revenue (DOR), explained slide 4, "Comprehensive Integrated Mental Health Plan:" She noted that the program was an online tool and a source of information about the issues.

CO-CHAIR HERRON asked if it was currently operational.

MS. CULPEPPER replied that it had been operational on the DHSS website for the last few years. She pointed out that it was easier to maintain an on-line updated plan with all its links rather than a printed plan.

3:10:18 PM

MS. CULPEPPER noted that slide 5 "Populations," listed the targeted populations, which included people with alcoholism, mental illness, and brain injuries. She added that the comprehensive plan included programs from prevention to treatment.

MR. HOGAN further explained that the plan included data for the prevalence of people suffering from alcoholism, mental illness, etc as seen on slide 6, "What is in the Comp Plan?" He noted that information was included on, among others, substance abuse, suicide, and housing. He reported that there was information

defining the current system of care, and detailing the current initiatives and emerging issues.

3:11:54 PM

REPRESENTATIVE SEATON asked if autism was included in the comprehensive plan.

MR. HOGAN responded that although autism was not listed, Department of Health and Social Services (DHSS) worked with the Alaska Mental Health Trust Authority (AMHTA) to provide services for each child.

MS. CULPEPPER confirmed that people with autism were beneficiaries of AMHTA as it was both a developmental and a behavioral disability.

REPRESENTATIVE SEATON asked to verify that autism was not falling through the crack.

MS. CULPEPPER responded that autism was a beneficiary.

MR. HOGAN reported on the consideration of a Medicaid waiver for autism which would increase the likelihood for reception of an array of services.

3:14:51 PM

MS. CULPEPPER directed attention to slide 7, "Alaska Scorecard:" and explained that this was a report on the performance of the mental health program. She pointed out the key indicators and the sources for data. She confirmed that both the Comp Plan and the Alaska Scorecard provided direction for policy and planning.

3:16:37 PM

MS. CULPEPPER called attention to the website for the "Moving Forward Plan."

3:17:26 PM

MR. HOGAN referred to the handout "Comprehensive Integrated Mental Health Plan." [Included in members' packets] He elaborated that the vision and the purpose of the plan was to direct resource allocation and to ensure availability of a comprehensive service system for AMHTA beneficiaries. He

directed attention to the Boards and Commissions that DHSS worked with and he indicated the target population of the plan.

3:18:54 PM

MS. CULPEPPER referenced the "Moving Forward Plan" and mentioned that the blue hyperlinks allowed direct access to the data. She reported that AMHTA was proud of its results in the areas of Health, Safety, Living with Dignity, and Economic Security.

3:20:49 PM

MR. HOGAN explained the Client Status Review Form. He reported that it was not enough to be clean and sober, but that a person needed to have a good job, a place to live, to stay out of the criminal justice system, and to be a contributing member of the community. He remarked that the true outcome of the treatment plans was for recovery and contributing membership in society.

3:23:25 PM

MS. CULPEPPER emphasized that the success of the treatment plan was also attributable to assessment and result measurement; all of which lead to betterment for the recipients' lives.

3:24:48 PM

MR. HOGAN, in response to Co-Chair Keller, explained that funding for behavioral health was shifting, that providers had to show true outcomes, and that funding was linked to proven results.

3:26:17 PM

CO-CHAIR KELLER opined that this was exactly what government should be doing, taking care of those who could not help themselves. He expressed his concern for a clear delineation between a volitional choice and an agency declaration of helplessness.

3:27:20 PM

MS. CULPEPPER reviewed the history of AMHTA, and noted that the state now had responsibility to fund the base of the mental health program and treatment.

3:30:27 PM

MR. HOGAN, in response to Representative Seaton, explained that there was enough information to show either improvement, or the need for additional resources.

MS. CULPEPPER added that the FY08 data would soon be available.

3:32:38 PM

MR. HOGAN, in response to Representative Herron, explained that the plan focused on mental health trust beneficiaries, but that providers also served people who did not have as serious problems.

CO-CHAIR HERRON asked for a way to access people who were unaware of this plan.

MR. HOGAN explained that the client filled out the plan with the case manager, and that this plan was reviewed every three to six months. He reported that it was a requirement for every behavioral health client to use this tool. He allowed that this was not required for community health centers and many others outside the behavioral health system.

MS. CULPEPPER added that it was only required of people using the public health system and it did not include the private industry.

