

**ALASKA STATE LEGISLATURE**  
**HOUSE SPECIAL COMMITTEE ON MILITARY AND VETERANS' AFFAIRS**

February 26, 2015

1:03 p.m.

**MEMBERS PRESENT**

Representative Bob Herron, Chair  
Representative Jim Colver  
Representative Gabrielle LeDoux  
Representative Bob Lynn  
Representative Max Gruenberg  
Representative Chris Tuck

**MEMBERS ABSENT**

Representative Shelley Hughes

**COMMITTEE CALENDAR**

HOUSE BILL NO. 61

"An Act relating to special motor vehicle registration plates for recipients of the Bronze Star, Silver Star, or other meritorious service awards; and providing for an effective date."

- MOVED CSHB 61(MLV) OUT OF COMMITTEE

PRESENTATION: DEPARTMENT OF HEALTH AND SOCIAL SERVICES; ALASKA VA HEALTHCARE SYSTEM

- HEARD

**PREVIOUS COMMITTEE ACTION**

BILL: HB 61

SHORT TITLE: MILITARY MERITORIOUS AWARD LICENSE PLATES

SPONSOR(S): REPRESENTATIVE(S) GARA, GRUENBERG, VAZQUEZ, LYNN, LEDOUX

01/21/15	(H)	PREFILE RELEASED 1/16/15
01/21/15	(H)	READ THE FIRST TIME - REFERRALS
01/21/15	(H)	MLV, STA, FIN
02/10/15	(H)	MLV AT 1:00 PM CAPITOL 120
02/10/15	(H)	Heard & Held
02/10/15	(H)	MINUTE(MLV)
02/26/15	(H)	MLV AT 1:00 PM CAPITOL 120

**WITNESS REGISTER**

AMY ERICKSON, Director  
Division of Motor Vehicles  
Department of Administration  
Anchorage, Alaska

**POSITION STATEMENT:** Answered questions during the hearing on HB 61.

REPRESENTATIVE LES GARA  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Speaking as the sponsor of HB 61, thanked the committee for its action.

ANNE HANLEY, Executive Producer  
Winter Bear Project  
Fairbanks, Alaska

**POSITION STATEMENT:** Introduced a video and answered questions related to the presentation by the Department of Health and Social Services.

L. DIANE CASTO, Manager  
Prevention & Early Intervention  
Division of Behavioral Health  
Department of Health and Social Services  
Juneau, Alaska

**POSITION STATEMENT:** Provided a PowerPoint presentation entitled "Alaska Suicide Prevention."

SUSANNA MARCHUK, Director  
The Alaska Careline  
Fairbanks, Alaska

**POSITION STATEMENT:** Testified during the presentation by the Department of Health and Social Services and answered questions.

SAMUEL HUDSON, Public Affairs Director  
Alaska VA Healthcare System  
Veterans Health Administration  
U.S. Department of Veterans Affairs  
Anchorage, Alaska

**POSITION STATEMENT:** Provided a PowerPoint presentation entitled "Alaska VA HealthCare System Brief for Alaska State Legislature House Military & Veterans' Affairs," dated 2/26/15.

COURTNEY DREHER

Suicide Prevention Coordinator  
Alaska VA Healthcare System  
Veterans Health Administration  
U.S. Department of Veterans Affairs  
Anchorage, Alaska

**POSITION STATEMENT:** Participated in the presentation by the Alaska VA HealthCare System.

**ACTION NARRATIVE**

[1:03:44 PM](#)

**CHAIR BOB HERRON** called the House Special Committee on Military and Veterans' Affairs meeting to order at 1:03 p.m. Representatives Lynn, LeDoux, Tuck, and Herron were present at the call to order. Representatives Gruenberg and Colver arrived as the meeting was in progress.

