

**ALASKA STATE LEGISLATURE**  
**SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

February 11, 2009

1:33 p.m.

**MEMBERS PRESENT**

Senator Bettye Davis, Chair  
Senator Joe Paskvan, Vice Chair  
Senator Johnny Ellis  
Senator Joe Thomas

**MEMBERS ABSENT**

Senator Fred Dyson

**COMMITTEE CALENDAR**

PRESENTATION: BRING the KIDS HOME (BTKH)  
HEARD

SENATE CONCURRENT RESOLUTION NO. 1  
Relating to establishing March 2009 as Brain Injury Awareness Month.

MOVED SCR 1 OUT OF COMMITTEE

SENATE BILL NO. 52  
"An Act relating to scheduling Salvia divinorum and Salvinorin A as controlled substances."

HEARD AND HELD

**PREVIOUS COMMITTEE ACTION**

BILL: SCR 1

SHORT TITLE: BRAIN INJURY AWARENESS MONTH: MARCH 2009

SPONSOR(s): SENATOR(s) MCGUIRE

|          |     |                                 |
|----------|-----|---------------------------------|
| 01/21/09 | (S) | READ THE FIRST TIME - REFERRALS |
| 01/21/09 | (S) | HSS                             |
| 02/11/09 | (S) | HSS AT 1:30 PM BUTROVICH 205    |

BILL: SB 52

SHORT TITLE: SALVIA DIVINORUM AS CONTROLLED SUBSTANCE

SPONSOR(s): SENATOR(s) THERRIAULT

|          |     |                                 |
|----------|-----|---------------------------------|
| 01/21/09 | (S) | PREFILE RELEASED 1/9/09         |
| 01/21/09 | (S) | READ THE FIRST TIME - REFERRALS |

01/21/09 (S) HSS, JUD, FIN  
02/11/09 (S) HSS AT 1:30 PM BUTROVICH 205

**WITNESS REGISTER**

JEFF JESSE, CEO  
Alaska Mental Health Trust Authority  
Anchorage, AK

**POSITION STATEMENT:** Presented an overview of the Bring the Kids Home Initiative.

DEE FOSTER, Director  
Child and Family Services  
Anchorage Community Mental Health Services  
Project Director, Alaska Child Trauma Center  
Anchorage, AK

**POSITION STATEMENT:** Stressed the importance of early identification of problems and the social and economic benefits of treating children in their communities.

WALTER MAJORIS, Executive Director  
Juneau Youth Services (JYS)  
Juneau, AK

**POSITION STATEMENT:** Discussed the importance of addressing the transition period from child to adult services and what JYS is doing about it.

JULIAN STOWE, representing herself  
Homer, AK

**POSITION STATEMENT:** Supported keeping kids at home and providing community-based care.

LEN STOWE, representing himself  
Homer, AK

**POSITION STATEMENT:** Supported caring for kids at home and in the community.

SENATOR MCGUIRE  
Alaska State Legislature  
Juneau, AK

**POSITION STATEMENT:** Sponsor of SCR 1.

NANCY MICHAELSON, representing herself  
Palmer, AK

**POSITION STATEMENT:** Supported SCR 1.

JILL HODGES, Director

Alaska Brain Injury Awareness Network (ABIN)  
Anchorage, AK

**POSITION STATEMENT:** Discussed the risk of recurring injuries to brain injury victims and what ABIN will be doing to promote awareness during Brain Injury Awareness Month.

DAVE STANCLIFF, staff  
to Senator Gene Therriault  
Alaska State Legislature  
Juneau, AK

**POSITION STATEMENT:** Read the sponsor statement FOR SB 52.

JACK DEGENSTEIN, representing a community of friends  
Anchorage, AK

**POSITION STATEMENT:** Opposed SB 52.

BRETT PATTISON, representing himself  
Anchorage, AK

**POSITION STATEMENT:** Opposed SB 52.

SCOTT KOHLHAAS, State Chairman  
Alaska Libertarian Party  
Anchorage, AK

**POSITION STATEMENT:** Opposed SB 52.

#### **ACTION NARRATIVE**

[1:33:45 PM](#)

**CHAIR BETTYE DAVIS** called the Senate Health and Social Services Standing Committee meeting to order at 1:33 p.m. Present at the call to order were Senators Thomas, Ellis, Paskvan and Davis.

