

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 21, 2017

3:03 p.m.

MEMBERS PRESENT

Representative Ivy Spohnholz, Chair
Representative Bryce Edgmon, Vice Chair
Representative Sam Kito
Representative Geran Tarr
Representative David Eastman
Representative Jennifer Johnston
Representative Colleen Sullivan-Leonard

MEMBERS ABSENT

Representative Matt Claman (alternate)
Representative Dan Saddler (alternate)

COMMITTEE CALENDAR

PRESENTATION: ALASKA CITIZEN REVIEW PANEL

- HEARD

HOUSE CONCURRENT RESOLUTION NO. 2

"Urging Governor Bill Walker to join with the Alaska State Legislature to respond to the public and behavioral health epidemic of adverse childhood experiences by establishing a statewide policy and providing programs to address this epidemic."

- HEARD & HELD

HOUSE BILL NO. 151

"An Act relating to the duties of the Department of Health and Social Services; relating to training and workload standards for employees of the Department of Health and Social Services; relating to foster care licensing; relating to placement of a child in need of aid; relating to the rights and responsibilities of foster parents; relating to subsidies for adoption or guardianship of a child in need of aid; requiring the Department of Health and Social Services to provide information to a child or person released from the department's custody; and providing for an effective date."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HCR 2

SHORT TITLE: RESPOND TO ADVERSE CHILDHOOD EXPERIENCES

SPONSOR(S): REPRESENTATIVE(S) TARR

01/23/17 (H) READ THE FIRST TIME - REFERRALS
01/23/17 (H) HSS, STA
03/14/17 (H) HSS AT 3:00 PM CAPITOL 106
03/14/17 (H) <Bill Hearing Canceled>
03/21/17 (H) HSS AT 3:00 PM CAPITOL 106

BILL: HB 151

SHORT TITLE: DHSS;CINA; FOSTER CARE; CHILD PROTECTION

SPONSOR(S): REPRESENTATIVE(S) GARA

03/01/17 (H) READ THE FIRST TIME - REFERRALS
03/01/17 (H) HSS, FIN
03/16/17 (H) HSS AT 3:00 PM CAPITOL 106
03/16/17 (H) Heard & Held
03/16/17 (H) MINUTE(HSS)
03/21/17 (H) HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

DIWAKAR VADAPALLI, PhD

Chair

Citizen Review Panel (CRP)

ISER

University of Alaska, Anchorage

Anchorage, Alaska

POSITION STATEMENT: Presented a PowerPoint titled "Alaska Citizen Review Panel."

CHRISTY LAWTON, Director

Central Office

Office of Children's Services

Department of Health and Social Services

Juneau, Alaska

POSITION STATEMENT: Answered questions during the presentation by the Alaska Citizen Review Panel.

REPRESENTATIVE GERAN TARR

Alaska State Legislature

Juneau, Alaska

POSITION STATEMENT: Presented HCR 2 as the sponsor of the resolution.

LAURA CHARTIER, Staff
Representative Les Gara
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented HB 151 on behalf of the bill sponsor, Representative Gara.

REPRESENTATIVE LES GARA
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Answered questions during discussion of HB 151 as the sponsor of the bill.

BARBARA MALCHICK
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 151.

ROSALIE REIN
Fairbanks, Alaska

POSITION STATEMENT: Testified in support of HB 151.

TAMMI SANDOVAL, Director
UAA Child Welfare Academy
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 151.

ACTION NARRATIVE

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CHAIR IVY SPOHNHOLZ called the House Health and Social Services Standing Committee meeting to order at 3:03 p.m. Representatives Spohnholz, Johnston, Eastman, and Kito were present at the call to order. Representatives Edgmon, Tarr, and Sullivan-Leonard arrived as the meeting was in progress.

Presentation: Alaska Citizen Review Panel

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CHAIR SPOHNHOLZ announced that the first order of business would be a presentation by the Alaska Citizen Review Panel.

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DIWAKAR VADAPALLI, PhD, Chair, Citizen Review Panel (CRP), ISER, University of Alaska, Anchorage, said that he was also an assistant professor of public policy at ISER (Institute of Social and Economic Research) at the University of Alaska Anchorage. He shared some background of the CRP and its interaction with the House Health and Social Services Standing Committee.

CHAIR SPOHNHOLZ asked if there was a list of CRP members in the presentation packet.