3:36:07 PM

MR. HOGAN described the current array of services as a pyramid with a foundation built on community prevention, education, and public awareness. He shared that the philosophy of the community based system was to keep people in their own home and to receive the right kind of service in a timely fashion.

3:37:30 PM

MS. CULPEPPER explained that there was a matrix to direct the type of services at each level.

MR. HOGAN affirmed the DHSS priorities: substance abuse, health and wellness, health care reform, long term care, and vulnerable Alaskans. He explained that the Comprehensive Integrated Mental Health Plan structured each of these areas. He confirmed that a person could go to the website and click on the problem; this

would describe the problem, explain the need to address the problem, and detail the efforts and outcomes to date.

3:39:38 PM

MR. HOGAN, in response to Co-Chair Herron, agreed to investigate the number of visits to the programs on the website.

MS. CULPEPPER pointed out that the initiatives were updated every year.

3:41:00 PM

MR. HOGAN commented on the two issues DHSS was preparing for: an increase for Medicare payment rates, and the number of returning veterans with traumatic brain injury and post traumatic stress disorder.

3:43:28 PM

REPRESENTATIVE HOLMES relayed a problem that National Guard members upon return to inactive status, after being released from active duty, were not being covered by the Veterans Health Administration. She asked if DHSS was aware of this.

MR. HOGAN offered his belief that many individuals would be eligible for services through the Alaska Native Tribal Health Consortium.

3:45:08 PM

CO-CHAIR HERRON asked if traumatic brain injury was forecast as a future problem.

MR. HOGAN agreed that DHSS recognized it was a problem and was determining the best system of services. He offered his belief that the problem was much more substantial than commonly thought.

MS. CULPEPPER noted that sport injuries, including those from motorized sport vehicles, also contributed to traumatic brain injuries. She directed attention back to the index and the "Alaska Scorecard" [Included in members' packets]. She observed that the "Alaska Scorecard" reviewed the status of beneficiaries and would be updated every year.

MS. CULPEPPER, responding to a question by Representative Seaton, explained that the down arrows indicated "Needs Improvement." She referred to the "Key to [the] Scorecard," which listed the inputs used for making the status determination.

3:52:15 PM

MR. HOGAN explained that the "Alaska Scorecard" was a one page snapshot by DHSS that indicated measurement of the progress in each area. He suggested that this initial scorecard be used as a baseline.

MS. CULPEPPER reminded the committee that the scorecard was a comparison of Alaska to the rest of the nation, not solely for the performance of an individual program. She directed attention to the hyperlinks listed on the back page which she said connected to a wealth of information.

3:55:26 PM

Alaska Mental Health Trust-Bring the Kids Home

3:55:41 PM

CO-CHAIR HERRON announced that the next order of business would be a Power Point presentation by the Alaska Mental Health Trust Authority on the Bring the Kids Home initiative.

3:56:57 PM

JEFF JESSEE, Chief Executive Officer, Alaska Mental Health Trust Authority (AMHTA), Department of Revenue (DOR) presented a Power Point titled "Bringing (Keeping) the Kids Home Update- February 2009" [Included in the members' packets]. He lauded the leadership of Brita Bishop and Bill Herman with this initiative.

3:59:46 PM

MR. JESSEE directed attention to slide 2, "Exponential Growth in Use of Out-of State Residential Psychiatric Treatment Centers (RPTC)," and pointed out the prior exponential growth for placement of kids in out of state RPTCs. He explained that previously there had not been a plan to increase the in-state capacity for these kids. He gave an example of the lack of oversight for fiscal responsibility that the program had

engendered. He credited former Commissioner Gilbertson for initiating the change.

4:03:24 PM

MR. JESSEE furnished slide 3, "Progress: Decrease in RPTC Admissions," which diagramed the recent changes for in and out of state custody. He commented that this was a result of investment in residential programs, individual and community based services, and a systems redesign for children's mental health. He offered his belief that the continuum of care should have been started with an array of services at the family home. He indicated, should that care have proved unsuccessful, that the next stage of care should have been residential services within the community. He allowed that a gradual build up of this program would have meant that only a few kids each year would have been sent out of state. He opined that the legislature would not have funded the early intervention strategies. He explained that home and community based services were the most effective and cost efficient.

MR. JESSEE noted that early community intervention treatment reflected a decrease in the recidivism rate, as shown on slide 4, "Progress: Length of Stay and Recidivism."