#### **BRING THE KIDS HOME**

CHAIR DAVIS announced a presentation on Bring the Kids Home by the Alaska Mental Health Trust Authority.

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JEFF JESSE, CEO, Alaska Mental Health Trust Authority, Anchorage, AK, began the presentation.

MR. JESSE began on page 2, showing the exponential growth in the use of out-of-state residential psychiatric treatment centers (RPTC) between 1998 and 2004. This significant growth was primarily because there was no mechanism to develop in-state alternatives. The existing programs had seen no expansion for a

number of years; so for kids who couldn't stay at home, there were really no services available until they got to Utah, Texas, Colorado or one of the other out-of-state placements. By state fiscal year 2004, 749 kids a year were going to out-of-state RPTCs at a cost to the state of over \$40 million. Commissioner Gilbertson and the Murkowski administration decided it was something they wanted to address, so they asked the Trust to assist in forming a partnership to address the issue. They made it a focus area at the Trust and drew in a broad-based group of stakeholders including state agencies, tribal partners, families, kids, advocates and providers, to look at it using a rigorous, outcome-based approach. They went through a logic-model process, developed strategies and very specific outcomes. This is a very complex initiative because it not only involves developing a continuum of services in the state, but workforce development, rate reviews and other issues.

Page 3 shows the progress they have made; from the peak in 2004 with 571 non-custody out-of-state admissions, the number has come down to well under 200 in 2008. In absolute numbers the high water mark was about 439 kids out of state and it is now 164. They have done this by developing a continuum of resources for these children, their families and the community.

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MR. JESSE continued to page 4, which shows that the issue is not just bringing the kids back, it's keeping them in the community; so one of the other metrics the Trust has looked at is the recidivism rate for kids coming back into RPTC level care. It's not enough to get them out; they have to keep them out. The level has decreased significantly since 2004, from 20 percent recidivism in a year to 8.4 percent. That is another indication of the ability to provide services in the community. He stressed that this is all part of looking at the initiative in a very data-driven, outcome-focused manner, making sure that their strategies are achieving their goals and, if they aren't, being flexible enough to re-evaluate what they are doing.

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Although this initiative is titled "Bring the Kids Home" they knew many these kids would not come back to in-state care. Many of these kids age out of the system. One of the things they have realized is that there is a lot more work to be done in transition. Just treating these kids, whether it is in the community or in a facility is not enough; when they age out of children's system they need help to become fully integrated members of their communities. That means having a job, being

able to live independently and manage their finances. The initiative needs to look at how to support them as they make that transition into adulthood.

MR. JESSE went on to page 5 showing the financial impact of making the change from RPTC services out-of-state to in-state. This graph shows that from the high of \$40 million they have now driven the number down to about \$26 million per year and have been able to increase the capacity of in-state RPTCs to handle these kids.

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The fiscal strategy, as shown on slide 6, is similar to the Harborview Developmental Center closure. Rather than throwing more money and services at the problem and driving up overall cost, they've used a reinvestment strategy. In the case of Harborview, the Trust agreed to pay for running the institution on the condition that the legislature would reinvest those institutional dollars in the community. The legislature kept their word and made that reinvestment and they were able to close Harborview. In this case, they've reinvested the dollars that were being spent out of state in in-state services.

The first four columns of the graph reflect the actual expenditures over the past four years, showing that the out-of-state RPTC has gone down from \$38 million to \$26 million while they have made significant increases in in-state community-based services. Going into fiscal years 2009 to 2013, as this initiative continues, they will see a continual reinvestment of these funds into community-based programs.

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MR. JESSE admitted that they really started this initiative from the wrong end. To develop a comprehensive continuum of care for these kids, they should have started with families and kids in the home and only when all of those efforts failed would they move to out-of-home placement in the community, regional hub out-of-home placement, in-state institutional care and then out-of-state care only for those few kids whose needs are so intensive they can't be served in Alaska. The Trust knew that if they had come to legislature and said "if you invest five or six million dollars in these in-home services, trust us, in ten years you will see a reduction in the use of out-of-state psychiatric treatment facilities," funding would probably not have been forthcoming; so they started the initiative by looking at developing residential services in the state to start driving down the numbers. Now they can use that success to, hopefully,

convince the legislature that they can do even better, that by working closer with families and communities, they can reduce not only out-of-state institutional care, but in-state institutional care.

