

SENATE FINANCE COMMITTEE
January 31, 2013
9:01 a.m.

[9:01:39 AM](#)

CALL TO ORDER

Co-Chair Kelly called the Senate Finance Committee meeting to order at 9:01 a.m.

MEMBERS PRESENT

Senator Pete Kelly, Co-Chair
Senator Kevin Meyer, Co-Chair
Senator Anna Fairclough, Vice-Chair
Senator Click Bishop
Senator Mike Dunleavy
Senator Lyman Hoffman
Senator Donny Olson

MEMBERS ABSENT

None

ALSO PRESENT

Jeff Jessee, Chief Executive Officer, Alaska Mental Health Trust Authority; Mike Barton, Trustee, Alaska Mental Health Trust Authority; Russ Webb, Member, Board of Trustees, Alaska Mental Health Trust Authority.

SUMMARY

SB 20 APPROP: MENTAL HEALTH BUDGET

SB 20 was HEARD and HELD in committee for further consideration.

^BUDGET OVERVIEW: ALASKA MENTAL HEALTH TRUST AUTHORITY

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JEFF JESSEE, CHIEF EXECUTIVE OFFICER, ALASKA MENTAL HEALTH TRUST AUTHORITY (AMHTA), presented "Senate Finance Committee FY 14 Budget" (copy on file).

MIKE BARTON, TRUSTEE, ALASKA MENTAL HEALTH TRUST AUTHORITY, made introductions. He introduced slide 2 titled "AMHT Beneficiaries":

- People with mental illness
- People with developmental disabilities
- People with chronic alcoholism and other substance related dementia
- People with traumatic brain injury

Mr. Barton detailed slide 3 titled "Guiding Principles":

- To improve the lives of AMHT beneficiaries, The AMHT is committed to:
 - Education of the public and policymakers on beneficiary needs;
 - Collaboration with consumers and partner advocates;
 - Maximizing beneficiary input into programs;
 - Prioritizing services for beneficiaries at risk of institutionalization;
 - Useful and timely data for evaluating program results;
 - Inclusion of early intervention and prevention components;
 - Provision of reasonably necessary beneficiary services based on ability to pay.

Mr. Barton discussed slide 4 titled "AMHT Advisors and Partners":

- Advisory Board on Alcoholism & Drug Abuse
- Alaska Mental Health Board
- Governor's Council on Disabilities & Special Education
- Alaska Commission on Aging
- Commissioners of Health and Social Services, Revenue, Natural Resources and Corrections
- Alaska Brain Injury Network
- Statewide Suicide Prevention Council

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Mr. Barton highlighted slide 5: "AMHT Funding FY 14:" He noted that the great bulk of AMHTA funding came from the

fund pay-out. The AMHTA fund payout at 4.25 percent equaled \$18,090,000. The payout was based on a four-year average principal and reserve balances of \$426 million.

Mr. Barton detailed slide 6: "AMHT Resource Portfolio." He explained that AMHTA had approximately 1 million acres of land resulting from a settlement. The acres were divided by region. The Trust had full fee ownership for 55 percent of the land. The Trust owned coal, oil and gas rights for one-third of the land and full mineral rights for 11 percent. The Trust Land Office (TLO) contributed a total of \$138 million since 1994 when the settlement was achieved.

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Mr. Barton detailed slide 7 titled "Formula for Success":

- Committed partners + Strategic thinking = Results for AMHT beneficiaries
 - Identify a problem or community need
 - Collaborate with governmental agencies, advisory groups, nonprofits, service providers, philanthropic organizations and private sector
 - Develop strategic, sharply focused solutions
 - make lasting system improvements

Mr. Barton explained slide 8 titled "Five Program Focus Areas":

- Bring the Kids Home
 - reforming Alaska's mental health care for children and adolescents so they are diagnosed earlier and treated as close to home as possible
- Disability Justice
 - reducing the involvement and recidivism of AMHT beneficiaries in the criminal justice system
- Affordable Appropriate Housing
 - increasing a continuum of housing options for AMHT beneficiaries
- Workforce Development
 - creating an available and competent workforce for AMHT beneficiaries and service providers
- Beneficiary Projects Initiative
 - supporting grassroots, peer-to-peer programs for AMHT beneficiaries