4:06:36 PM

MR. JESSEE referred to slide 5, "Progress: Medicaid Expenditures for Residential Psychiatric Treatment Centers (RPTC)," which showcased the shift in RPTC expenditures as in-state treatment increased.

MR. JESSEE moved to slide 6, "Progress: Projected BTKH Reinvestment," which reflected re-investment of dollars in more appropriate levels of service within the community and within the state. He noted that the strategy might not cost less, but the reinvestment in Alaskan families and services would be better for Alaska at all levels of the system.

MR. JESSEE noted slide 7, "Ahead in FY 2010: Support for On-going Efforts," and said that more than 40 percent of youth in RPTC are Alaska Native. He expressed the need to work with tribal partners for better connectedness and cultural service.

CO-CHAIR HERRON asked about the representation from other ethnic groups.

MR. JESSEE said there was a high correlation between RPTC patients and low socio-economic conditions.

4:11:09 PM

MR. JESSEE described slide 8, "Ahead in FY2010: Expanding In-State Capacity," and warned that transitional aged youth was an area that needed improvement. He pointed out that the development of an Alaska system of care resulted in a Medicaid match savings for FY2010.

4:13:37 PM

KARIN SCHAFF, Adolescent Treatment Services Director, Volunteers of America Alaska, spoke about two programs involved in the initiative. She selected slide 9, "Volunteers of America Alaska ARCH program," and explained that ARCH was a treatment center for youth with substance use disorders and severe emotional disturbances. She called attention to the new state of the art treatment facility.

4:15:11 PM

MS. SCHAFF moved to slide 10, "Volunteers of America Alaska-ARCH program," and shared that the new facility had more beds, and a mental health service. She explained that the focus was for family involvement and transition back into the community.

4:16:17 PM

MS. SCHAFF spoke about slide 11, "Assertive Continuing Care (ACC)," and mentioned that ACC was a community based program and one of the first pilot projects in the BTKH initiative. She said that the ACC focused on sustaining the results from other residential programs, so that the kids would be successful. She explained that the kids coming from these other programs were tired of counseling and counselors, so the ACC staff would go to them and work on the kids' goals. She also spoke about the new program with McLaughlin Youth Center.

4:18:40 PM

MS. SCHAFF, in response to Representative Coghill, explained that the 58 percent program completion rate was measured once the youth left McLaughlin Youth Center. She explained that the ACC program started while the youth were in the youth center in order to help develop a relationship.

4:19:51 PM

MS. SCHAFF, in response to Representative Seaton, explained that the ACC program was an evidence based practice designed for youth with severe emotional disturbances and substance use disorders. She conveyed that it consisted of family counseling, case management, and group and individual counseling all designed around the youth, as opposed to putting them into a program.

REPRESENTATIVE LYNN asked what programs the youth go to after they leave McLaughlin Youth Center, and what was the recidivism rate.

4:22:08 PM

MS. SCHAFF said that the youth center served kids up to 18 years of age, and after that, some of them go back to school for their GED. She explained that the 58 percent completion rate was for kids who did not reoffend and did not return to the institution for 6 months. She explained the transience of the kids, and that it was difficult to find them after 6 months. She mentioned that the residential program had had kids go off to college and then return to work as program supervisors.

4:23:42 PM

REPRESENTATIVE HOLMES asked if all the kids came through juvenile justice.

MS. SCHAFF responded that the youth in the ACC program came from out of state residential treatment centers, in state residential treatment centers, intensive treatment outpatient centers, and McLaughlin Youth Center.

4:24:37 PM

REPRESENTATIVE COGHILL asked about the levels of care at the psychiatric treatment centers.

MR. JESSEE noted that, previously, when kids were sent out of state to the RPTC, they were put in in-patient intensive care. He said that not all the kids needed this level of care, but at that time there were no in-state options for lower levels of care. He said that some of the kids could now come back to lower levels of care, such as group or foster homes. He stated

that when intermediate care levels are provided, it can often preclude in-patient services.

4:27:16 PM

REPRESENTATIVE COGHILL remarked that the state had set up some treatment centers for different levels. He asked for a description to each of the levels of care.

4:28:05 PM

MS. SCHAFF explained that the Residential Psychiatric Treatment Centers were considered Level 5. She noted that ARCH was considered Level 3. She shared that many youth who had failed in the Level 5 RPT centers were successful in Level 3 because of their needs. She reported that the community based programs were Level 1 and Level 2.