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MR. JESSE directed the committee to page 7, a breakdown of what is ahead in FY 2010. This shows a variety of MHTAAR and GFMH increments designed to flesh out the continuum of care. He pointed out that one of their partners in this effort is the tribal health community and they've been working very hard with the tribal health providers to develop infrastructure, work force and the capacity to serve tribal beneficiaries.

Page 8 continues with some additional increments for expanding in-state capacity and assisting in the transition to adulthood. He added that this is for developing their ability to help young adults move into the community.

One of the most recent developments in the Bring the Kids Home initiative is the creation of an education sub committee. The reason for it is that many of the families will not access services early on, when a child begins to display behaviors and other issues that create problems for them. The Trust believes the educational system is the best early-warning mechanism for these kids. If they can get the schools to start helping them to identify these kids early... The schools are increasingly being called upon to provide an array of services that aren't really in the educational system's core competencies. Social service issues, mental health issues and family problems are things they are faced with but are ill-equipped to handle and arguably should not have to; so the Trust is hoping to create a partnership with education. The level of commitment to this is demonstrated by the fact that the co-chairs of the education subcommittee are the commissioners of Health and Social Services and Education and Early Childhood Development.

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MR. JESSE said, from it isn't so much that they're bringing a lot of kids back, although that is happening; it is that many fewer kids are now leaving. Now that they can provide the community-based services to support them, they are going to remain in the school districts and the districts need to find a way to meet the needs of those kids. Again, said Mr. Jesse, it involves a closer partnership with Health and Social Services. One element of that is the transition of children from residential care back to their

community schools; so they are working to build in a liaison between those out-of-state placements and the local school districts so the school districts are notified and engaged early in the discharge process.

1:51:48 PM

DEE FOSTER, Director, Child and Family Services, Anchorage Community Mental Health Services; Project Director, Alaska Child Trauma Center, Anchorage, AK, said theirs is the largest community mental health center in Alaska. In FY 08 they saw 700 seriously emotionally disturbed children. One of the changes the Community Mental Health Center has made in the past four years is that they have begun intervening with children earlier; so of those 700 children, 70 percent were age 12 and under. They have also been funded by Bring the Kids Home as one of the "Keep the Kids Home" contingents. The Little Tikes day treatment program is for children three to five years old, who are displaying acting-out behaviors or are extremely withdrawn. The kids in this program come from preschools and daycares where they were not able to function because of their extreme behaviors. This fiscal year they have served 19 children, 7 graduated. Of the 19 children in care, the root causes of their severe emotional disturbances are listed on page 9. These are, from lowest to highest: sexual abuse, physical abuse, family substance abuse and 100 percent neglect, witness to domestic violence and complex trauma. She explained that by "complex trauma" she means children who have been exposed to multiple traumatic events within the care giving system. Two of their children were "failure to thrive" children because of severe neglect in the first year of life.

MS. FOSTER corrected that, on page 10, the amount shown for the grant from BTKH is not \$41,797, but \$123,000. They expect to serve 30 children this year, so in terms of grant funds that works out to about \$4500 per child per year, but doesn't include billing to Medicaid, which is an additional cost. Because they are one of the 50 national sites in the National Traumatic Stress Network, all of their practices are evidence-based; they work with attachment issues, with affect or emotional regulation; they work around a child's competencies with problem solving, for example. They've run the program for about 4 years and now, with the addition of the money from Bring the Kids Home, are able to incorporate standardized testing, home visits, and the evidence-based practices.

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MR. JESSE continued; the next two slides show a rather complex timeline. They took an actual case and went back into the

child's historical records at what was and was not done to see what the consequences were of not intervening earlier. Going back to the child's birth in 1990, this shows that there were indications in the child's early life of future problems [ADHD, febrile seizure, kindergarten special education], but very few resources were provided to help the child at that time. Page 12, the second page of the timeline, shows that when the child reached adolescence and the costs started to mount due to repeated residential placements, juvenile justice involvement and other costs to the kid and the community.

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The most important cost is the cost to the child and family of struggling through these experiences without adequate support.

He asked Mr. Majoris to address what is being done in Juneau to address some of these issues.

[1:59:18 PM](#)

WALTER MAJORIS, Executive Director, Juneau Youth Services (JYS), Juneau, AK, referred to the critical time period from 16 to 21 years old, when children are moving toward adulthood and aging out of children's services. It is not an easy transition period and not an area, in terms of the continuum of care, where there is much funding for services.

