

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 30, 2024

3:09 p.m.

MEMBERS PRESENT

Representative Mike Prax, Chair
Representative Justin Ruffridge, Vice Chair
Representative CJ McCormick
Representative Dan Saddler
Representative Jesse Sumner
Representative Zack Fields
Representative Genevieve Mina

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

CONFIRMATION HEARING(S) :

Board of Social Work Examiners

Anne Well - Fairbanks

- CONFIRMATION(S) ADVANCED

CS FOR SENATE BILL NO. 240 (HSS)

"An Act allowing minors 16 years of age or older to consent to behavioral health and mental health services; authorizing school personnel to recommend a behavioral health or mental health professional to a child 16 years of age or older; and relating to medical assistance coverage for rehabilitative, mandatory, and optional services furnished or paid for by a school district on behalf of certain children."

- HEARD & HELD

HOUSE BILL NO. 363

"An Act relating to the placement of foster children in psychiatric hospitals."

- MOVED CSHB 363 (HSS) OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: SB 240

SHORT TITLE: SCHOOL DISTRICT MEDICAL ASSISTANCE

SPONSOR(S): RULES BY REQUEST OF THE GOVERNOR

02/19/24 (S) READ THE FIRST TIME - REFERRALS
02/19/24 (S) HSS
02/27/24 (S) HSS AT 3:30 PM BUTROVICH 205
02/27/24 (S) Heard & Held
02/27/24 (S) MINUTE(HSS)
03/12/24 (S) HSS AT 3:30 PM BUTROVICH 205
03/12/24 (S) Heard & Held
03/12/24 (S) MINUTE(HSS)
04/04/24 (S) HSS AT 3:30 PM BUTROVICH 205
04/04/24 (S) Moved CSSB 240(HSS) Out of Committee
04/04/24 (S) MINUTE(HSS)
04/08/24 (S) HSS RPT CS 2DP 1NR 1AM NEW TITLE
04/08/24 (S) AM: WILSON
04/08/24 (S) DP: GIESSEL, DUNBAR
04/08/24 (S) NR: KAUFMAN
04/22/24 (S) HSS CS ADOPTED Y13 N7
04/24/24 (S) TRANSMITTED TO (H)
04/24/24 (S) VERSION: CSSB 240(HSS)
04/26/24 (H) READ THE FIRST TIME - REFERRALS
04/26/24 (H) HSS
04/30/24 (H) HSS AT 3:00 PM DAVIS 106

BILL: HB 363

SHORT TITLE: FOSTER CHILDREN PSYCHIATRIC TREATMENT

SPONSOR(S): GRAY

02/20/24 (H) READ THE FIRST TIME - REFERRALS
02/20/24 (H) HSS
03/14/24 (H) HSS AT 3:00 PM DAVIS 106
03/14/24 (H) Heard & Held
03/14/24 (H) MINUTE(HSS)
04/30/24 (H) HSS AT 3:00 PM DAVIS 106

WITNESS REGISTER

ANNE WELLS, Appointee
Board of Social Work Examiners
Fairbanks, Alaska

POSITION STATEMENT: Testified as appointee to the Board of
Social Work Examiners.

EMILY RICCI

Deputy Commissioner, Department of Health
Juneau, Alaska

POSITION STATEMENT: Introduced SB 240 on behalf of the bill sponsor, Senate Rules by request of the governor.

SENATOR CATHY GIESSEL
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: On behalf of the bill sponsor, Senate Rules by request of the governor, offered information, answered questions, and recommended an amendment during the hearing on SB 240.

STEVEN PEARCE, Director
Citizens Commission on Human Rights
Seattle, Washington

POSITION STATEMENT: Testified in opposition to SB 240.

HEATHER IRELAND, Executive Director
Anchorage School Based Centers
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 240.

LAURA RUSSELL, Assistant Attorney General
Human Services Section
Civil Division (Anchorage)
Department of Law
Anchorage, Alaska

POSITION STATEMENT: Answered committee questions during the hearing on SB 240.

SHARON FISHEL
School Health and Safety
Innovation and Education Excellence
Department of Education
Juneau, Alaska

POSITION STATEMENT: Answered committee questions during the hearing on SB 240.