DR. VADAPALLI said that the members were listed on the CRP website and that he would forward the list. He directed attention to slide 1, "Presentation Outline," and said that he would discuss the CRP goals and recommendations for the previous year and the upcoming year. He moved on to slide 2, "History," and offered a brief history from its inception by congressional mandate in 1996, and its subsequent establishment in Alaska in May 2002. He said that Congress had mandated the CRP through amendments to the Federal Child Abuse Prevention and Treatment Act in 1996. He reported that the panel had produced an annual report and held town hall meetings since the passage of House Bill 53 in 2005. He said that all the members of the panel were volunteers and worked 1500 - 2000 hours each year with an operating budget of \$100,000. He noted that there was a maximum of nine members on the panel. He shared slide 3, "Function - Mandates," stating that the panel was a statutory body with a very broad mandate, almost exactly mirroring the federal statute. He emphasized that the central focus was for policies, procedures, and practices of OCS, slide 4, "Primary Functions." He listed the three specific functions: Review and evaluate, outreach, and advocate. He reported on slide 5, "Central Purpose," and stated that the central purpose of CRP was to help child protection services agencies. He reported that public participation and community engagement was seen as a necessary reform in the mid-1990s, hence the creation of the CRPs. He stated that this had made the OCS policies, procedures, and practices more responsive to the needs of the citizens.

DR. VADAPALLI presented slide 6, "OCS - Mission." He declared that OCS was a complex agency with a very difficult job, to work in partnership with families and communities to support the well-being of Alaska's children and youth. He declared that there was a synergy between the congressional intent behind the CRPs and the mission of the agency. He pointed out that OCS was a service agency designed to serve families in difficult

circumstances and not a police agency. He introduced slide 7, "OCS - Significance," and read from the Alaska Ombudsman 2012 investigative report, which stated: "it is difficult to imagine a more fear-inspiring authority than the power to take away a person's children." He declared that OCS was invested with an awesome power and a huge responsibility, which was exercised by the front-line case workers and the supervisors. He added that a lot of good was done by OCS, although any mistakes could be very expensive for children and families.

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DR. VADAPALLI shared slide 8, "Functions - What CRP does not do." He said that it was easier to list what CRP did not do, as it was "big and broad." He said that CRP did not comment on proposed or pending legislation, and was set up as a systems level review with no role in individual cases, contracts, or situations. He said that CRP had the statutory authority to review individual cases, but that it should not intervene to revise decisions. He added that CRP did not micromanage OCS and could not handle complaints against case workers or supervisors.

REPRESENTATIVE SULLIVAN-LEONARD, referencing an earlier comment with regard to not micro-managing the OCS operations, asked if the data for the ratio of children versus case workers reflected a balance.

DR. VADAPALLI said that the data was reviewed to the extent to which they had access to the data. He relayed that the statute authorized access to anything CRP deemed necessary, although there were barriers to access all this data. He stated that one barrier was the capacity for CRP to handle sensitive data as, even when OCS wanted to share this data, there was no clear protocol in place to deal with the handling and sharing of sensitive data. He noted that there were statutory guidelines for sanctions against members breaching confidentiality.

REPRESENTATIVE SULLIVAN-LEONARD asked if CRP could comment on any disparity for the average ratio of case workers to clients in different regions.

DR. VADAPALLI explained that average caseload was a question to staff during the CRP site visit reviews, which averaged five visits every year. He relayed that, although OCS had shared the case load by worker, CRP had not tracked those numbers in previous years. He stated that all cases were not the same amount of work, so it was necessary to discuss work load.

DR. VADAPALLI continued with slide 8, "Functions - What CRP does not do," and stated that CRP did not conduct program evaluations but instead it assessed the procedures and practices of OCS as stated in its own policies. CRP does not lobby for or against OCS. He shared slide 9, "CRP - A Statutory Institution," and stated that CRP was an institution with a statutory role and responsibility, and was a state organization, not a private, non-profit, grass roots organization. He reported that CRP was a congressionally mandated, statutory organization and that it facilitated citizen participation.

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DR. VADAPALLI addressed slide 10, "OCS Offices," which mapped the OCS offices throughout the state, and he noted some of the changes to the statistics. He reported that CRP tried "to reach out to all five regions every year." He spoke about slide 11, "CRP's Annual Calendar," and stated that it was a typical CRP calendar. He moved on to slide 12, "Work During 2015 - 2016," which listed the goals, the site visits, the public meetings, and the presentations. He shared the four CRP goals, slide 13, "Goals 2015 - 2016," which were included in the work plan, along with a description of the background explaining its importance.