**HB 61-MILITARY MERITORIOUS AWARD LICENSE PLATES**

[1:04:15 PM](#)

CHAIR HERRON announced that the first order of business would be HOUSE BILL NO. 61, "An Act relating to special motor vehicle registration plates for recipients of the Bronze Star, Silver Star, or other meritorious service awards; and providing for an effective date."

[1:04:25 PM](#)

REPRESENTATIVE LEDOUX moved to adopt the proposed committee substitute (CS) for HB 61, labeled 29-LS0287\N, Gardner/Martin, 2/18/15, for purposes of discussion.

[There being no objection, Version N was before the committee.]

[1:04:56 PM](#)

REPRESENTATIVE LEDOUX moved to adopt Amendment 1, which read:

At page 2, line 5 and page 2, line 8, replace  
"bravery" with "valor."

There being no objection, it was so ordered.

[1:05:41 PM](#)

CHAIR HERRON opened public testimony on HB 61. After ascertaining that no one wished to testify, public testimony was closed.

CHAIR HERRON expressed his understanding that a zero fiscal note was forthcoming.

[1:06:46 PM](#)

AMY ERICKSON, Director, Division of Motor Vehicles (DMV), Department of Administration (DOA), informed the committee that DMV is working with the Department of Military & Veterans' Affairs (DMVA) to allow DMVA to accept donations and "help us to receive the funds," which will enable DMV to issue a zero fiscal note for HB 61.

REPRESENTATIVE LYNN appreciated Chair Herron's contribution to the bill.

CHAIR HERRON explained that individuals and patriotic organizations can donate money through DMVA so that license plates can be designed as needed, without using general funds.

REPRESENTATIVE GRUENBERG stated his support for the bill.

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REPRESENTATIVE LEDOUX moved to report CSHB 61, Version 29-LS0287\N, Gardner/Martin, 2/18/15, as amended, out of committee with individual recommendations and a forthcoming zero fiscal note. There being no objection, CSHB 61(MLV) was reported from the House Special Committee on Military and Veterans' Affairs.

REPRESENTATIVE LES GARA, Alaska State Legislature, sponsor of HB 61, thanked the committee and cosponsors.

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The committee took an at ease from 1:09 p.m. to 1:11 p.m.

**PRESENTATION: DEPARTMENT OF HEALTH AND SOCIAL SERVICES; ALASKA  
VA HEALTHCARE SYSTEM**

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CHAIR HERRON announced that the next order of business would be a presentation on the epidemic of suicide by veterans. At this

time, 22 veterans commit suicide every day in the U.S. The presentation includes two videos and testimony from the Department of Health and Social Services (DHSS) and the Alaska VA Healthcare System. He said one of the videos is a preview of a documentary entitled Crisis Hotline: Veterans Press 1 that won an Oscar for best short-subject documentary. Chair Herron said he intends for the committee to keep a focus on veteran suicide.

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ANNE HANLEY, Executive Producer, Winter Bear Project, and playwright of The Winter Bear, said the play tells the story of an Alaska Native teenager who is contemplating suicide when a tribal court sentences him to cut wood for an Athabascan elder. The elder turns the young man away from suicide using traditional culture. The play, along with behavioral health support, is performed at schools in communities all over Alaska. While in the communities, the Winter Bear project holds performing arts workshops in the schools, and continuing support is provided to the community if requested. Communities must invite, house, and host the play. Ms. Hanley said posttraumatic stress disorder factors (PTSD) are not limited to combat situations, but can occur in homes all over Alaska. Veteran's stories have similarities to the story portrayed in the play. Permission to tell stories is the key to changing the climate of fear and hopelessness that brings suicide. Ms. Hanley provided a video of a scene from the play.

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A video was shown from 1:16 p.m. to 1:22 p.m.

[1:22:29 PM](#)

CHAIR HERRON asked how many communities have seen the play.

MS. HANLEY answered the project has traveled to 24 locations, and will be in Bethel and villages nearby in April. In further response to Chair Herron, she said the reaction to the play has been enthusiastic; in fact, viewers begin to tell their own stories. When appropriate, there is a discussion after the show, and she has heard positive comments.