MATT DAVIDSON, Legislative Liaison
Department of Family & Community Services
Juneau, Alaska

POSITION STATEMENT: Answered committee questions during the hearing on SB 240.

KXLO STONE
Facing Foster Care in Alaska, Statewide Rep. on Youth Board

Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 363.

BARBARA MALCHICK

Facing Foster Care in Alaska

Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 363.

REPRESENTATIVE ANDREW GRAY

Alaska State Legislature

Juneau, Alaska

POSITION STATEMENT: As prime sponsor, answered committee questions on HB 363.

KIM SWISHER, Deputy Director

Office of Children's Services, Department of Family & Community Services

Anchorage, Alaska

POSITION STATEMENT: Answered committee questions on HB 363.

ANA KARINA THOMPSON

Licensing Specialist, Department of Health

Anchorage, Alaska

POSITION STATEMENT: Answered committee questions on HB 363.

ACTION NARRATIVE

[3:09:00 PM](#)

CHAIR MIKE PRAX called the House Health and Social Services Standing Committee meeting to order at 3:09 p.m. Representatives Mina, Saddler, Sumner, Fields, Ruffridge, McCormick, and Prax were present at the call to order.

CONFIRMATION HEARING(S) **BOARD OF SOCIAL WORK EXAMINERS**

[3:10:43 PM](#)

CHAIR PRAX announced that the first order of business would be a confirmation hearing for the governor's appointee to the Board of Social Work Examiners.

[3:10:57 PM](#)

ANNE WELLS, Appointee, Board of Social Work Examiners, began her testimony by giving her background and history in the field of

social work and spoke to her experiences during her tenure on the board.

[3:12:25 PM](#)

REPRESENTATIVE FIELDS asked what the Steven A. Cohen Clinic was.

MS. WELLS answered that the Steven A. Cohen Clinic is an outpatient mental health clinic facility that serves anyone affiliated with a military member, active duty or veteran.

[3:13:27 PM](#)

REPRESENTATIVE MINA asked Ms. Wells what the biggest challenge the board has faced during her membership on it.

MS. WELLS responded that both the challenge of retaining good social workers in their field of work and the challenge of changing certain regulations surrounding social workers in Alaska have been the biggest issues facing the board.

[3:15:03 PM](#)

CHAIR PRAX asked Ms. Wells whether she was familiar with the Anchorage Veterans Court.

MS. WELLS said that she wasn't aware of the court's existence and said that she would look into the prospects that the court presents the board.

[3:15:50 PM](#)

CHAIR PRAX opened public testimony on the confirmation hearing for Anne Wells to the Board of Social Work Examiners. After ascertaining that there was no one who wished to testify, he closed public testimony.

[3:16:34 PM](#)

CHAIR PRAX stated that the House Health and Social Services Standing Committee has reviewed the qualifications of the governor's appointees and recommends that the following name be forwarded to a joint session for consideration: Anne Wells, Board of Social Work Examiners. He said that signing the report regarding appointments to boards and commissions in no way reflects an individual member's approval or disapproval of the

appointee, and the nomination is merely forwarded to the full legislature for confirmation or rejection.

[3:17:11 PM](#)

The committee took an at-ease from 3:17 p.m. to 3:18 p.m.

SB 240-SCHOOL DISTRICT MEDICAL ASSISTANCE

[3:18:46 PM](#)

CHAIR PRAX announced that the next order of business would be CS FOR SENATE BILL NO. 240(HSS), "An Act allowing minors 16 years of age or older to consent to behavioral health and mental health services; authorizing school personnel to recommend a behavioral health or mental health professional to a child 16 years of age or older; and relating to medical assistance coverage for rehabilitative, mandatory, and optional services furnished or paid for by a school district on behalf of certain children."

[3:19:32 PM](#)

EMILY RICCI, Deputy Commissioner, Department of Health, on behalf of the bill sponsor, Senate Rules by request of the governor, introduced SB 240 to the committee. She explained that Section 5 of CSSB 240(HSS) is identical to HB 343, which the House Health and Social Services Standing Committee heard earlier in the current legislative session. She said that CSSB 240(HSS) would remove the existing requirement that Medicaid may only reimburse schools for services that are covered in an eligible student's individualized education plan (IEP). She emphasized that the intent of CSSB 240(HSS) was to expand the number of services for which a school might be able to seek Medicaid reimbursement.

