

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

February 17, 2012

1:39 p.m.

MEMBERS PRESENT

Senator Bettye Davis, Chair
Senator Dennis Egan

MEMBERS ABSENT

Senator Johnny Ellis
Senator Kevin Meyer
Senator Fred Dyson

COMMITTEE CALENDAR

PRESENTATION: ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

MELODY PRICE-YONTS, Division Director
Southeast Alaska Regional Health Consortium
Sitka, Alaska

POSITION STATEMENT: Presented information related to the Alaska Native Tribal Health Consortium.

MICHAEL HORTON, Behavioral Health Director
Copper River Native Association
Copper Center, Alaska

POSITION STATEMENT: Presented information related to the Alaska Native Tribal Health Consortium.

JOYCE HUGHES,
Council of Athabascan Tribal Governments
Fort Yukon, Alaska

POSITION STATEMENT: Presented information related to the Alaska Native Tribal Health Consortium.

ACTION NARRATIVE

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CHAIR BETTYE DAVIS called the Senate Health and Social Services Standing Committee meeting to order at 1:39 p.m. Present at the call to order were Senator Egan and Chair Davis.

Presentation: Alaska Native Tribal Health Consortium

CHAIR DAVIS announced the business before the committee was a presentation by the Alaska Native Tribal Health Consortium.

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MELODY PRICE-YONTS, Division Director, Southeast Alaska Regional Health Consortium, presented information related to the Alaska Native Tribal Health Consortium. She thanked the committee for hearing the presentation and introduced Michael Horton.

MICHAEL HORTON, Behavioral Health Director, Copper River Native Association, presented information related to the Alaska Native Tribal Health Consortium. He introduced the behavior health directors from around the state. He said the real heroes are those back in the community, such as the clinicians and health aides.

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MS. PRICE-YONTS explained the makeup of the Tribal Behavioral Health Directors Committee, which is a subcommittee of the Alaska Tribal Health Directors and was created in 2005. The committee is made up of 24 members from 26 tribal entities and it meets on a quarterly basis. There are over 800 employees in the Tribal Behavior Health System, which has received about \$6.5 million in grants for fund behavioral health aides.

She shared current health priorities: suicide prevention, domestic violence and sexual assault, substance abuse prevention, and treatment. Also priorities are credentialing behavioral health aides, training for behavioral health aides, and developing a manual. She noted that there are gaps in coverage in some areas, depending on the location.

MR. HORTON shared challenges such as the high rates of suicide and domestic violence in Alaska. He also noted problems in rural areas.

CHAIR DAVIS thanked him for his work in rural areas.

MR. HORTON recalled the history of the behavioral health aide (BHA) model. He recalled Representative Joule's work in creating the Rural Human Services (RHS) Program and described how BHA's are funded through that program. He discussed the original concept of one BHA in every village. He stated that there were currently 125 BHA's in villages with a potential for 160 total.

MR. HORTON stressed the number of suicide prevention programs in place. He noted where there are BHA's, suicides are prevented. He shared a personal experience in Kodiak where there were no suicides in six years.

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CHAIR DAVIS asked how many BHA's there were.

MR. HORTON stated that there were about 125 BHA's; if Behavioral Health Therapists (BHT's) are included, the number increases to 160.

CHAIR DAVIS asked if there are 125 sites and 125 aides.

MR. HORTON replied that most places only have one BHA.

CHAIR DAVIS asked where the total funding was coming from.

MR. HORTON reported that the funding was shared between the RHS program and Community Health Aide Program & Certification. He hoped to find funding beyond the current level.

CHAIR DAVIS asked if there is state funding.

MR. HORTON replied that RHS is state funded.

CHAIR DAVIS asked if the amount of funding had increased or decreased this year.

MR. HORTON said funding has remained static. He voiced a concern about the state's plan to remove salaries from RHS funding and to focus on education.

SENATOR EGAN emphasized that BHA's were not going to volunteer to work for free.

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MR. HORTON gave an example of the hard work BHA's do.

MS. PRICE-YONTS said that sometimes there is only one aide in a location.

She noted that larger organizations can afford to pay salaries; however, BHA funding requires creativity.

MR. HORTON emphasized that they don't want to lose the aides once they are educated.

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MS. PRICE-YONTS read a statement made by a BHA about what standards and certification mean to BHA's.

She showed a slide with the locations of BHA's in Alaska. Some areas of the states are not covered.

MR. HORTON said there was great potential for growth.