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Mr. Barton detailed slide 9 titled "Alcohol Initiatives":

- Recover Alaska
 - initiative lead by Rasmuson Foundation, includes The AMHT, Mat-Su Health Foundation, DHSS and other stakeholders
 - goal to help individuals, families and communities in Alaska "recover" from impacts of alcohol
 - focus on systems, policy, statutory and practice changes that will lead to long-term improvements
- Title 4 review
 - partnership with Alcohol Beverage Control Board, which is convening stakeholders to review and possibly recommend changes to Alaska's alcohol beverage control statutes in Title 4.

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Mr. Jessee highlighted slide 10 titled "Bring the Kids Home":

- Problem
 - FY 06: 743 Alaskan children with severe emotional disturbances received out-of-state residential psychiatric treatment services
 - separated from families and communities
 - difficult transitions back to Alaska
 - length of stay varied from several months to multiple years
 - costs peaked at \$40+
- Committed partners
 - DHSS, behavioral health service providers, parent and youth advocates, AMHT partner boards, Alaska Native health providers, Dept. of Education, Denali Commission and others
- Strategic thinking
 - intervene earlier, more intensively, and with the family
 - use residential resources carefully
 - expand implementation of effective practices
 - develop in-state treatment for youth with complex needs
 - use data to guide service development

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Mr. Jessee explained slide 11: "Results for Beneficiaries." He explained that the AMHTA dramatically decreased the number of admissions to out-of-state Residential Psychiatric Treatment Centers (RPTC). At the onset of the program, 437 kids were placed in out-of-state facilities, and the placement in 2013 was less than 100. The success was in the reinvestment of services in Alaska. The AMHTA also tracked recidivism. He noted that recidivism was best seen in the Department of Corrections (DOC) budget. He pointed out that AMHTA reduced recidivism within one year from 20 percent to 5 percent.

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Mr. Jessee detailed slide 12 titled "Shifting Expenditures in State":

- Out-of-state RPTC expenditures 64 percent lower than FY 06
- In-state RPTC expenditures 54 percent higher than FY 06
- Overall RPTC expenditures 33 percent lower than FY 06
- Community mental health expenditures for youth <18 are 26 percent higher than FY 09

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Mr. Jessee described slide 13 titled "Results for Beneficiaries":

- Developing in-state treatment options for children with co-occurring and complex disorders
 - Complex Behaviors Collaborative
 - in-state RPTC unit
 - resources for youth who experience FASD

Mr. Jessee added that the AMHTA was seeking to replicate programs in Alaska that only exist in out-of-state facilities for children with more complex issues. He informed the committee that a partnership with Department of Health and Social Services (DHSS) led to the discovery of a program in Maine that provided in-patient services for the population requiring additional care. The children were

often diagnosed with autism, Fetal Alcohol Spectrum Disorder (FASD), severe emotional disturbances, often with behavioral issues that made it difficult to remain in the home or in a residential program. The program in Maine offered help with communications and behavioral management.

Co-Chair Kelly asked about the term "complex behaviors".

Mr. Jessee responded that complex behaviors included "acting out, running away, self-injury, combative behavior, or other behavior that the current environment was unable to manage." If the behaviors went unmanaged, the individual must leave the placement. He advocated for the development of state-of-the art, evidence based, behavior management plans.

Mr. Jessee explained that the Alaskan children with those problems were spending over 400 days in out-of-state treatment facilities and returning with their issues intact. The program in Maine, in contrast, had an average stay of 45 to 90 days, reducing the cost for the high-end care. He highlighted that the program connected to community-based services, either family or a resident provider. He noted that the program in Maine discharged two-thirds of their clients back into the home by developing behavior plans and bringing the family in from the beginning of treatment. The family shadowed the staff as behavior programs were developed and then instituted the program in the facility for the child prior to discharge. After discharge, the staff remained available for consultation. He pointed out the program's recidivism rate of less than 10 percent.