[3:20:46 PM](#)

SENATOR CATHY GIESSEL, Alaska State Legislature, on behalf of the bill sponsor, Senate Rules by request of the governor, shared her experience working as a nurse practitioner within high schools and middle schools in Anchorage. She explained that one of her most pertinent tasks in those schools is to screen the students for mental health conditions like anxiety, depression, or suicidal ideation and said that she is able to refer that student for behavioral health support if any of those screening tools indicate a positive diagnosis. She clarified

that she was describing background information as a means to explain the amendment she was about to recommend to the committee and emphasized that mental health needs have risen since she had started providing care in the Anchorage School District (ASD) nine years ago. She provided specific examples of personal situations that might affect a student's mental health and said that often, parental consent is a major barrier to proper treatment of a student's mental health condition. She emphasized that one out of five students in Alaska have reported a suicide attempt and explained that the amendment she was recommending to the committee was the result of her experience working as a clinician in the district. She read through a series of proposals that could be made with the amendment and described their necessity. She shared a series of prepared statements by various mental health entities in Alaska and emphasized that the amendment to CSSB 240(HSS) would empower both children and parents to improve Alaska's collective mental health.

[3:41:56 PM](#)

REPRESENTATIVE FIELDS asked how age 16 was chosen instead of age 14 or lower.

SENATOR GIESSEL answered that 16 was a more palatable age for practitioners in Alaska.

[3:42:55 PM](#)

REPRESENTATIVE SADDLER asked why 16-year-old Alaskans shouldn't be allowed to be prescribed their own mental health medication.

SENATOR GIESSEL replied that it is her philosophical belief as a clinician that children are being medicated too much and said that counseling is extremely effective.

REPRESENTATIVE SADDLER asked which was more effective: counseling or mental health medication.

SENATOR GIESSEL answered that there is no comparison between counseling and mental health medication.

[3:47:08 PM](#)

REPRESENTATIVE MINA commented her affirmation of the value of counseling, especially for people who are not experiencing a

crisis and asked what percentage of at-home abusers are, for example, parents, caregivers, and foster parents.

SENATOR GIESSEL said that she does not have that information.

[3:48:28 PM](#)

REPRESENTATIVE RUFFRIDGE asked where schools are going to find mental health professionals to employ, given a declining public school budget and a lack of qualified professionals in Alaska.

SENATOR GIESSEL answered that schools in Alaska would hire clinicians and pass the cost off to Medicaid. She said that the primary intention of SB 240 was to increase the amount of social workers in public schools without any extra cost to the schools.

REPRESENTATIVE RUFFRIDGE asked how CSSB 240(HSS) would help rural students in Alaska experiencing mental health problems.

SENATOR GIESSEL replied that the state would work collaboratively with tribal health entities and provide telehealth services to students in need of them.

[3:55:10 PM](#)

REPRESENTATIVE SADDLER asked whether there is evidence to support that behavioral health intervention lowers the rate of suicide.

SENATOR GIESSEL answered that there is no way to track the number of suicides prevented and explained that behavioral health treatment is meant as an intervention to stop mental health issues before they develop into suicidal ideation.

[3:59:49 PM](#)

REPRESENTATIVE FIELDS commented on Representative Saddler's question by referencing a meta-analysis found through an online search engine and other studies that find that talk therapy reduces the risk of suicide.

[4:00:58 PM](#)

REPRESENTATIVE RUFFRIDGE said that he has reservations with the age of consent being 16 with regard to a child's agency in their own medical decisions and asked what the barrier to proper children's mental health treatment in Alaska is.

SENATOR GIESSEL answered that the main barrier to proper mental health treatment of a child is often the parents' inaction and the child's reluctance to receive any treatment at all. She explained that there are many adverse consequences that come from a child who might not have access to behavioral health services and said that the goal of CSSB 240(HSS) is to prevent a child from "going over the waterfall" of mental health.