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A short video was shown of the documentary entitled Crisis Hotline: Veterans Press 1.

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L. DIANE CASTO, Manager, Prevention & Early Intervention, Division of Behavioral Health (DBH), DHSS, informed the committee she has worked in the field of social service prevention since 1978, and she has seen tremendous change. She thanked the veterans on the committee for their service and opined that veteran suicide is an issue of importance to everyone. Her presentation discussed DBH programs on the prevention of suicide in general; however, all programs can and are used by military and veterans' organizations. Ms. Casto noted that DBH has a suicide prevention specialist. She recalled the 2015 Oscars, and pointed out that Oscar winner Graham Moore is a suicide survivor, and she quoted from his acceptance speech. It is known that suicide is an epidemic in the military, and there is a very high level in Alaska when compared to other states. The suicide rate in Alaska is 21 to 23 per 100,000 in population, and there are many more attempts.

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MS. CASTO provided a PowerPoint presentation entitled "Alaska Suicide Prevention." She informed the committee that DBH takes the lead on many projects, working closely with other community partners such as the Alaska Statewide Suicide Prevention Council, which has published the Alaska Statewide Suicide Prevention Plan 2012-2017 on its web site, along with the 2014 Annual Implementation Report. Ms. Casto stated the plan ensures that DBH and its partners are using their funds effectively and efficiently (slides 2 and 3). Funding for programs in Alaska come from the state and federal substance use prevention block grant funding, federal grant funding and Garrett Lee Smith (GLS) youth suicide prevention grants from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. Garrett Lee Smith grants, which are directed specifically at youth, have been funded to [four] communities within the state (slide 4). Examples of prevention strategies funded by GLS grants include: coalitions and partnerships; direct services and traditional healing practices; outreach and awareness; gatekeeper training for first responders who may not be professionals. Ms. Casto pointed out that any prevention strategy requires multiple partners and strategies (slide 5). It is also known that change happens at the community level; for example, a community may not be ready or willing to discuss suicide and might "close down" after an event, preventing an opportunity to take action. For this

reason, improving the readiness of communities is important and the Winter Bear Project helps this situation by opening the conversation. She listed some of the division's key partners: Statewide Suicide Prevention Council; Department of Education and Early Development (EED); Division of Juvenile Justice, DHSS; Alaska Rotary/GCI; Alaska Forget Me Not coalition for service members, veterans and families; Alaska Police and Fire Chaplains Ministries; Alaska Native Health Consortium (slide 6). There are 20 community grant programs working on substance abuse prevention, suicide prevention, and/or mental health wellness (slide 7). A successful outcome begins with a community assessment to determine the factors contributing to suicide, and to select the right strategies for each community's cultural and demographic needs.

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CHAIR HERRON asked for the division's expectation of future grant funding.

MS. CASTO responded that DBH has informed its grantees of tough fiscal times. Her experience has shown that providing prevention is cheaper and can reach more beneficiaries. Many grants are small, and prevention programs have been calculated to cost about \$9 per contact. Also, community coalitions can pool their resources for better efficiency; in fact, all of the grantees work as coalitions, breaking down barriers between agencies, sharing dollars, and leveraging state money with other financing. In further response to Chair Herron, she expressed her hope that grants will not be reduced in the next year; however, DBH will work to continue to provide services to communities and to mitigate the impact of any reductions. She then introduced Careline, a program funded by DBH.