DR. VADAPALLI shared slide 14, "Recommendation 1," which suggested consideration for assigning CRP a significant role for implementation of priority areas in the OCS-Tribal relationship. This could lead to another challenge, as CRP was not a stakeholder. He suggested to identify an appropriate and specific role for CRP to work in partnership with others.

DR. VADAPALLI discussed the second recommendation, slide 15, which stated that child protection services needed additional resources, as there were problems which everyone needed to address. He explained that this recommendation acknowledged that tribal partners could bring assets to the table.

REPRESENTATIVE EDGMON asked if the recommendation should instead read "Alaska Native not for profit corporations."

DR. VADAPALLI explained that the recommendation read as was intended, as OCS already had working relationship with non-profits, but it needed the resources, relationships, and funding from the for-profit corporations to tackle the many challenging issues. He stated that every shareholder of a for-profit corporation was also a tribal member.

REPRESENTATIVE EDGMON offered his belief that the recommendation was "highly aspirational," and asked if there had been any success for constructive dialogue.

DR. VADAPALLI expressed his agreement that it was ambitious and aspirational. He relayed that CRP, as a body, can recommend and broker the conversations, but that the parties had to commit and enter in to see if it would work.

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DR. VADAPALLI explained slide 16, "Recommendation 3," and stated that, as CRP had been an afterthought for many years, there was no oversight or evaluation of its work. He reported that the panel existed for 13 years without any by-laws or policies, and had been in violation of state sunshine laws until January, 2015. He declared that CRP may or may not be doing its job, or OCS may or may not be responding adequately, which had led to an erosion of the accountability mechanism and a failure of the legislative intent to help OCS be more responsive to community needs. He said that the sequence of presentations was more meaningful as it required enforcement of some accountability. He pointed out that currently the only federally monitored accountability was for production of the annual report and the subsequent response from OCS, although the quality of either document was not assessed. He acknowledged that, as the recommendations were not legally binding, they could only result in meaningful action through legislative oversight. He reported that CRP had conducted an evaluation of its own structure and relationship with OCS, resulting in many ideas for improvement. He declared that it was necessary to have clarity for the role of CRP in order to avoid any conflicts.

REPRESENTATIVE JOHNSTON asked if anything had been gleaned from the aforementioned national CRP conference which was helpful for the process and procedures.

DR. VADAPALLI, in response, said that many CRPs did things differently, as some were private, non-profit, consulting firms, and some were based at a university. He allowed that the template was popular. He offered some examples for various models, but admitted that it was unclear which were successful as there was not any federal evaluation. In response to Representative Johnston, he said that the non-profits did fit into the federal mandates, although the mandate did not dictate how to organize each CRP.

REPRESENTATIVE JOHNSTON asked if the Wyoming approach had been effective.

DR. VADAPALLI said that effectiveness could only be determined if there were standards to evaluate. He offered his belief that effectiveness was determined by the actual changes that a CRP initiated, which could not be quickly assessed due to the number of factors.

REPRESENTATIVE JOHNSTON asked if Wyoming felt their system was effective.

DR. VADAPALLI explained that the relationships seemed to be good in Wyoming, although they raised their own funding and that CRP work was only a small part of the agency.

CHAIR SPOHNHOLZ suggested that this was not an apples to apples comparison, as there was no federally prescribed evaluation for effectiveness process for CRPs.

DR. VADAPALLI said that CRP reports do not assess the actual effectiveness.

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DR. VADAPALLI returned to slide 16, "Recommendation 3:" and explained that this pointed to the need to assess the effectiveness of collaboration with OCS. He introduced slide 17, "Recommendation 4:" which was the result of a CRP survey of OCS front line case workers who, although they held their immediate supervisors in very high regard, felt that the community at large did not understand the purpose and work of OCS. The recommendations included a review for a longer training period, as it takes about two years for new front-line workers in child protection to learn their job well. They suggested that structured training opportunities should be available during these first two years and beyond, and that OCS should verify whether those on the job training opportunities were "helping to the extent they should." He shared a result of the survey that improvement was needed in the feedback channels from the front line to the leadership. He stated that it was not evident that any in-depth analysis was conducted to inform policy or practice since resources were scarce. He said that CRP would request the data and analyze it.

DR. VADAPALLI shared slide 18, "Recommendation 5:" and stated that for the past four years he had focused on clarification of the purpose of CRP, and that this had been his biggest challenge as the chair. He added that the panel was a mechanism for public participation and not just a watchdog group to raise alarms at every perceived OCS mistake. He declared that it was the responsibility of the panel to lead a constructive dialogue among the stakeholders, but this required a structured relationship with OCS. He stated that funding would not resolve all the challenges.