REPRESENTATIVE COGHILL opined that things were better than previously. He inquired if the non-profits would often seek placement into the highest level.

4:29:59 PM

MR. JESSEE agreed that this was a problem. He described a private Fairbanks facility, and noted its request for a Certificate of Need for the entire 120 bed facility to be at Level 5. He said that an examination had determined that regional bed needs were only necessary for 44 beds. He offered his opinion that the Certificate of Need process was essential. He confirmed that the private Fairbanks facility had received a Level 5 Certificate of Need for 44 beds, but that the remainder of its beds could be offered as Level 3 and Level 4. He noted that the facility was currently only filling twenty-something beds.

4:32:23 PM

REPRESENTATIVE COGHILL observed that he had concerns with both the non-profit and for profit organizations' assignment of care, and asked if management always gravitated to assignment for the highest level of care.

4:33:11 PM

MR. JESSEE explained that a lot of the residential beds which the state used were in group homes. He mentioned that these

Level 3 group homes were similar to family homes, and that these facilities could be sold as family homes should the state's needs diminish. He clarified that this allowed service for an appropriate level, as there was not a need to fill unused beds. He opined that the state rewarded the institutional providers at the expense of the community based provider. He acknowledged a current bill in the legislature which would allow hospitals and nursing homes an automatic rate review and adjustment, whereas community based providers would not be allowed this automatic rate adjustment. He opined that this was bad public policy.

4:35:53 PM

MR. JESSEE quickly reviewed slide 12, "Mat Su Demonstration Project," and slide 13, "Mat Su Demonstration Results." He mentioned that care coordination, the better use of current services, was important in maintaining youth stability within the community. He remarked that the Mat Su project was working with 26 families, and its success had been to transition the kids home 87 days earlier than originally planned.4:36:47 PM

KAREEM NOEL, Youth Navigator, Alaska Youth and Family Network (AYFN), spoke about his background in foster homes and residential treatment centers. He explained that his current role as a youth navigator for the Alaska Youth and Family Network had allowed him to see that his life had value. He acknowledged that the support of family, friends, and AYFN had allowed him to be successful and a positive contributor to his community. He asked the committee to continue to fund "Bring The Kids Home," and to increase the funding for community based groups, such as AYFN. He emphasized that these programs allowed youth and families to be successful and to rebuild their lives and relationships.

4:40:01 PM

CARLA NICHOLAI, Youth Navigator, Alaska Youth and Family Network (AYFN), spoke about her background which included abuse by her biological family, foster care, and diagnosis of co-occurring disorders. She declared that AYFN and other community based services had made her success possible. She proudly detailed her current role as a Youth Navigator, an Alaskan Native student at University of Alaska Anchorage (UAA), and a cherished member of her adopted family. She affirmed her dream of looking forward to helping others. She opined that community based services would help Alaska youth, and noted that it "was not a hand out, but a hand up." She appealed to the committee to

continue support for community based services because her experience showed that this brought success to Alaskan youth.

4:44:47 PM

CO-CHAIR HERRON asked each of them to relate a story or event that made them realize how glad they were to be navigators.

MS. NICHOLAI offered her appreciation for everyone's support here in Juneau.

MR. NOEL declared that his work with AYFN would help another kid become a better person.

4:47:20 PM

REPRESENTATIVE HOLMES asked each how long they had been navigators and how many navigators were there.

MS. NICHOLAI shared that she had started being a navigator a few months ago.

MR. NOEL reported that he had been a navigator for a month.

MS. NICHOLAI said that there were two navigators in the Mat Su, and that there were three navigators with a youth coordinator, in Anchorage. She offered her belief that there was a parent navigator in Fairbanks.

4:50:49 PM

REPRESENTATIVE SEATON asked how many youth they each worked with.

MR. NOEL explained that he worked with multiple youth, and that the group met each week.

MS. NICHOLAI reported that she worked with multiple youth and that each week she met with a class that dealt with prevention of the stigma for mental health diagnosis. She allowed that this class was a safe place for the participants to talk. She disclosed that her life goal was to help others deal with the same issues she had.

REPRESENTATIVE SEATON asked about the variability of group size each week.

MR. NOEL said that sometimes he would have 2-3 people, sometimes 5, and occasionally there were 10 kids.

MS. NICHOLAI reported the same variability, though usually there were 5-6 kids each week.

MR. NOEL said that the regular attendance was increasing.

4:54:24 PM

**ADJOURNMENT**

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:54 p.m.