REPRESENTATIVE RUFFRIDGE recalled that he had things that he didn't want to share with his parents and shared his concern that a barrier might still exist in CSSB 240(HSS) for kids to trust the process of mental health treatment.

[4:07:37 PM](#)

The committee took an at-ease from 4:07 p.m. to 4:09 p.m.

[4:09:03 PM](#)

CHAIR PRAX opened public testimony on SB 240.

[4:09:24 PM](#)

STEVEN PEARCE, Director, Citizens Commission on Human Rights, testified in opposition to SB 240. He explained his background in mental health advocacy and psychiatric care. He shared his belief that it would be dangerous to allow students aged 16 and older to make their own psychiatric decisions.

[4:13:15 PM](#)

HEATHER IRELAND, Executive Director, Anchorage School Based Centers, testified in support of SB 240. She said that the bill's provision to allow for students aged 16 and older to consent for their own psychiatric care is important and urged the committee's support of the proposed legislation.

[4:15:25 PM](#)

The committee took an at-ease from 4:15 p.m. to 4:16 p.m.

[4:16:19 PM](#)

CHAIR PRAX, after ascertaining that there was no one else who wished to testify, closed public testimony on SB 240.

[4:16:59 PM](#)

CHAIR PRAX moved to adopt Amendment 1 to CSSB 240(HSS), labeled 33-GS2369/B.1, Bergerud, 4/30/24, which read as follows:

Page 1, lines 1 - 3:

Delete "**allowing minors 16 years of age or older to consent to behavioral health and mental health services; authorizing school personnel to recommend a behavioral health or mental health professional to a child 16 years of age or older; and**"

Page 1, line 7, through page 3, line 17:

Delete all material.

Page 3, line 18:

Delete "**Sec. 5**"

Insert "**Section 1**"

REPRESENTATIVE FIELDS objected.

REPRESENTATIVE FIELDS explained that there are multiple circumstances where it might not make sense or be feasible to get consent from a minor's parents to get care. He noted that the current language in CSSB 240(HSS) directs a healthcare provider that is providing services for someone aged 16-18 to contact the minor's parents regardless of the proposed amendment.

[4:21:14 PM](#)

REPRESENTATIVE RUFFRIDGE asked whether parental consent was required for the billing of Medicaid services.

MS. RICCI answered that SB 240 does not address federal requirements related to the Family Educational Rights Privacy Act (FERPA).

REPRESENTATIVE RUFFRIDGE asked whether a clinician providing services to 16- and 17-year-old students would be allowed to be reimbursed by Medicaid if Amendment 1 were not adopted.

MS. RICCI replied that the school district would not be able to bill Medicaid for any confidential services provided.

[4:24:27 PM](#)

REPRESENTATIVE SUMNER asked who would pay for the services provided if Medicaid does not reimburse the service.

MS. RICCI explained that it would depend on how the school is providing the service and said that it would most likely fall on the district.

[4:25:49 PM](#)

CHAIR PRAX asked whether a school might end up with legal liability if a parent does not consent to the services provided to a student.

LAURA RUSSELL, Assistant Attorney General, Human Services Section, Civil Division (Anchorage), Department of Law, answered that there are a variety of structures related to behavioral health services and explained that it would be conjecture for her to speculate on which entity might absorb the financial liability of the services that a student has received.

CHAIR PRAX asked who would be liable to the parent if a child is not eligible for Medicaid and the school is a legal provider.

MS. RUSSELL explained that the statute addressed in sections three and four of CSSB 240(HSS) provide five exceptions in which a student is exempt from obtaining parental consent.

[4:29:42 PM](#)

REPRESENTATIVE FIELDS directed the committee members' attention to language on page 3, line 15 of CSSB 240(HSS) and explained that the parental consent language would be maintained regardless of whether or not the proposed amendment is adopted.

REPRESENTATIVE SADDLER asked who would be responsible for the cost of mental health treatment outside of Medicaid services and asked whether CSSB 240(HSS) would address only children who are covered by Medicaid.

MS. RICCI replied that she didn't want to speculate on how the services might be paid for and explained that the proposed amendment is not limited to children covered by Medicaid.