DR. VADAPALLI pointed to the four goals listed on slide 19, "Goals for 2016 - 2017," noting that two of the goals were retained from the previous year, and pointing out that the panel may not be able to accomplish these goals as planned.

DR. VADAPALLI shared slide 20, "Grand Jury Investigation," and stated that Representative Tammie Wilson had called for a grand jury investigation of OCS. The grand jury had concluded that CRP was required by statute to conduct a review. He reported that CRP had received all the material from the grand jury and was also compiling the information from all the recent public hearings held by Representative Wilson. He declared that this review would be a major challenge for CRP, adding that the plan for how to conduct the review would be available on June 30.

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DR. VADAPALLI discussed slide 21, "Anticipated Changes in CRP operation," and explained that CRP needed more volunteers, a better recruitment and retention strategy, and more partnerships. The panel needed to gain visibility and trust among the general population and it needed to be held accountable for its work. He declared that it was necessary to remove the misperception that CRP was a watchdog agency, and it needed reorientation as a mechanism for public participation and community engagement in child protection. He added that CRP needed support from the legislature.

REPRESENTATIVE JOHNSTON asked if there were term limits for the panel members.

DR. VADAPALLI replied that there were no term limits and no restriction to the number of members. He opined that there should be 15 to 25 members, distributed across the state, with 3 to 5 members in each OCS region.

REPRESENTATIVE JOHNSTON asked if there would be an executive panel if there were such a large membership.

DR. VADAPALLI replied, "I would expect that, yes."

REPRESENTATIVE EASTMAN asked how many panel members had been previous clients of OCS.

DR. VADAPALLI replied that no one had been as far as he knew, but that would not be a disqualification. He cautioned any prospective member that it was difficult to not have an opinion on OCS. He declared that the panel was not a decision making body, but was there to facilitate informed conversations. He cautioned that strong opinions not derail the conversations.

REPRESENTATIVE EASTMAN asked if there was consideration for a change of the name to Citizen Participation Panel.

DR. VADAPALLI replied that was an excellent point, and that there were benefits for changing the name of the panel. He offered background to the decision for the naming of the panel. He suggested that a more contextual name which allowed people to relate would be a good thing.

REPRESENTATIVE KITO asked how Alaska compared to the function of its CRP for the federal requirements in other states.

DR. VADAPALLI said there was not an evaluation or comparison of CRPs across states. He said that he had created a basic matrix of the function of CRPs and which states were meeting the various functions for a "very rough perception based analysis." He said that various conversations with those serving on panels across the country revealed that, structurally speaking, no other CRPs had the same reach as with the Alaska State Legislature. He maintained that there was still a lot of room for improvement. He stated that citizen participation in policy formulation and practice was a very good idea.

CHAIR SPOHNHOLZ reminded that there was not a standard for performance of CRPs, which created a challenge to compare with other CRPs. She opined that anecdotally Alaska was doing quite well.

DR. VADAPALLI shared slide 22, and announced that the Alaska CRP was hosting the next national conference in Anchorage.

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CHRISTY LAWTON, Director, Central Office, Office of Children's Services, Department of Health and Social Services, said that she concurred with much that Dr. Vadapalli had shared, and that there was a lot of opportunity for further improvement. She offered her belief that a lot of the challenges stemmed from the vagaries of the Child Abuse Prevention and Treatment Act, and that there was not much guidance given to the states. She said there had been fluctuating levels of interest from the voluntary panel. She expressed her agreement that it was long overdue to put some regulations in place to offer some clarity and structure.

REPRESENTATIVE JOHNSTON asked who was responsible for providing regulations for CRP.

MS. LAWTON said that the statute specifically stated that the Department of Health and Social Services had the primary responsibility to create the regulations.

REPRESENTATIVE JOHNSTON asked if more in-depth policies and procedures for CRP would resolve some of the disconnect.

MS. LAWTON replied that recently more things regarding composition and structure had been put in writing, although guidance for the budgeting and a clearer framework for role and interface with department was also necessary.

REPRESENTATIVE JOHNSTON asked how to get there given the unique relationship interface.

MS. LAWTON expressed her agreement that was a quagmire which was indeed a challenge. She allowed that there was a question for whether the oversight of CRP should reside in OCS, and that more separation might relieve some of the role confusion.

REPRESENTATIVE JOHNSTON asked about discussions for having an independent review of CRP.

MS. LAWTON replied that this could be potentially helpful, although it would be difficult to determine effectiveness without a foundation of regulations and policies.