He talked about some positive things that are going on, such as the new facility they build with several partners, a \$1.7 million facility. About 46 percent of that funding came from the Denali Commission, 42 percent from Alaska Housing Finance Corporation and about 12 percent from Juneau Youth Services. They built a 13 bed state-of-the-art facility serving kids from 18 to 21 years old; they have a resident case manager there, which is a critical staff position. This is an example of an excellent capital funding partnership that is critical for building and sustaining this kind of facility.

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They also have a five-bed facility, so JYS has 18 beds for children in that age group and one bed for kids who are 16 to 18 years old.

On the operating side of the equation it gets much more difficult. Juneau Youth Service's budget for FY 08 was about \$279,000 and 75 percent of those funds came from the federal government and from JYS savings; only 20 percent came from the state of Alaska and 5 percent from Medicaid. Often, children are

not qualified for Medicaid, or they choose not to take advantage of the services that can be provided through Medicaid.

MR. MAJORIS thanked Senators Ellis and Davis for their leadership in co-sponsoring legislation to raise the eligibility threshold for Denali Kid Care, which is another way SED [Serious Emotional Disturbance] kids are able to access services.

He shared some of their data, saying that JYS served 57 youth in the last year; 91 percent of those youth received employment and other life-skills training and 83 percent received therapy. The qualifier there is that only 9.17 hours of services were provided per client per month, which averages about two hours per week and is not enough. Despite that, they had positive outcomes with 78 percent who completed the program successfully and 96 percent who exited to safe living arrangements (not correctional facilities).

MR. MAJORIS summarized that this is a critical and very poorly funded area in the service continuum and one in which the state should become a greater participant.

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MR. JESSE wrapped up by saying this is one of most successful initiatives he's been involved in due to the broad base of collaboration with partners such as the Division of Behavioral Health, the Division of Juvenile Justice, the Office of Children's Services and Medicaid. The Department [Department of Health and Social Services] has been very open to working with not only the Trust, but with their provider community, families, advocates, and other partners.

He recognized that one topic of conversation this legislative session is corrections issues and pointed out that, if the legislature should decide it doesn't want to continue the type of growth the state is seeing and projecting in the corrections budget, there are strategies to invest those dollars differently. An approach similar to what the Trust has used here, in his opinion, could be very effective in keeping people focused on outcomes in a fiscally responsible manner, rather than just throwing money at the problem. He stressed that they have to be committed to the outcome, because that would take great effort and a long time; but he encouraged them to look at it.

[2:05:53 PM](#)

JULIAN STOWE, representing herself, Homer, AK, said she was diagnosed as bipolar and sent away to an out-of-state residential treatment center. She was afraid; she had to leave her family, her dog, all of her friends and was exposed to horrible things that she should not have witnessed at 15 years old. Things were going on in the treatment center that were based around money and should not have been going on. If patients' parents were paying out-of-pocket they got better treatment; her parents were not paying out-of-pocket and she was put in a different unit than the one she should have been. When she came home, she quickly relapsed and was sent to an acute care facility; they wanted to send her back to residential care but she refused to go back. She went home and her parents got her into therapy with a wonderful therapist who has been an amazing help to her. "What I'm here today asking" she said "is that you don't bring them home to lock them up. You bring them home to stay at home." She stressed the need for recreational options after school so kids won't turn to drugs, and for more mental health skills trainers. These trainers go into schools and spend time with kids to help them achieve their goals. She suggests that people ask kids what they need help with, rather than telling them what they need to get done.

MS. STOWE thanked the committee for the opportunity to testify.

LEN STOWE, representing himself, Homer, AK, is Julian's father. He said that sending their daughter away at 15 was the hardest thing their family has ever done. They agonized over it, but didn't know of any other options at that time. This affected their family very deeply; their other daughter did not get the parenting she deserved because of their stress over Julian. He and his wife did not always agree on the treatment, which caused stress; also, when Julian was out-of-state she was allowed one call a day and it wasn't always at the same time. They were her life-line; so they had to find a way to be available for her. He had to schedule a way to get out of work and his wife pretty much stayed at home the whole time so they could be there to talk with her and encourage her each day.