REPRESENTATIVE SADDLER asked why the proposed legislation should be passed if there is an uncertainty as to who is meant to pay for the services outlined by the law.

MS. RICCI explained that who might pay for the services is greatly dependent on the child, school district, and behavioral health provider and said that it would ultimately come down to whatever contract agreement was reached between the clinician and the school district.

[4:34:10 PM](#)

REPRESENTATIVE RUFFRIDGE asked whether counseling services are currently funded by public education funding.

SHARON FISHEL, School Health and Safety, Innovation and Education Excellence, Department of Education, answered that there is no other funding available beside public school funding.

[4:35:55 PM](#)

REPRESENTATIVE SADDLER asked how many behavioral health professionals are working within the public school system and what it means for a mental health professional to work within a school system.

MS. FISHEL answered by giving a number of examples related to statistics surrounding mental health services in public schools.

[4:38:34 PM](#)

CHAIR PRAX asked whether there could be liability for a mental health clinician not responding to a known problem of mental health just because the student's parents didn't consent to the treatment.

MS. RUSSEL answered that CSSB 240(HSS) and Amendment 1 would neither mandate provisions of services nor create an affirmative duty to provide services, rather the two would provide permissive language to allow a school to provide services if it so pleases.

CHAIR PRAX asked whether a mental health clinician would be required to report a parent that doesn't allow their child to seek mental health treatment to the Office of Children's Services (OCS).

MS. RUSSEL explained that the proposed legislation and the proposed amendment would not change existing obligations surrounding mandatory reporting.

[4:43:57 PM](#)

MS. RICCI noted that page three, lines 6 through 8 of CSSB 240(HSS) are addressed by the proposed amendment and require that a clinician note in a student's file any concerns regarding their mental health.

REPRESENTATIVE SADDLER pointed to page 2, line 29 of CSSB 240(HSS) and shared his concern that the proposed legislation would allow for Alaskans aged 16 and 17 to give consent.

MS. RICCI replied that Section 5 of the proposed legislation would ensure that the extent of the consent a 16- or 17-year-old would be allowed to give would encompass only their own mental health treatment.

[4:46:02 PM](#)

MS. RUSSEL affirmed that Ms. Ricci's answer was correct.

[4:46:51 PM](#)

CHAIR PRAX asked whether the proposed amendment would create a greater risk of someone being reported to OCS.

MATT DAVIDSON, Legislative Liaison, Department of Family & Community Services (DFCS), answered that the proposed amendment would not change anything related to the duty to report to OCS.

[4:48:33 PM](#)

REPRESENTATIVE SADDLER questioned where the line is drawn between a parent's responsibility to care for their children and the state's obligation to step in and help students.

REPRESENTATIVE MCCORMICK opined that young people are perfectly capable of recognizing mental health issues that they might be facing.

[4:52:39 PM](#)

REPRESENTATIVE MINA expressed her intention to vote against Amendment 1 and shared her belief that lowering the age of consent for behavioral health services is a good idea. She shared her concern for a scenario in which a child might not be

able to get access to care because of a barrier created by the proposed amendment.

[4:54:56 PM](#)

REPRESENTATIVE RUFFRIDGE shared his support for Amendment 1 to CSSB 240(HSS) and said that he thinks that while CSSB 240(HSS) is not the answer to how to help young people experiencing mental health issues, it is a good place to start.

REPRESENTATIVE MCCORMICK proffered that the idea that parents should be involved [in a minor's decisions regarding their own mental health treatment and services] comes from a very privileged perspective.

[5:00:05 PM](#)

REPRESENTATIVE FIELDS said that if the proposed amendment were to be passed, the legislature would effectively be denying care to children who are living in circumstances of neglect or abuse.

[5:00:43 PM](#)

REPRESENTATIVE SADDLER shared his understanding that the proposed amendment would not make informed consent mandatory.

REPRESENTATIVE FIELDS corrected his previous statement on Amendment 1 and said that it would not be mandatory for a school report.

[5:01:57 PM](#)

The committee took an at-ease from 5:01 p.m. to 5:07 p.m.