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SUSANNA MARCHUK, Executive Director, The Alaska Careline, informed the committee that Careline is a 24-hour hotline operated 365 days per year, and is Alaska's only statewide suicide prevention and crisis support hotline. Careline is nationally accredited and participates in the National Suicide Prevention Lifeline network, while providing local services. Also, Careline is a backup center for the national Veterans Crisis Line. She said Careline's vision is: Our communities and our state, free from suicide. Although not specific to veterans, Careline works to change the climate around suicide in Alaska by promoting wellness, and striving to support

individuals prior to a crisis. Ms. Marchuk said no caller is turned away and calls can be related to behavioral health, substance abuse, trauma, grief and loss, domestic violence, sexual assault, self-injury, and more (slide 8). On average, 50 percent of calls are repeat callers with whom Careline maintains contact, and many callers are experiencing mental health conditions and have limited support systems. On average, 30 percent of calls are related to a suicidal crisis, and responders work to help callers assess risk, develop a safety plan, engage additional support, and establish a follow-up contact. About 95 percent of suicide-related calls are new callers. Careline has seen a significant growth in call volume over the last five years; in fact, there were over 10,000 calls in 2014 due to outreach by its partnership organizations (slide 9). Careline seeks to continue to support wellness in Alaska.

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CHAIR HERRON observed that calls average about 29 per day. He asked about staffing, the busiest time of day, staff qualifications, and turnover.

MS. MARCHUK explained Careline is staffed by three shifts per day, one staff member per shift with backup, and a text line is available from 3:00 p.m. to 11:00 p.m. Call triage allows staff members to manage multiple calls, in addition, Careline has a contract with a backup center to ensure calls are always answered. Historically, the busiest time is the after-school and after-work hours from 4:00 p.m. to midnight. Staff members must have a desire to help others, and passion keeps them on the job; it is gratifying to save lives and there is low staff turnover.

REPRESENTATIVE TUCK asked how the text line works.

MS. MARCHUK explained that the text line is monitored 40 hours per week. If a text is received during hours the line is not staffed, the message is referred to the Careline number. Afterward, the text line works as a chat line using a short code number.

CHAIR HERRON questioned the appeal of a text line.

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MS. MARCHUK said a text line is specifically geared to youth suicide prevention because data indicates that youth do not

call; the program was established two years ago and is effective. In further response to Chair Herron, she said those concerned about someone else can call and, with permission, Careline will initiate contact.

CHAIR HERRON returned to Ms. Casto and inquired as to what action is required from the legislature.

MS. CASTO requested continued funding at the past levels; for example, Careline is critical to DBH's work, but its grant funding ends this year. She deferred to members of the Statewide Suicide Prevention Council.

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SAMUEL HUDSON, Public Affairs Director, Alaska VA Healthcare System (AVAHS), Veterans Health Administration, provided a PowerPoint presentation entitled "Alaska VA HealthCare System Brief for Alaska State Legislature House Military & Veterans' Affairs," dated 2/26/15. Mr. Hudson informed the committee that AVAHS employees take each of the U.S. Department of Veteran Affairs (VA) "I Care" values very seriously (slide 2). The AVAHS mission is to simply do what it can to take care of its veterans. Continuing to strategic goals, he noted the presentation would address the resources and partners needed to reduce suicide, and would provide information to communities and veterans to identify those in crisis (slide 3). In Alaska, the Department of Veteran Affairs is divided into the Veterans Health Administration (VHA), the Veterans Benefit Administration (VBA), and the National Cemetery Administration (NCA) (slide 4).

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COURTNEY DREHER, Suicide Prevention Coordinator, AVAHS, VHA, VA, stated that the Suicide Prevention Program at the Alaska VA was established in 2007. There are suicide prevention coordinators (SPCs) located at every VA facility nationwide who respond to every Veteran Crisis Line referral received. Veterans can call, text, or chat with responders. Ms. Dreher said her office responds to referrals within 24 hours. The suicide prevention message from the VA is to focus on the power of one, and how one person, one conversation, or one interaction can make a difference in saving someone's life. The local coordinator provides educational programs such as Operation SAVE, a suicide prevention gatekeeper training for all VA employees, as well as others. Operation SAVE stands for: Identify signs of suicidal

thinking, Ask the Question, Validate the Veterans Experience, and Encourage and Expedite getting care (slide 5).