Julian was released early. In fact, the therapist who worked with her in the out-of-state facility said she had to come home or she would get worse. They brought her home and started working with the psychiatrist, therapist and skills workers in Homer and it really saved her and their family. She had gotten way behind during her first ten years in school and nothing was done to encourage her to progress until this happened; now with the skills trainers in the charter school, she is starting to

improve. This school is specifically for kids who have trouble in a regular school situation; they work closely with mental health and have done a wonderful job with their daughter and other children. They need more funding because there aren't enough skills trainers to go around; he feels very fortunate for the level of care and attention their daughter has gotten.

MR. STOWE added that the therapist at the center in Texas said Julian doesn't need to be sent away again; it will not help her. He and his wife agree whole heartedly. They never wanted to send her away; they are glad she's back and is progressing now and they thank the state for the funding they have provided to mental health.

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JULIAN STOWE corrected her father's statement that there not enough skills trainers to go around; there are plenty of skills trainers, she said, but not everyone has access to mental health, which means they can't have a skills trainer or get the care they need.

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SENATOR ELLIS thanked Mr. And Ms. Stowe for sharing their experiences. He asked who chose that facility for the out-of-state placement and if any options were offered.

MR. STOWE said they looked into three different places; the one in Texas that they finally chose was the only one that had beds available at that time. The acute care facility where Julian was being held actually chose it for them.

SENATOR ELLIS asked if the state of Alaska had a list of certified programs outside from which to choose.

MR. STOWE said the acute care facility Julian went to initially did have. They met with people there a couple of times about it and they suggested that this was the best one for Julian. When they arrived at the Texas facility they did not see everything, of course; when Julian told them about some of the things that were going on, it scared them but they didn't know what else to do; she had to stay there until they released her.

JULIAN STOWE said the institution was very good at keeping people "off the unit" so they wouldn't see the craziness, the flying chairs, the people cutting themselves and that sort of thing.

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MR. JESSE closed by saying that when they get further along in this initiative, he believes Alaska will have the best continuum of care for these kids in the country. However, they are very worried about whether the state will sustain their efforts when the focus comes off this issue. A number of providers have said the state has a habit of adjusting costs based on cost and then ignoring them as costs increase, until the quality of services degenerates and they end up trying to rebuild systems of care. Rates need to be revisited regularly for all types of care, not just hospitals and nursing homes. As a matter of public policy, it is not a good idea to regularly review and keep up with the cost of care only for the most restrictive and expensive services, while ignoring the more cost-effective and efficient community-based services. He has heard from providers that they are not able to open homes that have already been built, because the daily rate isn't sufficient to operate them; he heard from a provider today that projects in three years their costs will cost the reimbursement rate and they will no longer be able to provide services. He really hopes the bill to require regular rate review for community services will pass. It would be a shame to have built a system of care and see it fall apart over time.

CHAIR DAVIS informed Mr. Jesse that the bill he referenced has been heard once and they are working on a CS to bring back to the committee at a later time.

She asked if there are any other providers or youth in the room who wish to speak and thanked everyone for taking the time to offer testimony to this committee and the Education committee.

2:18:25 PM

CHAIR DAVIS asked Mr. Majoris how long it took them to put together the funding for the building they completed 18 months ago.

MR. MAJORIS answered that it was a fairly accelerated process; from concept to completion, it took 2 to 2 1/2 years.

CHAIR DAVIS said it would be helpful if he would share the information about how they managed it. As he said himself, when people and organizations come together they can accomplish a great deal more than they can alone.

MR. MAJORIS commented that they have found it is often easier to put the capital package together than it is to find the sustainable operating funds they need. Their program could not

function if 75 percent of the funding were not coming from the federal government and their agency directly.

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CHAIR DAVIS agreed and opined that they might be fortunate enough to get some funds from the stimulus package to help with the current initiative.

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She closed the presentation and called a brief at ease at 2:20 PM.

**SCR 1-BRAIN INJURY AWARENESS MONTH: MARCH 2009**

[2:22:36 PM](#)

CHAIR DAVIS announced consideration of SCR 1.

SENATOR MCGUIRE, presented the sponsor statement for SCR 1. She said she brings this resolution every year, hoping to move one heart or mind. This resolution draws awareness to traumatic brain injury (TBI), to those who have suffered as well as their families and care providers. Traumatic brain injury is a result of damage to the brain as the result of a blunt trauma to the head or violent shaking. Most victims go on to live with permanent disabilities. The tragedy of TBI is exacerbated by the fact that many of these injuries are preventable; so there is a lot of guilt and frustration associated with this particular type of injury. These injuries are life-altering and place tremendous financial and emotional strain on families and their victims. They often occur at an early age, before the victims have secured a job, which means many years of tremendous medical expenses and no way to cover them.