SENATOR EGAN asked what the black dots were.

MS. PRICE-YONTS explained that they are communities without BHA's. She said that Southeast Alaska now has BHA's. There are 5 in Juneau.

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MR. HORTON showed a digital story called "Opening the Wounds of Silence" by Karen Mitchel from Noatak.

MS. PRICE-YONTS reported that visual story telling is used by BHA's.

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MR. HORTON read a statement by Simeon John about what standards and certification mean to BHA's. Mr. Horton related that the standards were completed in 2008 and BHA's have been certified since then.

SENATOR EGAN asked how program standards were set.

MR. HORTON replied that TBHD worked with the state and certification programs to establish them.

MS. PRICE-YONTS explained BHA training opportunities, such as on-line courses and university classes.

SENATOR EGAN asked about the advantages of an increase in bandwidth in rural Alaska.

MR. HORTON said he lives in a remote area and the increase in bandwidth helps in educational settings, as well as in broadcasts.

MS. PRICE-YONTS told how increased broadband has helped with medical information, such as the use of videoconferencing.

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MR. HORTON shared how the state benefits from working with the Tribal Behavioral Health Directors Committee (TBHDC). Tribal health entities receive higher Medicaid reimbursement and there is delivery of effective culturally relevant services. TBHDC is sometimes the sole provider of health services in most rural areas and serves all community members, both native and non-native.

MS. PRICE-YONTS stressed the importance of treating communities as blended communities.

SENATOR EGAN commented that it must be difficult for VPSO's to work in rural settings.

MR. HORTON agreed.

SENATOR EGAN complimented the presenters for being so involved.

MR. HORTON stressed that the work is important, life-saving work.

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MR. HORTON discussed the state plan amendment (SPA), a partnership between the Alaska Tribal Health System and the State of Alaska developed in order to pay BHA's salaries. After years of negotiation and building communication and understanding among the Tribal Behavior Health Directors (TBHD), Alaska Native Tribal Health Consortium, and the Department of Behavioral Health, the TBHD drafted and submitted a recommendation to the Alaska Native Health Board (ANHB). There are two levels of BHA's that will be billable under SPA, level III and level P, or practitioner.

CHAIR DAVIS asked for clarification.

MR. HORTON explained level P.

MS. PRICE-YONTS added that SPA would be in line with the community health aide program for reimbursement for services

provided. She reported that the recommendation was ratified by ANHB on 12/2/2011 and it rests in the hands of the state.

CHAIR DAVIS asked if the recommendation was at a standstill now.

MR HORTON said it was ratified and waiting for approval.

MS. PRICE-YONTS understood that when the recommendation is approved, it would be funded by FMAP.

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JOYCE HUGHES, Council of Athabascan Tribal Governments, presented information related to the Alaska Native Tribal Health Consortium. She explained that the SPA is being developed by the Department of Health and Social Services and will be submitted to the Centers for Medicaid Services for approval.

CHAIR DAVIS summarized the process.

SENATOR EGAN asked for clarification.

MS. HUGHES reiterated the process.

MR. HORTON cautioned that BHA funding must not consist only of Medicaid funds; level I and II BHA's must be funded by other sources.

MS. PRICE-YONTS suggested the importance of working toward including levels I and II in the future.

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MS. PRICE-YONTS talked about opportunities for improvement within TBHS. Currently, there are reporting mandates that reduce efficiency due to lack of interface between systems, such as federal government reporting requirements, state of Alaska AKAIMS, and other electronic health records (EHR).

MR. HORTON commented on the need for technology training.

MS. PRICE-YONTS talked about inefficiencies, such as staff resources, training, labor expenses, and limited web connectivity.

MR. HORTON addressed a goal to develop a work plan with the state that would resolve the inefficiencies of data collection and allow agencies to interface directly with the AKAIMS

database. He discussed frustrations of the requirement for too much accountability reporting.

He discussed the high alcohol consumption rate in Alaska and suicide rates and said he did not want accountability and recordkeeping to stand in the way of making progress in those areas.

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MR. HORTON wanted the legislature to be aware of the possibility of losing salary funding in RHS.

CHAIR DAVIS expressed appreciation for the presentation. She requested a written report in order to share the information, including the acronyms used in the presentation. She said she would contact the Department of Health and Social Services and get back to TBHDC regarding the funding issue.

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There being no further business to come before the committee, Chair Davis adjourned the Senate Health and Social Services Standing Committee at 2:31 p.m.