CHAIR HERRON asked what VA thinks is the root cause of veteran suicide.

MR. HUDSON stated VA wishes to eradicate suicide. He offered to provide whatever statistics the committee requests.

MS. DREHER explained that at Alaska VA there is a process for enhancing care for veterans who are identified as at a high risk for suicide, and their records are flagged. Identified patients are seen weekly for at least one month. On average, there are 32 veterans per month placed on a high risk for suicide protocol statewide, and her office tracks "attempts and completions." Included in the coordinator's role are outreach, identification, and expediting patients into mental health care (slide 6).

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REPRESENTATIVE LEDOUX asked the speaker to compare suicide statistics in the general population to that of veterans.

MR. HUDSON said the suicide rate in Alaska in general is 19.2 per 100,000 residents. He will provide additional requested information.

REPRESENTATIVE LEDOUX surmised the rate is about 140 per year, in the general population of Alaska, and asked whether this rate is higher or lower than that of veterans in Alaska.

MS. DREHER said that is about accurate.

MR. HUDSON said he would research the requested information and provide answers to the committee.

CHAIR HERRON asked whether the number of veterans who have an aversion to using VA and government services is known.

MR. HUDSON said no; however, AVAHS uses its partners to support those who are not in contact with AVAHS. He offered to research this information as well.

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MS. DREHER continued to explain that part of her role is to coordinate outreach and partnerships with local agencies in

order to reach veterans who may not be enrolled with the VA, and "vet centers" are available in several communities to provide combat veterans with mental health care. In addition, AVAHS participates in the Anchorage Suicide Prevention Coalition, the Behavioral Health Alliance, and other organizations. She provides coordination with local hospitals for veterans in inpatient mental health facilities prior to their discharge. At the Anchorage clinic, mental health triage is provided by social workers, psychologists, and psychiatrists during the week, and there are efforts to have local emergency rooms evaluate veterans. The Wise Warrior Group meets weekly with any veteran who has a safety plan or is interested in developing a safety plan (slide 6). In 2010, VA began to gather more data from all of the states, which revealed that 22 veterans per day die by suicide. She offered to provide a copy of the Suicide Data Report, 2012, VA Mental Health Services Suicide Prevention Program. Each SPC also reports on a monthly basis to mental health leadership and to the National Suicide Prevention Coordinator on attempts, completions, and outreach efforts. Coordinators also train and support clinical staff on safety planning, case consultations, and suicide prevention resources, and provide materials that make the crisis line number available to staff, community members, and veterans (slide 7).

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CHAIR HERRON asked for the speaker's reaction to the film Crisis Hotline: Veterans Press 1.

MS. DREHER answered that the film provided insight into the daily operations of a crisis line, and is excellent. She continued to explain that SPCs provide veteran-produced monthly cards with a recovery and wellness theme to about 215 high-risk veterans each month (slide 8).

MR. HUDSON directed attention to the Clay Hunt Act, enacted 2/12/15. The initiative provides enhancements to VA mental health and suicide prevention programs and extends the enrollment period for VA eligibility by one year to combat veterans discharged between 1/1/09 and 1/1/11 (slide 9).

CHAIR HERRON questioned why enrollment for veterans is not open-ended.

MR. HUDSON said he did not know and would provide an answer. The Clay Hunt Act also includes a pilot program for the

repayment of educational loans for certain psychiatrists (slide 10).

CHAIR HERRON asked whether a recent film on this subject and the aforementioned documentary have increased the awareness for veterans who use AVAHS services.

MR. HUDSON said he was unsure. He reviewed the committee's unanswered questions.

[2:21:04 PM](#)

#### **ADJOURNMENT**

There being no further business before the committee, the House Special Committee on Military and Veterans' Affairs meeting was adjourned at 2:21 p.m.