Mr. Jessee stated that AMHTA had engaged North Star, a residential provider in Anchorage, to provide the in-patient piece. He added that community providers would help to match patients with providers.

Mr. Jessee explained that the AMHTA's role in the process was to incur travel expenses for community providers and employees of North Star. He stated that the Bring the Kids home program was winding down, but AMHTA would continue to coordinate with families and programs in Alaska when children do leave the state.

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Co-Chair Kelly asked the age limits for Bring the Kids Home. Mr. Jessee replied that the parameters were age 8 through 21.

Co-Chair Kelly asked about the process when a child "ages out" of the program. Mr. Jessee responded that the goal was to transition the children to "life." He lamented that some children required transition to the adult mental health system for ongoing support.

Senator Olson asked if the patients were ineligible for Medicaid after a certain age. Mr. Jessee responded that financial status was the criteria for Medicaid.

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Mr. Jessee read from slide 14 titled "Results for Beneficiaries":

- Working with young children to prevent severe disturbances
- Working with families to keep/return children to their homes
 - o expanding early childhood services
 - o increasing delivery and quality of family therapy services
 - o expanding trauma training

Mr. Jessee discussed Adverse Childhood Experiences (ACE) scores. The AMHTA discovered that the more negative experiences a child had, the greater the likelihood that they would end up with long-term behavioral health issues. He noted that people who commit suicide had multiple adverse childhood experiences. He pointed out that high ACE scores also led to increases in physical problems like diabetes and heart disease. The information was important to digest as it allowed the organization of prevention efforts toward areas of potential success. The challenge with prevention was in targeting efforts to sufficiently deliver enough intervention to change the trajectory. If the target population was not identified, money was often wasted. He mentioned the challenge of sustaining the DHSS budget over the next 20 years. He pointed out that early intervention and partnerships with schools was important, as most families were not self-reporting.

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Mr. Jessee detailed slide 15: "Ahead in FY 14." He noted the incorporation of Mental Health Traits Authority Authorized Receipts (MHTAAR). He explained that the legislature did not appropriate AMHTA funds, but instead authorized agencies to receive AMHTA funds that the trustees authorized for that use. Federal funds were handled in a similar fashion. He added that GF/MH was the acronym for General Fund and Mental Health.

Mr. Jessee explained the Trust's proposal versus the governor's recommendation in the FY 14 Budget. The trustees proposed a one-to-one match on AMHTA funds versus the state funds. He pointed out that the governor had reduced the request for GF/MH. He stated that he would work with Senator Olson and the subcommittee on the issue. His goal was to maintain the one-to-one match.

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Mr. Jessee detailed slide 16 titled "Looking Towards FY 15":

- FY 15 BTKH increments, if any, will transition on-going successful projects from MHTAAR to GF/MH for long-term sustainability
- BTKH efforts will continue, using existing GF/MH resources to sustain planning and to maintain and build on success
- The AMHT believes further progress will require a shift in focus to earlier intervention, prevention and family-based services to decrease long-term costs for behavioral and health while improving outcomes for children and families.

Mr. Jessee discussed slide 17: "Disability Justice." He was pleased with cooperation from the Department of Corrections (DOC). Reduction of recidivism was an important issue. He pointed out that 43 percent of the youth in the juvenile justice system and 42 percent of incarcerated adults were AMHTA beneficiaries. The goal of AMHTA was to lower those rates. He expressed that the partnership with DOC was promising. The department's focus was also to reduce recidivism. Trust beneficiaries tended to recidivate at a higher rate than individuals without mental health issues.

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Mr. Jessee discussed slide 18 titled "Committed Partners":

- Local governments
- Alaska Native tribal entities
- Alaska Court System
- Departments of Administration, Corrections, Health and Social Services, Law, Public Safety
- AMHT partner boards
- Community behavioral health providers

Mr. Jessee discussed slide 19 titled "Strategic Thinking":

- Prevent and reduce inappropriate or avoidable arrest, prosecution, incarceration and criminal recidivism of juvenile and adult AMHT beneficiaries
- Increase criminal justice system's ability to accommodate, support, protect and provide treatment for victims and offenders who are AMHT beneficiaries
- Reduce use of jails and prisons to provide protective custody of adult AMHT beneficiaries under Alaska Statute 47.37.170 (protective custody hold)
- Improve community re-entry planning from juvenile detention and treatment, and adult correctional facilities back into Alaska communities.