[5:07:59 PM](#)

REPRESENTATIVE RUFFRIDGE moved to table Amendment 1 to CSSB 240(HSS).

REPRESENTATIVE PRAX asked Representative Sumner if he had any objection to Amendment 1.

REPRESENTATIVE SUMNER [objected to the motion to table Amendment 1].

[5:08:41 PM](#)

The committee took a brief at-ease at 5:08 p.m.

[5:08:58 PM](#)

REPRESENTATIVE SUMNER removed his objection to the motion to table Amendment 1 to CSSB 240(HSS). There being no further objection, Amendment 1 was tabled.

[5:09:32 PM](#)

REPRESENTATIVE MCCORMICK asked Chair Prax if there could be an extension of the amendment deadline.

CHAIR PRAX said that he would be okay with an extension of the amendment deadline.

[5:09:47 PM](#)

The committee took two consecutive at-eases from 5:09 p.m. to 5:11 p.m.

[CSSB 240(HSS), with Amendment 1 tabled, was held over.]

[5:10:39 PM](#)

The committee took an at-ease from 5:10 p.m. to 5:11 p.m.

HB 363-FOSTER CHILDREN PSYCHIATRIC TREATMENT

[5:11:44 PM](#)

CHAIR PRAX announced that the next order of business would be HOUSE BILL NO. 363, "An Act relating to the placement of foster children in psychiatric hospitals."

[5:12:40 PM](#)

CHAIR PRAX opened public testimony on HB 363.

KXLO STONE, Facing Foster Care in Alaska, Statewide Representative on Youth Board, testified in support of HB 363. She explained her background in foster care and her own personal experiences with the Alaska foster care system. She emphasized the adverse living conditions of foster care facilities in Alaska and explained how it negatively affects foster children in Alaska. She highlighted the importance of the proposed

bill's provision for a 5-day limit on a hearing from the Office of Children's Services (OCS.)

[5:15:18 PM](#)

BARBARA MALCHICK, Facing Foster Care in Alaska, testified in support of HB 363. She described the process that a foster child is put through upon their admittance into Alaska's foster care system and emphasized the negative impact that months-long hearing delays have on foster children. She explained the changes that HB 363 would make on the current structure of a foster child's hearing process and offered the committee comparison to other countries' foster child hearing processes.

[5:20:30 PM](#)

CHAIR PRAX, after ascertaining that there was no one else who wished to testify, closed public testimony on HB 363.

[5:20:37 PM](#)

REPRESENTATIVE ANDREW GRAY, Alaska State Legislature, as prime sponsor of HB 363, asked for the will of the committee on its decision to move HB 363 out of committee.

[5:21:00 PM](#)

The committee took a brief at-ease at 5:21 p.m.

[5:21:49 PM](#)

REPRESENTATIVE RUFFRIDGE moved to adopt Amendment 1 to HB 363, labeled,33-LS1049/S.1, Bergerud, 4/30/24 which read as follows:

Page 2, lines 24 - 25:
Delete "48 hours"
Insert "five days"

Page 2, lines 28 - 29:
Delete "48-hour period"
Insert "five-day period"

Page 2, line 31:
Delete "48-hour period"
Insert "five-day period"

Page 3, line 1:

Delete "48 hours, the 48-hour period"
Insert "five days, the five-day period"

Page 3, lines 2 - 4:

Delete "The court may grant one request to continue the hearing for up to two business days if necessary to secure the attendance of the child, a party, or a material witness."

Page 3, line 9:

Delete "based on"
Insert "after considering"

Page 3, line 10, following "professional,":

Insert "or upon the written report of a mental health professional if the child and all parties agree the report may be relied on,"

Page 3, line 14, following "untreated.":

Insert "If the court does not make the necessary findings, the court shall order the department to transfer the child to another appropriate setting that is in the best interests of the child."

REPRESENTATIVE MCCORMICK objected.

[5:22:13 PM](#)

REPRESENTATIVE GRAY informed Representative McCormick, "This is a friendly amendment at the request of the sponsor."

[5:22:25 PM](#)

REPRESENTATIVE SUMNER moved to adopt Conceptual Amendment 1 to Amendment 1, to delete lines 5-9 on page 2 [as numbered on Amendment 1].