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Alaska again leads the United States for per capita traumatic brain injury and TBI itself is one of the leading causes of death to young people in this state. Over 800 traumatic brain injuries are reported annually in Alaska and it is estimated that over 12,000 Alaskans now living in the state have suffered a traumatic brain injury. She reminded the committee that these statistics are low; traumatic brain injury is a silent epidemic. Many traumatic brain injuries are not reported because the victims minimize or fail to understand the severity of their injury; often they don't have access to health care to pay for the MRI needed to understand the impact and potential long-term damage. People with late stage manifestation of symptoms such as learning problems, difficulty in judgment from frontal lobe

injury, difficulty in maintaining jobs and relationships, are simply navigating through society without realizing their problems are due to a brain injury.

SENATOR MCGUIRE continued; it is easy to see and understand an injury like a broken limb and as a society we try to help, but with a traumatic brain injury, there may be no visible signs. As Alaskans, we need to be mindful that many of the people with traumatic brain injury are living among us and it is incumbent on us to do all we can.

The Brain Injury Association of America recognizes March each year as Brain Injury Awareness Month; so this resolution would comport with national recognition by making Alaska once again recognize March 2009 as the state traumatic brain injury awareness month.

She stated that there isn't enough done about TBI in this state; they don't know how to reach families and individuals who are in high risk categories and they are still dealing with insurance issues, the overarching inability to respond quickly to treat life-long consequences. TBI has economic consequences for the state; it has social implications for the family and the state and it is a preventable injury. Where the state can prevent it, she said, she sees it as a place where the Senate HSS Committee and the Senate as a whole should really direct attention. The legislature already looks at helmet use and seat belts, which are both very positive steps in the right direction. The Brain Injury Network is a non-profit board that was formed five years ago and is made up of TBI survivors, their family members and those who make up the social organizations that respond, but they are overwhelmed with the task. They don't have enough money; they don't have enough support; they don't have enough resources to get the word out. This resolution is also an opportunity for survivors and their family members to get the attention of the legislature.

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She spoke about her brother's accident. When he survived a traumatic brain injury in an automobile accident at 17 years old, there was no one for her family to turn to and a lack of acute care. The landscape has changed, but there is still a long way to go. She expressed her appreciation for Senator Davis's support of brain injury awareness and for the committee's time.

[2:32:04 PM](#)

SENATOR THOMAS shared his support for this effort. He has a nephew who was injured seven years ago. He is functioning now but is having a lot of problems.

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SENATOR PASKVAN also supports this resolution. He understands the difficulty from his 25 years of legal practice in the area of personal injury. He agreed that to make this brain injury awareness month is very appropriate.

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SENATOR MCGUIRE said she knows people in Senator Paskavan's field who, in cases as recent as a month ago, have had difficulty making jurors understand what traumatic brain injury is and how profound and life-altering it can be.

She informed the committee that Alaska is one of 40 states involved in a new pilot program called *Impact* that is being carried out at Providence and Alaska Regional; they are working with athletes in the schools, sports trainers, neurosurgeons and neuropsychologists to understand cognitive brain damage and how it can occur from seemingly minimal concussions. The hospitals do brain scans immediately [after an incident] and test for cognitive functions. The results will be part of the nationwide results gathering effort that hopefully will lead to much better understanding.

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CHAIR DAVIS thanked Senator McGuire and called for public testimony on this resolution.

NANCY MICHAELSON, representing herself, Palmer, AK, is the parent of a young man who suffered a traumatic brain injury six years ago. Her son, Aaron was in a coma for two weeks of the month he spent at Providence Hospital. At that time, they were fortunate enough to get Aaron admitted to Craig Rehabilitation Hospital in Denver, Colorado, where he spent the next six months. She pointed out that she used the word "fortunate" because her son had serious medical issues that needed specialized care from a full team of doctors and he was able to get that care in Denver while participating daily in a rehab program specifically designed for brain injury patients. As a result, although he has fairly low-level function, is mainly immobile and speaks only a few words, he understands everything that is said to him and is still improving even after six years.