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Mr. Jessee addressed slide 20 titled "Outcomes Driven Results":

- Working together state, local agencies save lives, improve public safety
 - 75 percent reduction in non-criminal Title 47 protective custody holds at Yukon Kuskokwim Correctional Center from 2010-2012
 - Individuals screened, referred to appropriate treatment
- Therapeutic Courts
 - Juneau Mental Health Court opened May 2012
 - Anchorage Mental Health Court combined savings almost 2.5 times program annual operating cost (293,000)

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Senator Hoffman believed that the mental health program in Bethel was functioning well. He asked about the non-criminal Title 47 protective custody holds illustrated on slide 20. He asked if Title 47 should be amended from "non-criminal to criminal."

Mr. Jessee responded that a modification of the protective custody statute was possible. He pointed out that police officers made difficult decisions when determining the ideal holding location for criminals vs. non-criminals. He advocated for solutions that would provide the system better options rather than driving legislative action.

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Senator Hoffman noted that Bethel had struggled with Title 47 protective custodies. He noted that the Yukon Kuskokwim Correctional facility was over 200 percent capacity, which was a separate issue. He opined that the community was skirting the issue by leaving the statute as written. He advocated for treating an inebriated person differently, if alcoholism was considered a disease.

Co-Chair Kelly requested that Mr. Jessee provide an answer to Senator Hoffman's question regarding costs. He mentioned Judge Blankenship in Fairbanks who was very concerned about issues happening in the northern regions. He assumed that the best solutions would come from AMHT.

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Senator Olson discussed the complexities of Title 47 and the impact on Kotzebue with its lack of a holding area. He wondered how the state could protect and take care of Alaskans under the current circumstances.

Mr. Jessee responded that Nome had a new hospital. The old hospital would be renovated as a wellness center for treatment. The wellness center could function as a sobering center with positive programs. He mentioned the turn-over at the health corporation, which slowed the project's progress.

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Senator Olson asked why a holding facility did not exist in Kotzebue. He asked why a person held under Title 47 with mental health issues had to travel to Nome.

Mr. Jessee agreed that the availability of services in smaller communities was indeed important. Additional facilities in smaller communities could prevent congestion in the larger facilities. He highlighted that resources and triage were the key components. The Trust was a member of the Behavioral Health Aide Program that was currently funding the development of the Behavioral Health Aide manual that will be patterned after the Health Aide manual. Behavioral health services in village settings were very important. He added that Kotzebue employed the use of video to assist behavioral health aides or village counselors in their use of telemedicine. Telemedicine could avoid transport to large communities.

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Senator Olson asked if Mr. Jessee would be available when he visited DOC requesting resolution of the Kotzebue jail situation. Mr. Jessee responded yes.

Co-Chair Kelly asked if Kotzebue was in the fourth judicial district.

Senator Olson replied that Kotzebue was in the second judicial district.

Co-Chair Kelly advocated for collaboration between the mental health community, the political arm and the judicial branch.

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Mr. Jessee appreciated the information.

Co-Chair Kelly pointed out the need for a capital expenditure for the correctional facility in Kotzebue. He asked if AMHTA engaged in a match with other entities for proposed capital expenditures.

Mr. Jessee responded that AMHTA lacked the resources to contribute much to capital expenditures. He highlighted small capital grants in the range of \$50 thousand to \$100 thousand. The Trust provided guidance to organizations

seeking interest about capital requests. He noted that the Rasmuson Foundation called on AMHTA regularly with queries about capital projects. He stated that AMHTA would then provide a relatively small match.