REPRESENTATIVE JOHNSTON asked where the CRP should be located, suggesting that it possibly be in the legislative branch.

MS. LAWTON replied that there was a potential for conflict of interest when the agency being reviewed was also administering the funding and contract, although that had been managed in the past. She suggested the Office of the Ombudsman, or Boards and Commissions, as possible locations for CRP.

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CHAIR SPOHNHOLZ reiterated that CRP was not a watchdog, but was looking to review, evaluate, conduct public outreach, and advocate. She expressed her concern that moving CRP to another location could exacerbate the problem. She applauded the current leadership of OCS and CRP for working around the potential conflict. She asked about the 10 oversight groups to which OCS was responsible, and how efficient was it to have this many different groups. She asked if there was existing coordination among them.

MS. LAWTON acknowledged that, although she was not sure how many groups there were, there was a lot of oversight at all levels which was not usually coordinated among the groups.

CHAIR SPOHNHOLZ asked about the public participation and how OCS could engage with an expansion of this.

MS. LAWTON said that CRP offered an opportunity for public access which did not currently exist. She stated a challenge for how to ask things of the panel because of its voluntary nature and what was within reason. She declared that the development of a strategic plan for the transfer of child welfare would offer lots of opportunities for suggestions.

CHAIR SPOHNHOLZ asked about the time frame for the strategic planning process.

MS. LAWTON explained that the strategic plan for the transformation of child welfare outcomes in Alaska was a five-year plan which had stemmed from a national report regarding violence on women and children. She said that one chapter of this report had been dedicated to Alaska, and that one recommendation had been for Alaska to form a task force to review issues around child welfare, especially regarding compliance with the Indian Child Welfare Act (ICWA). She noted that a group of tribal leaders was convened with objectives for six strategic priorities. She said there was exploration for contracting tribal welfare services with tribes, as well as enriching and growing culturally appropriate and locally driven

services for family case plans. She stated that this work would be through 2020.

CHAIR SPOHNHOLZ asked if the strategic planning process to transform child welfare was focused primarily on tribal relationships, and not on an overall performance of the system.

MS. LAWTON explained that most of the work, although targeting the work with Alaska Native families in Alaska Native communities, would benefit all children in the state and the improvements would be across the board.

HCR 2-RESPOND TO ADVERSE CHILDHOOD EXPERIENCES

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CHAIR SPOHNHOLZ announced that the next order of business would be HOUSE CONCURRENT RESOLUTION NO. 2, Urging Governor Bill Walker to join with the Alaska State Legislature to respond to the public and behavioral health epidemic of adverse childhood experiences by establishing a statewide policy and providing programs to address this epidemic.

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REPRESENTATIVE GERAN TARR, Alaska State Legislature, paraphrased from the sponsor statement, which read:

In 1998, more than 17,000 middle-class Americans were administered a 10-question study to evaluate childhood traumatic experiences concerning abuse, neglect, and household dysfunction. The results of this study were used to formulate an adverse childhood experiences or "ACEs" score ranging from 0-10. The term "ACEs" thereafter became synonymous with traumatic experiences that occur during childhood and have a lasting, negative effect on a child's developing brain and body.

There have been two key findings as a result of ACEs studies conducted in Alaska: childhood trauma is far more common than previously realized; and the impact of this trauma affects individuals over a lifetime, and societies over multiple generations. Sixty-seven percent of Alaskan children have an ACEs score, and Alaska has some of the highest ACEs rates among the

five other states surveyed (Washington, Louisiana, Tennessee, Arkansas, and New Mexico).

In Alaska, we are seeing that ACEs is synonymous with asthma, depression, teen pregnancy, suicide, drug abuse, employment difficulties, and intimate partner violence. Health measures are linked to ACEs, and these community challenges are also fiscal challenges for our state. According to Dr. Hirschfield of the University of Alaska and Alaska's Southcentral Foundation, reducing Alaska's ACEs score by fifty percent could save the state \$90 million annually. That means \$90 million more dollars that could be spent on preventative measures that add to our children's wellbeing.

Alaska's state slogan "North to the Future" was adopted to signify that our state is the land of promise and that Alaskans are always advancing for the benefit of the people and land that sustains us.

HCR 2 urges the Governor to establish policies and programs that address the public and behavioral health epidemics associated with ACEs so that we can uphold the promise to our children that they may grow up in safe households with the best opportunities before them in order to become upstanding Alaskan citizens.