REPRESENTATIVE FIELDS objected.

[5:23:03 PM](#)

The committee took a brief at-ease at 5:23 p.m.

[5:23:54 PM](#)

REPRESENTATIVE FIELDS asked the bill sponsor for his opinion on the proposed Conceptual Amendment 1 to Amendment 1.

REPRESENTATIVE GRAY said that he understood the reason behind the proposed amendment and explained that Conceptual Amendment 1 to Amendment 1 would strike important bill language regarding placement and housing of foster children. He said that he would not oppose the proposed conceptual amendment.

REPRESENTATIVE FIELDS withdrew his objection.

[5:25:33 PM](#)

REPRESENTATIVE FIELDS commented that he has a subsequent amendment that is designed to address the lack of suitable facilities.

REPRESENTATIVE RUFFRIDGE shared his concern that the legislation might put an undue stress on the Alaska foster care court system.

[5:27:52 PM](#)

REPRESENTATIVE MINA asked whether OCS could speak to the possibility of a foster child being left to wait in the court system.

[5:29:46 PM](#)

KIM SWISHER, Deputy Director, Office of Children's Services, Department of Family & Community Services, answered that OCS sometimes experiences an inappropriate level of care placement for a child and explained how OCS works with psychiatric hospitals to deliver the proper care for a foster child.

[5:31:28 PM](#)

REPRESENTATIVE FIELDS commented that he would vote no on Conceptual Amendment 1 to Amendment 1.

A roll call vote was taken. Representatives Ruffridge, Sumner, and Prax voted in favor of Conceptual Amendment 1 to Amendment 1 to HB 363. Representatives Fields, Mina, and McCormick voted against it. Therefore, Conceptual Amendment 1 to Amendment 1 failed by a vote of 3-3.

[5:33:06 PM](#)

REPRESENTATIVE RUFFRIDGE [moved to withdraw] Amendment 1.
[There being no objection, Amendment 1 was withdrawn.]

[5:33:25 PM](#)

REPRESENTATIVE FIELDS moved to adopt Amendment 2 to HB 363,
labeled 33-LS1049/S.2, Bergerud, 4/30/24, which read as follows:

Page 1, line 1, following "**hospitals;**":

Insert "**relating to the care of children in state custody placed in residential facilities outside the state;**"

Page 3, following line 18:

Insert a new bill section to read:

"* Sec. 4. AS 47.14.112(d) is amended to read:

(d) The division of the department with responsibility over the custody of children shall prepare and make available to the legislature an annual report on employee recruitment and retention, including a five-year plan, for the division. Not later than November 15 of each year, the department shall deliver the report to the senate secretary and the chief clerk of the house of representatives and notify the legislature that the report is available. The report prepared under this subsection is separate from the annual report to the legislature required under AS 18.05.020 and must include, for the previous 12 months,

(1) the number of frontline social workers employed by the division, the annual average turnover rate of the workers, and the average caseload of the workers on January 1 and July 1 of that year;

(2) the number of children removed from their homes;

(3) the achievement of success measured by the following:

(A) rate of family reunification;

(B) average length of time children spent in custody of the department;

(C) rate of placement with an adult family member or family friend;

(D) number of children placed in a permanent living arrangement with a guardian or biological or adoptive parent;

(E) number of children released from the custody of the department;

(4) if the department has met or exceeded the caseload standards under this chapter and, if the standards were exceeded, the number of caseworker positions in the division that could be eliminated and the amount of funding that could be reduced while continuing to meet but not routinely exceed the caseload standards;

(5) the performance of the department on federal benchmarks focused on the safety, well-being, and permanent placements of foster children compared with the previous five years;

(6) the number of children placed in residential facilities providing care for children outside the state."

Renumber the following bill section accordingly.

REPRESENTATIVE RUFFRIDGE objected for the purpose of discussion.

REPRESENTATIVE FIELDS explained that the proposed amendment would track the statistics surrounding foster care services provided to children in Alaska's foster care system.

[5:35:03 PM](#)

REPRESENTATIVE RUFFRIDGE removed his objection. There being no further objection, Amendment 2 was adopted.