Mr. Jessee informed the committee that AMHTA was a partner with the Denali Commission, the Mat-Su Health Foundation and the Rasmuson Foundation in the predevelopment program. When a funder was interested in a project they were referred to the predevelopment program, which was housed at the Foraker group. Many non-profit organizations were in the human service business, as opposed to the building business. The predevelopment program allowed organizations to gain an education about capital project details.

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Mr. Jessee discussed slide 21: "Ahead in FY 14:" He pointed out that the largest GF/MH increment was the \$1,165,000 required to sustain the wellness court capacities. The funding was essential to maintaining the gains made.

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Mr. Jessee discussed slide 23: "Affordable Appropriate Housing." He stressed the importance of housing to AMHTA beneficiaries. He wished to reduce the stigma that mentally ill people were prone to violence. Mentally ill people were significantly more likely to be victims. He explained that a person receiving a state supplement earned approximately \$12 thousand per year. A beneficiary working a minimum wage job earned \$16 thousand per year. The cost-of-living in Alaska, including a studio apartment, was \$28 thousand. He understood that dividends were paid by Alaska Housing Finance Corporation (AHFC), but most of them went into the general fund. He expressed that housing was one of the most critical areas of focus.

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Senator Bishop requested data about Alaskan communities with the highest rate of chronic homeless populations.

Mr. Jessee detailed slide 24 titled "Committed Partners":

- Alaska Council on the Homeless: Alaska Housing Finance Corporation, the departments of Health and Social

Services, Corrections, Labor and Public Safety, and the Veterans Administration.

- Housing development organizations
- Social service agencies
- Local affordable housing and homeless coalitions
- Private business owners

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Mr. Jessee discussed slide 5: "Clarifying the need." He stated that numbers of vulnerable adults in the state were not decreasing. Various programs such as "Housing First" in Anchorage and Fairbanks were utilized.

Co-Chair Kelly expressed interest in the Housing First model.

Mr. Jessee stated that one strategy was to demand that people with chronic alcoholism stop drinking before housing was provided. The strategy led to increased homelessness and increased cost to society. The idea of Housing First came as a solution to the problem. Providing housing initially, followed by strategies, allowed for an explosion of new information about the homeless population. He added that the project disputed many myths regarding a person's desire to drink and camp. The findings suggested that homeless people did not want to live on the street and they did not want to be alcoholics. By providing housing, the beneficiary's health status improved and drinking decreased.

Mr. Jessee stated that the Housing First project in Anchorage was successful. Initially there was concern that the beneficiaries would be out in the neighborhood streets and in neighbor's doorways, but instead it was a challenge to encourage beneficiaries to leave their rooms. He stated that Fairbanks had a Housing First project and Juneau was considering one as well.

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Mr. Jessee described slide 26 titled "Strategic Thinking":

- Adapting programs for sustainability - replicating successful strategies through AHFC
 - o Special Needs Housing Grants (SNHG)

- o Homeless Assistance Program (HAP)
- Collaborating on creating "no wrong door"
 - o coordinating services statewide through homeless coalitions
 - o assessment of housing barriers
- Collaborating on creating "no wrong door"
 - o DHSS Divisions of Behavioral Health and Senior and Disability Services
 - o Assess needs by region and beneficiary group
- Effective program models implemented
 - o Trust/DHSS/AHFC collaboration on HUD pilot (reducing General Relief participants through supported housing)
 - o program development: Bridge Home and more intensive community outreach models

Mr. Jessee detailed slide 27 titled "Results for Beneficiaries":

- Working the Plans
 - o Alaska Council on the Homeless Ten-Year Plan, Anchorage Ten-Year Plan on Homelessness, other community plans
- Replicating Housing First
 - o targeting the most vulnerable and costly homeless
- Anchorage and Fairbanks on-track to replicate Outside results:
 - o Seattle decreased drinking by 30 percent and reduced costs by \$4 million in 12-month period.
 - o Anchorage tenants are becoming stable - 78 percent retention compared to 80 percent in similar programs
- Karluk Manor phase II - expansion and design improvements
 - o working with Municipality of Anchorage to identify land to relocate
 - o new facility will allow more individuals to be served and will create space and staffing efficiencies
- New projects under consideration: Anchorage, Juneau, Nome

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Senator Bishop asked for anecdotal information regarding alcoholism and the benefits of family and community support as it pertained to cost-savings for the state.