REPRESENTATIVE TARR lauded the Advisory Board on Alcoholism & Drug Abuse and the Alaska Mental Health Board for public outreach with research. She stated that prevention was a necessary tool to mitigate the cost to families and communities of these bad outcomes in adulthood.

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REPRESENTATIVE SULLIVAN-LEONARD asked how asthma was determined as part of the ACEs (adverse childhood experiences) effect but not diabetes or other medical conditions.

REPRESENTATIVE TARR acknowledged that other health conditions could be included on the list. She reported on the cycle of violence, with an increased likelihood of violence and abusive behavior by someone who grew up in a home with violence. She declared that the physiological impact on these physical health conditions brought attention and created a paradigm shift from a

concern only with the social problems. She explained that the bodily response to prolonged stress could be manifested in many ways, including the physiological impact on the internal systems. She offered an example of obesity and diabetes from this stress.

CHAIR SPOHNHOLZ added that research indicated that both diabetes and heart disease rates go up considerably for those people with 4 or more ACEs.

REPRESENTATIVE TARR said that it was difficult to separate between causation and correlation in public health and environmental research as there were often multiple influences. She said that hundreds of millions of dollars were spent annually, especially in Medicaid. She offered her belief that this was an opportunity to review the need for more investments into prevention for unwanted outcomes in adulthood. She spoke about the costs associated with ACEs, offering an example of the costs of smoking. She declared that it was necessary to develop the policies that get us to savings from the outcomes, and that an intent of the proposed resolution was to realize dollar savings and have healthier communities. She explained that trauma informed health care and trauma informed curriculum for education were opportunities for prevention and to raise awareness. She offered her belief that increased awareness and understanding for the impact of ACEs would allow for better engagement and cooperation within the communities. She directed attention to the critical nature for early stages of development. She relayed that a constant stressor at an early age created connections in the brain familiar with the stress response, and this negatively affected development.

REPRESENTATIVE TARR concluded by pointing to the relationship between child abuse prevention and sexual assault awareness. She pointed out that the rates of sexual abuse in Alaska were six times the national average, and that the rates for incarcerated family members were also higher. She reminded that many of the issues in adults could be traced back to sexual assault as a child.

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CHAIR SPOHNHOLZ shared a personal experience of one of her foster children, reporting that she had an ACEs score of nine before the age of nine. She directed attention to the health alert [Included in members' packets] which was "startling then as how it relates to actual health outcomes." She stated that

chronic, costly, challenging, expensive health problems were tied to these early childhood experiences.

CHAIR SPOHNHOLZ said that HCR 2 would be held over.

HB 151-DHSS;CINA; FOSTER CARE; CHILD PROTECTION

[4:42:17 PM](#)

CHAIR SPOHNHOLZ announced that the final order of business would be HOUSE BILL NO. 151, "An Act relating to the duties of the Department of Health and Social Services; relating to training and workload standards for employees of the Department of Health and Social Services; relating to foster care licensing; relating to placement of a child in need of aid; relating to the rights and responsibilities of foster parents; relating to subsidies for adoption or guardianship of a child in need of aid; requiring the Department of Health and Social Services to provide information to a child or person released from the department's custody; and providing for an effective date."

[In front of the committee was Version R, which had not yet been adopted as the working draft.]

[4:43:11 PM](#)

LAURA CHARTIER, Staff, Representative Les Gara, Alaska State Legislature, directed attention to the Sectional Summary [Included in members' packets] for the proposed committee substitute, Version R, and she paraphrased these changes, which read:

Section 1 provides that the short title of the bill is the Children Deserve a Loving Home Act.

Section 2 provides that an adoption subsidy for a hard-to-place child may be paid until the child turns 21; under current law, the subsidies are available until the child turns 18.

Section 3 amends legislative findings related to children to add a finding that the Department of Health and Social Services (the department) should enable a child's contact with previous out-of-home caregivers if it is in the best interests of the child.

Section 4 amends requirements relating to the transfer of a child from one placement to another to require a supervisor at the department to certify in writing whether the department has conducted a search for an appropriate placement with an adult family member or family friend.

Section 5 provides that a foster parent has the right and responsibility to use a reasonable and prudent parent standard to make decisions relating to the child in care, and requires the department to provide foster parents with training relating to the reasonable and prudent parent standard.

Section 6 requires the department to engage a child in an out-of-home placement who is 14 years of age or older in the development or revisions of a case plan or permanency plan for the child and allows the child to select up to two adults to participate in the development of the plan.

Section 7 amends confidentiality provisions to require a state or municipal agency or employee to disclose appropriate confidential information regarding a case to the sibling of a child who is the subject of the case if it is in the best interests of the child to maintain contact with the sibling.