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MS. MICHAELSON said that within the first 20 hours of their stay at Craig Hospital, they were met with the attitude that Aaron had widespread damage and they had a lot of work to do, so they'd better get started right away. She stressed the difference between that and the attitude of the doctors in Alaska both before they left and after they returned. Yes, she said, they were lucky to get Aaron into specialty brain injury rehab center. The reason is hope, for Aaron's future and their future as a family, for the life they can have regardless of his cognitive difficulties or physical abilities. They came home with the realization that they can fight for, move toward and support quality of life for persons with brain injury regardless of their stage of recovery or injury. They also learned to appreciate the ability to look outside the box of traditional physical rehab therapy and care programs to find approaches that work for persons with brain injuries, always keeping in mind the delicate balance between the physical abilities and the cognitive realities.

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Insurance policies cover alternative approaches and there are places these therapies can be found all over the United States; but it has been very difficult to find them in Alaska. When the Michaelsons returned to Alaska and visited with Aaron's rehab doctor and staff for the first time, they expressed how wonderful it was to have Aaron home with them; the medical team's response was incredulity and even insulting comments. She attributes their response to her family's outlook and their acceptance that the only life they have is with their son, regardless of what progress he makes or doesn't make and to a general lack of awareness about brain injury.

MS. MICHAELSON commented that she finds the lack of awareness about brain injury here in Alaska pretty amazing. Victims with high needs and lower-level function, like her son, may look as if they don't understand anything until they hear the right joke, or get to do something they especially enjoy; then it is clear that they understand more than is obvious. She thanked Senator McGuire for mentioning the victims who show no outward signs of damage. Some victims may walk, talk, drive, and teach art, but be unable to balance a checkbook, keep a job, answer a telephone or remember the routine they have to go through every night to go to bed.

MS. MICHAELSON said her family has encountered a lot of problems obtaining medical rehab or therapy since they got back to Alaska due in part to the fact that Aaron started his therapy outside.

She fears for the growing number of returning veterans [who may face similar difficulties in dealing with brain injuries].

Aaron's injury has affected his life and the life of her family, He will require guardianship for the rest of his life; this kind of psychological and emotional reality can and does break most families. In her family, his care totally consumes their schedules and finances since the injury; she lost her job when he was injured because she had to take care of him. Brain injury is known as "the silent epidemic," but it really isn't; there are the sleepless nights and crying from pain Aaron doesn't understand.

Above all else though, she is thankful that he is at home with his family and that is where the legislature comes in. She believes Alaskans deserve a local rehabilitation option that can give them the chance to get on the road to whatever recovery is possible and learn to live life to its fullest potential even after surviving brain injury. But before that can happen, Alaskans have to talk about awareness, awareness of the large number of Alaskans who suffer brain injuries annually, awareness of the wide scope of their rehabilitation needs, awareness of the impact of brain injury on families and awareness that many brain injuries can be prevented. The legislature can help all of that become reality by passing this resolution.

[2:44:02 PM](#)

JILL HODGES, Director, Alaska Brain Injury Awareness Network (ABIN), Anchorage, AK, thanked the Senators and all of those who shared their personal stories. She feels very positive about the future for people with brain injury here in Alaska and thinks that they will soon move toward getting services they need here. She wanted to highlight some successful TBI prevention activities happening in the state and some upcoming challenges the Brain Injury Network might face in preventing recurring brain injuries among civilians and returning service members.

[2:45:30 PM](#)

With regard to successful TBI prevention activities, she cited passage of the primary seatbelt law in 2003, saying that since 2001, brain injuries due to motor vehicle accidents have decreased 38 percent. Motor vehicle accidents still cause brain injuries, however 56 percent of those who suffer brain injury in vehicle accidents were not wearing their seatbelts. Another topic Senator McGuire touched on is the Impact Program, which is a partnership between Providence Neurosurgery Clinic, the Anchorage School District, the Mental Health Trust Authority and

the Brain Injury Network dealing with concussion management. A CNN article recently covered brain injury among NFL players who suffer concussions. In the past, people thought a concussion might put athletes out of operation for a week or two before they would be back on their feet; they are finding that multiple concussions are causing lifelong damage to the brain that is not showing up on CT scans or MRIs.

MS. HODGES continued; when people talk about prevention, they are generally talking about preventing the primary injury; once one has had a brain injury however, that person is more likely to have recurrences with even more disabling effects. For example, a woman came in to the Resource Navigation Program for brain injury victims earlier this week; she had come in two years before to talk about her pregnant daughter, who suffered brain injury in a motor vehicle accident and needed a lot of help after she was released from the hospital. She said that her daughter recently had another accident, incurred a second brain injury and is now in a nursing facility.