Mr. Jessee replied that families were often willing and able to provide support, but many times the situation was overwhelming. The challenge for AMHTA was to provide the least support necessary allowing for the efficacy of natural systems. He expressed frustration about people seeking treatment and achieving sobriety, but returning to the same situation and issues that they had prior to seeking treatment. He wished for "sober housing" for those leaving treatment to help them resist temptations and work their plan.

Mr. Jessee advocated for supporting families as opposed to placing kids into programs and facilities.

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Co-Chair Kelly initiated a discussion regarding chronic inebriation especially in rural Alaska. He asked if AMHTA crafted their vision to "fix the problems" or to utilize the limited funding available. He asked if a model existed to "fix this problem." He understood that such a prospect would be expensive. He compared the endeavor to a legacy project. He asked if AMHTA might have such a project or proposal to present to the legislature.

Mr. Jessee responded that each of the "focus areas" had a logic model and a system of developing strategies over time to achieve the ultimate outcomes. He stated that successful models exist. He added that models for adults and adolescents were often different. He advocated for poling the best minds to identify the problem and the measurable outcome desired. Effective and cost-effective strategies could then be developed. He noted that AMHTA did not have the resources to implement all of the programs. The best service did not rely on governmental funding.

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Co-Chair Kelly expressed respect for Mr. Jessee and AMHTA. He suggested an entrepreneur without experience in the area of mental health might be able to solve the problem. He noted that many of the problems expressed in the presentation were the same problems he heard in committee

hearings 18 years ago. He expressed strong support for the proposal of an "innovative model to fix the problem with a funding schedule." He advocated for beginning in western and northwestern Alaska. He shared a story about the tragedy of suicide. He opined that AMHTA was able to address only a small portion of the very large issue. He requested an innovative model that did not rely on the legislature's ability or willingness to fund it.

Co-Chair Kelly wondered if the discussion of "dry or damp" community issues was relevant. He asked if Bethel was an open community.

Senator Hoffman stated that Bethel and Kotzebue voted to lift the ban on alcohol, but licenses were not issued to local businesses. Because Bethel had voted to lift the ban, laws did not exist regarding the council's wishes to refrain from issuing licenses. He stated that Kotzebue and Bethel were damp for 20 years. He relayed a story about students raised in dry communities, who asked elders why communities were dry. The elders respond that when they drink, they can't handle alcohol. He opined that the bootlegging problem led to heavy drinking. Bethel and Kotzebue struggled with the issues and an attempt was made to allow drinking. He stated that the phenomenon was new and the results were yet to be seen.

[10:09:13 AM](#)

Co-Chair Meyer voiced that mental health illness was a complex issue. Alzheimer's and alcoholism were often inherited and brain damage could happen to anyone. He added that fetal alcohol syndrome was devastating and completely preventable. He asked what AMHTA offered to educate women about avoiding drugs and alcohol during the nine months of pregnancy. He requested statistics regarding state savings when women avoided drugs and alcohol.

[10:11:20 AM](#)

Vice-Chair Fairclough commented that Anchorage business owners had entertained the idea of purchasing and relocating the Housing First facility. She opined that the issue was not only a mental health issue; it was also an "Alaska issue." She was willing to invest in a primary prevention approach to address the problem. She wondered how to highlight the issue for community education. She

appreciated AMHTA as a convener, but suggested that Alaska look at primary prevention on a multitude of issues facing the state.

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RUSS WEBB, MEMBER, BOARD OF TRUSTEES, ALASKA MENTAL HEALTH TRUST AUTHORITY, appreciated the insightful conversation. He appreciated the approach and the questions offered in the committee process. He agreed with Vice-Chair Fairclough that a narrow approach would not inspire change. He advocated for an extended and broad-based approach to preventing children from becoming involved in alcohol and drugs by providing them resilience and information. He opined that treatment ought to be available to parents because alcohol and drugs were the most frequent contributing factor to child abuse and neglect.