Section 8 requires a supervisor at the department, when the department takes emergency custody of a child, to certify in writing whether the department has conducted a search for an appropriate placement with an adult family member or family friend.

Section 9 requires the department to pay the costs of caring for a foster child with a physical or mental disability, and for respite care, until the child turns 21; under current law, the payments are available until the child turns 18.

Section 10 requires the department to search for an appropriate placement with an adult family member or friend when the child is removed from the parent's home. The section also requires a supervisor at the department to certify in writing whether the department has conducted the search.

Section 11 amends AS 14.14.1 00(i) to provide that when a child can remain safely at home with an adult family member or guardian who lives with the child, the child may not be placed with an out-of-home care provider.

Section 12 requires the department to provide contact information to siblings who are in separate placements if it is in the best interests of the children to maintain contact.

Section 13 requires the department to implement workload standards and a training program for department employees and to provide a report to the legislature if the department is not able to meet certain standards.

Section 14 adds a new subsection requiring the department to assist an adult family member in obtaining a foster care license, including any necessary variances, if placing the child with the adult family member is in the best interests of the child.

Section 15 requires the department, for a person who is 16 years of age or older, to provide the person, or assist the person with obtaining, the person's birth certificate, social security card, health insurance information, medical records, driver's license or identification card, and certificate of degree of Indian or Alaska Native blood, if applicable, when the person is released from state custody under AS 4 7 .10.

Section 16 requires the department, to the extent feasible, to approve or deny a foster care home license, including a request for a variance, not more than 45 days after the date the department receives the application for a foster care home license.

Section 17 provides that sections 2 and 9 of the Act, which relate to payments for foster care, guardianship, and adoption, apply to a person who is eligible for a payment on or after the effective date of sections 2 and 9, including a person who was ineligible for a payment solely because the child turned 18. All other sections of the Act apply to a

child in the custody or under the supervision of the department under AS 47.10 on or after the effective dates of sections 3 - 8 and 10 - 16 of the Act.

Section 18 allows the department to adopt regulations necessary to implement the changes made by the Act. The regulations may not take effect until the effective date of the section of the Act implemented by the regulation.

Section 19 requires the department to (1) adopt training regulations necessary to meet the standards in AS 47.14.112(a)(3)(A) (sec. 13 of the Act), not later than one year after the effective date of sec. 13 of the Act, (2) hire the staff necessary to meet the workload standards in AS 47.12.112(a)(1), (2), and (3)(B) (sec. 13 of the Act), not later than two years after the effective date of sec. 13 of the Act, and (3) implement the changes made by the remainder of the Act not later than three years after the effective date of secs. 1 - 12 and 14 - 16 of the Act.

Section 20 provides that sec. 18 of the Act take effect immediately.

[4:49:23 PM](#)

REPRESENTATIVE KITO asked about the limitations on placements and penalties and what were the consequences of limiting the number of placements and not meeting that level.

REPRESENTATIVE LES GARA, Alaska State Legislature, said there was not any limitation on placements or penalties for those limitations in the proposed bill. He opined that the discussion for limits was with trying to meet the federal standard of case load limits for new case workers, as there was a 50 percent turnover rate by new case workers in the first year. He said that there was a 75 percent federal match for meeting the federal standard of no more than six cases in the first three months, and no more than twelve cases in the first six months, in order to learn the job and train. He reiterated that there were no penalties for the number of placements, even though "we don't like a lot of placements."

REPRESENTATIVE KITO asked to clarify that the limitation was on the number of cases per caseworker.

REPRESENTATIVE GARA expressed his agreement, and explained that a major part of the proposed bill was to limit the number of cases for a new caseworker, in order to decrease the 50 percent caseworker turnover in the first year. He shared that each new worker training cost about \$50,000.

REPRESENTATIVE JOHNSTON pointed out that the CRP did not track the cases per case worker as different cases resulted in different time demands, and asked if this should instead reflect the time element instead of the number of cases.

REPRESENTATIVE GARA explained that the only case load limitations were for new case workers, as the training necessitated a smaller case load. He reiterated that there was a 75 percent federal match if this was implemented. After the six-month period, the case load limit was determined by the department in order to allow for each case to achieve permanency in a loving home. He said that the standard was for good work to "get youth out of the system as quickly as possible." He shared that OCS wanted to achieve a case load limit of twelve families per case worker, although this would differ per region as some areas were more accessible. He pointed out that case workers in the Matanuska-Susitna office had 43 cases each at one point.