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She expressed concern about how this problem will affect our returning service members; those with moderate to severe injuries remain in the lower 48 for treatment, but many are coming home with mild brain injuries. These veterans will be going back to rural Alaska and statistics show that Alaska Natives and residents of rural Alaska have the highest rates of brain injuries from causes such as ATV and snow machine accidents; 69 percent of those victims are not wearing helmets at the time of their injuries. ABIN worries that the returning service members are going to be very active when they return, perhaps living subsistence lifestyles and those communities need to be aware that they need to prevent further injury to this population.

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During the month of March, the Brain Injury Network will be working closely with the Alaska Native Tribal Health Consortium, the Department of Health and Social Services, the Mental Health Trust Authority and the veterans' clinic at Elmendorf AFB, doing press conferences, publishing newspaper ads, television commercials, and YouTube and Facebook video for the youth. The VA has offered to sponsor a public health forum in the month of March as well. They did that last year and had about 50 people in Anchorage show up for their presentation.

MS. HODGES thanked the Senators for their leadership in promoting healthy lives and said she looks forward to working with them on future legislation to improve the service system for people with brain injuries.

[2:50:23 PM](#)

CHAIR DAVIS the will of the committee.

SENATOR PASKVAN moved to report SCR 1 from committee with individual recommendations and attached zero fiscal note. There being no objection, it was so ordered.

**SB 52-SALVIA DIVINORUM AS CONTROLLED SUBSTANCE**

[2:51:19 PM](#)

CHAIR DAVIS announced consideration of SB 52.

DAVE STANCLIFF, Staff to Senator Therriault, read the sponsor statement FOR SB 52, an Act relating to scheduling Salvia Divinorum and Salvinorin A as controlled substances. This bill would place the natural plant and the substance within the plant on the same schedule in our statutes that contains mescaline, LSD, peyote and other similar hallucinogenic substances. He recommended that, if any of the members wish to learn more "up close and personal," there are over 1000 sites on YouTube where they can actually watch persons under the influence of this particular hallucinogenic substance, which is available to children through the internet or down the street at the local smoke shop. It is legal in Alaska, which is telling Alaska's kids it's OK. States and countries around the globe are finding that they need to control this substance because it is a danger.

[2:53:04 PM](#)

CHAIR DAVIS called for brief public testimony.

[2:53:17 PM](#)

JACK DEGENSTEIN, Anchorage, AK, asked if the committee intends to move this bill today.

CHAIR DAVIS answered that she does not intend to move the bill; the committee is simply taking testimony at this time.

MR. DEGENSTEIN said he represents a group of people who are part of a community that is involved with this plant. He stated that in the three years since this bill first came up, they have seen no problems related to its use, which he feels proves that it is not creating a health or social crisis. Passing this bill would

serve only to impose upon citizens' individual liberties; so while he does support regulation of the drug, he opposes this bill.

BRETT PATTISON, representing himself, also opposes this bill. He said he has never taken any illicit substances, not even tobacco or alcohol. He had a psychotic episode in 1998 at the age of 17 and was moved out-of-state to a medical facility where he was diagnosed as bi-polar. While there, he was prescribed medications like Paxil and Depakote, which caused him terrible headaches, and during one episode was injected with Haldol, which caused serious side-effects. He has used salvia numerous times during the past five years without any lasting affects either mentally or physically and it has not impacted his daily life at all. He sees potential for the drug in medical applications and is in favor of regulation while conducting further research into its use.

SCOTT KOHLHAAS, State Chairman, Alaska Libertarian Party, said he is representing his party's 6600 registered voters today on in opposition to SB 52. Libertarians believe in a strict respect for civil liberties and he thinks this bill would violate those civil liberties, not only religious liberties, but people's right to live in whatever manner they choose and engage in whatever practices they wish as long as they are peaceful. The libertarians also take a principled stand on the free-market economy; if this is driven underground, certainly the pushers will make money and if it is prohibited, the pharmaceutical companies will make a ton of dough as well. The libertarians are opposed to prohibition; they think the committee should be taking items off the scheduled substance list and not adding to it. He asked the committee to let this bill die.

CHAIR DAVIS held SB 52 in committee.

2:57:30 PM

There being no further business to come before the committee, Chair Davis adjourned the meeting at 2:57 p.m.