Mr. Webb stated that AHMT attempted to review the long-standing problems and utilize the available resources to make a difference. The large problems required time and continued resource investment. He pointed out the flexibility of the AMHTA's funding, which allowed for implementation of good ideas. He added that AHMT was seeking a solution, as opposed to a short-term fix. He committed to the legislature and the state a genuine desire to find a solution that would improve life for all Alaskans. He stressed that he was heartened to be present for the committee's discussion and he promised to work with the other trustees to solve the problem.

Mr. Webb stated that AMHTA would provide the legislature a broad-based approach that would span an extended period of time. He added that AMHTA would invest money over the next 10 to 12 years to create a plan that would make a difference. He pointed out that the effects of the plan would not happen immediately. The impacts of a good prevention effort were illustrated in a decade's time. He requested patience and promised to work with the legislature to communicate the ideas and progress. He stressed that a broad-based plan would be presented to the legislature prior to continuing with implementation.

[10:28:04 AM](#)

Co-Chair Kelly requested that AMHTA classify the request as a "legacy project" for the state. He hoped that AMHTA would import people from other areas. "To do the impossible, you must think the absurd."

Mr. Webb responded that AHMT had experience seeking ideas outside of their consulting group.

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Mr. Jessee addressed Co-Chair Meyer's question regarding the prevention of Fetal Alcohol Syndrome (FAS). He pointed out the state's comprehensive prevention program for FAS. He noted that the state had a federal earmark and a state incentive grant that addressed the prevention effort. He agreed with Mr. Webb that society often enforced "social norms" regarding alcohol. He shared a story about alcohol availability during a health center opening. He viewed the serving of alcohol as inappropriate, since many people sought out services of the health center for help with alcohol addictions. He pointed out that the Alcohol Beverage Control (ABC) board was recently relocated from the Department of Public Safety to the Department of Commerce, Community and Economic Development in an effort to seek promotion rather than regulation.

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Mr. Jessee continued that AMHTA would continue to seek resources for housing issues. He pointed out that the governor reduced the request for funding for homeless programs. He planned to discuss the issue during the subcommittee process, as the capitol budget moved forward. He opined that additional resources for housing were necessary as opposed to reductions.

Mr. Jessee discussed slide 30 titled "Workforce Development":

- Problem
 - o growing need for workforce to serve Trust beneficiaries, especially Alaskans 65+ (fastest growing population segment)
 - o high vacancy rates in many health care jobs
 - o high turnover, especially in rural areas

- many are temporary workers from Outside
 - lack of housing
- o lack of in-state training/education for some fields
- o lack of continuing education required for licensure and certification for some professions

Mr. Jessee detailed slide 31 titled "Health Care Job Growth":

- 38,749 new jobs in all Alaska sectors
 - o 12 percent increase from 2010-2020
- Health care and social service jobs expected to grow 31 percent by 2020 or one-third of total job growth
- Ambulatory health care - practitioners, outpatient care, home health services - will gain 5,860 jobs or 28 percent increase by 2020
- Alaskans age 65+ expected to increase 89 percent by 2020, contributing to rising demand for health care workers
- Aging population will boost social service sector, adding about 2,400 jobs, up 25 percent by 2020

Mr. Jessee highlighted the necessary partnerships in slide 33 titled "Alaska Health Workforce Coalition":

- Core Team
 - o The Trust, departments of Labor, Education, Health and Social Services; University of Alaska, Alaska State Hospital and Nursing Home Association, Alaska Workforce Investment Board and Alaska Native Tribal Health Consortium
- Coalition
 - o Health Commission, AFL/CIP Alaska Nurses Association, U.S. Dept. of Labor; Providence Health and Services, Fairbanks Memorial Hospital, Laborers Local 341, Alaska Area Health Education Centers, Trust Training Cooperative, Alaska Rural Behavioral Health Training academy, Alaska Behavioral Health Association, service providers, non-profit agencies, faith-based organizations and Alaska Native Health Board

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Mr. Jessee discussed slide 37 titled "Ahead in FY 14":

- Funding Alaska Health Workforce Coalition Coordinator
- Analyzing and applying results of the 2012 Vacancy Study
- Supporting development of a Graduate Certificate in Marriage and Family Therapy (LMFT) program at University of Alaska
- Securing a permanent home within UA system for non-academic training and professional development for health careers

Mr. Jessee discussed the FY 14 budget. He noted the lack of support in a couple of areas. He planned to address the issues in the subcommittee process.