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CHAIR SPOHNHOLZ removed her earlier objection to the committee substitute, Version R [objection carried from House Health and Social Services Standing Committee meeting on March 16, 2017]. There being no further objection, the proposed committee substitute (CS) for HB 151, labeled 30-LS0451\R, Glover, 3/7/17, was before the committee as the working document.

[4:56:15 PM](#)

BARBARA MALCHICK stated that she was in support of HB 151. She reported that she had served for 25 years as a guardian ad litem in Anchorage and other urban and rural communities. She noted that she was on the board of directors of Facing Foster Care in Alaska and was also a part time, temporary employee of the court system, working on a multi-disciplinary training curriculum for the judges, lawyers, tribal representatives, and child advocates. She stated that she was speaking on her own behalf and that she had submitted a letter of support. She said that she would focus on three topics. She addressed Section 13 of the proposed bill regarding the extra training and the case load

standards for new OCS employees. She offered her belief that hiring, training, and retention of good case workers would alleviate the necessity for other areas of the proposed bill. She stated that the lower-case load would allow for establishment of the necessary relationships and the adequate assessment of the situations, as well as the time to do relative, family, and friend searches for appropriate adoptive homes. She declared that the huge turnover at OCS was bad for families, and it was her firm belief that children, families, and the system as a whole would benefit if OCS was able to do its job better. She moved on to discussion of the relationships with siblings, which were often the most important, as when the parents were not available for physical and emotional needs, the children become care givers for each other. She relayed that current law required that siblings be placed together if possible, and, although OCS policy required that communication should be arranged between separated siblings, this was "one of those things that falls by the wayside when the case workers are overworked," and it was not happening. She pointed out that the proposed bill required OCS to provide contact information for siblings, and it encouraged that care givers provide opportunities for siblings to see each other. She suggested that the proposed bill could be even stronger and include legislative language recognizing the importance of sibling relationships. She suggested that there should be provisions in the adoption decree if siblings are separated for there to be ongoing contact, if it was in the best interest of the children. She added that confidentiality should allow for the contact information to be shared in order to maintain the relationship. She spoke about the guardianship and adoption subsidies. She reported that current law allowed for subsidies until 18 years of age, although it was proposed for an increase to age 21. She offered her observations that, as many youth often don't graduate from high school until after 18 years of age, the court case stays open even though the subsidies end, and that an increase of the age, to at least the completion of high school, would allow for more adoptions and guardianships.

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ROSALIE REIN said that she had been a licensed front line social worker with OCS for seven years, although she was not speaking on behalf of OCS. She highlighted two components of the proposed bill: improving relationships between workers and the families, and training and caseload. She stated that case load was directly tied to the worker being in contact with the children and families on a regular basis. She shared that

parents and foster parents had to have communication and concerns addressed by the case workers, yet, suffice it to say, there were not enough hours in the day for the case workers to keep up good communication with the invested parties, as well as do high level social work, which included diligent searches for extended relatives or tribal members who could provide the best home for the children who could not return to their parents. She declared that it was important for caseworkers to maintain relationships between family members, the resource family, the biological parents, and the child in care, which would lead to an integrated sense of self for the child, with the best long-term outcomes, but that they needed time and training to do this. She relayed that actual social work was about educating the parties for the importance of providing each child with the network of support. Child welfare research suggested that caseworkers with social work education, appropriate training, specialized competencies, and greater experience were better able to facilitate permanency. She stated that proposed HB 151 could ensure that case workers have the necessary training to develop the skill set specific to child protection and to foster resiliency. She stated that the proposed bill would help address the steep learning curve issues for new workers.

[5:11:50 PM](#)

TAMMI SANDOVAL, Director, UAA Child Welfare Academy, stated that she was in support of the proposed bill. She reported that she had worked in child welfare work for 33 years, and that the Child Welfare Academy provided the training to all the OCS frontline workers, supervisors, and other staff. She declared that Section 13 of the proposed bill would help the situation for retention, meet federal outcomes, and offer best practice for families and children. She pointed to earlier testimony for the necessary time for staff to learn, and stated that the only way to make a difference for the way we treat children and families was with more training. She declared that it was necessary to change "what we give to our front-line staff" and that the proposed bill was "the right thing to do."

REPRESENTATIVE TARR asked that some of these individuals be available for later testimony. She stated that she wanted the opportunity for testimony from the Office of Public Advocacy and to share the case worker side of things, as well as the representation for families.

CHAIR SPOHNHOLZ said that the bill would be held over.

5:17:16 PM

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:17 p.m.