Mr. Jessee discussed slide 38 titled "Beneficiary Projects Initiatives":

- Community need:
 - peer-based recovery support programs and peer workforce to provide support to others with similar experiences
 - community-based peer support and other peer-based recovery programs to help prevent need for more expensive, intensive levels of service, including hospitalization and/or incarceration
 - recovery support for persons with high severity and complex social and behavioral health issues who do not fare well in traditional services
- Partners:
 - 27 beneficiary grantee organizations since 2006
 - Alaska Peer Support Consortium
 - Divisions of Behavioral Health, Senior & Disability Services Vocational Rehabilitation
 - Trust Training Cooperative, Center for Human Development
 - Advisory Board of Alcoholism and Drug Abuse, Alaska Mental Health Board, Governor's Council on Disabilities and Special Education, Alaska Commission on Aging

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Mr. Jessee discussed slide 39 titled "Strategic Thinking":

- Funding and technical assistance to support safety, effectiveness and sustainability of peer programs and services throughout Alaska
- Effective collaborations across service system, advocacy groups and coalitions
- Training and education for peer support workforce
- Integration of peer support specialists across service delivery systems
- Mini Grants to improve beneficiaries' quality of life
- Small Project Grants for small, beneficiary-focused projects

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Co-Chair Kelly recalled a conversation with a surgical center in Alaska stating that more than 1200 full-dental plate replacements had been performed in their facility last year for pediatric patients. He added that a complication from poor dental care was the aspiration of bacteria, which led to asthma and heart problems.

Mr. Jessee replied that people often lacked access to preventative dental care. He noted that preventative work often prevented major dental work, which was very expensive. He was aware of the problem. He added that "mini grants" of \$2500 were recently offered to people in need and the preference among them was to use the money for dental care.

Co-Chair Kelly stressed that he did not associate full dental replacements with pediatric patients. He was surprised by the information.

Mr. Jessee stated strong support for the Dental Health Aid Program, which delivered dental care to those in rural areas.

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Mr. Jessee detailed slide 41 titled "FY 12 Small Project Grants":

- \$250,000 budgeted annually
- 25 grants in FY 12 totaling \$191,361
- Up to \$10,000 each

- Innovative new projects or enhancements to existing projects of direct benefit to beneficiaries
- Organizations in Anchorage, Chugiak, Eagle River, Homer, Juneau, Kodiak, North Pole, Palmer, Scammon Bay, Sitka and Tanacross

Mr. Jessee concluded his presentation with slide 44 titled "FY 14 Joint Legislative Priorities":

- Shared with all beneficiary advisory boards
 - long-term support services for people with disabilities
 - Complex Behaviors Collaborative

[10:40:32 AM](#)

Vice-Chair Fairclough appreciated the holistic approach. She wondered if the committee might sponsor a bill to create a task force addressing the need for primary prevention in Alaska. She suggested that other organizations might match funding if the state initiated primary prevention solutions.

Co-Chair Kelly offered to talk with Co-Chair Meyer about a committee bill. He hoped that Senator Olson and Senator Hoffman could participate in the issue. He understood AMHTA's need for additional funding. He hoped to look at the issues regarding that funding in a bigger way. He invited Mr. Jessee to join him in a meeting with Bill Pagaran regarding suicide prevention.

[10:43:48 AM](#)

Senator Olson asked about the interaction between private efforts and the Alaska Native beneficiaries. He wondered how the state and federal systems interacted.

Mr. Jessee responded that a large function of AMHTA was connecting the two systems, which could potentially complement each other. He saw room for improvement in the joint efforts of the two systems.

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ADJOURNMENT

The meeting was adjourned at 10:45 a.m.