[5:35:33 PM](#)

REPRESENTATIVE FIELDS moved to adopt Amendment 3 to HB 363, labeled 33-LS1049/S.3, Bergerud, 4/30/24, which read as follows:

Page 1, line 1, following "**Act**":

Insert "**establishing the Family First Prevention Services Team;**"

Page 1, following line 3:

Insert a new bill section to read:

"* **Section 1.** AS 44.30.020 is amended by adding a new subsection to read:

(c) The Department of Family and Community Services shall establish the Family First Prevention Services Team, consisting of department employees, that shall be responsible for ongoing plan submission, assessment, communication with agency partners,

evaluation, and reporting requirements under P.L. 115-123 (Family First Prevention Services Act)."

Page 1, line 4:

Delete "**Section 1**"

Insert "**Sec. 2**"

Renumber the following bill sections accordingly.

Page 4, following line 16:

Insert a new bill section to read:

"* **Sec. 6.** The uncodified law of the State of Alaska is amended by adding a new section to read:

CHILD WELFARE PREVENTION PROGRAM SCAN AND FAMILY FIRST PREVENTION SERVICES PLAN SUBMISSION. (a) The Department of Family and Community Services shall contract with a third-party review agency to conduct a comprehensive scan of all child welfare prevention programs in the state identified by the United States Department of Health and Human Services, Children's Bureau. The scan must include evaluation of any curriculum used by the program, staff qualifications and workloads, targeted population identification, and methods of outreach, data collection, organizational management and evaluation, and reporting procedures. The scan must be completed not later than January 1, 2025.

(b) Not later than July 1, 2025, the Family First Prevention Services Team established in AS 44.30.020(c), added by sec. 1 of this Act, shall submit to the United States Department of Health and Human Services, Children's Bureau, a Family First Prevention Services Title IV-E Prevention Plan for approval."

REPRESENTATIVE RUFFRIDGE object for the purpose of discussion.

REPRESENTATIVE FIELDS explained that Amendment 3 would establish a team based around the concept of "family first" foster care prevention services. He said that the proposed amendment would involve only one department instead of two and highlighted that the solution was suggested by a report, titled "Reimagining Child Services in Alaska."

[5:39:09 PM](#)

REPRESENTATIVE SUMNER asked whether OCS would have the funding to achieve the proposed amendment's goals.

REPRESENTATIVE FIELDS explained that OCS is already working on ensuring funding for a team like the one proposed under Amendment 3.

REPRESENTATIVE SUMNER asked what the "family first" title means in reference to the foster care prevention plan under Amendment 3.

REPRESENTATIVE FIELDS answered that the term refers to a team that would keep kids safe and healthy in their foster homes.

[5:41:24 PM](#)

MS. SWISHER explained that Amendment 3 would be vital in the establishment of a safer foster care system in Alaska. She said that there are currently only three practices in Alaska that independently verify the safety of foster homes and emphasized that the services have been proven to be effective .

[5:44:34 PM](#)

REPRESENTATIVE SUMNER shared his understanding that the money would be spent to create a plan for the teams, not on the actual establishment of the teams.

MS. SWISHER confirmed that Representative Sumner's understanding was correct and said that OCS would not be opposed to reviewing the propositions resulting from Amendment 3 in the future.

REPRESENTATIVE FIELDS [moved to withdraw] Amendment 3. [There being no objection, Amendment 3 was withdrawn.]

[5:45:39 PM](#)

REPRESENTATIVE FIELDS moved to adopt Amendment 4 to HB 363, labeled 33-LS1049/S.4, Bergerud, 4/30/24, which read as follows:

Page 1, line 1, following "Act":

Insert "**establishing a revolving loan fund for the construction of residential psychiatric facilities for minors in the Alaska Mental Health Trust Authority;**"

Page 1, following line 3:

Insert a new bill section to read:

"* **Section 1.** AS 44.25 is amended by adding a new section to read:

Sec. 44.25.293. Psychiatric treatment center revolving loan fund. (a) The psychiatric treatment center revolving loan fund is created in the authority. The authority shall administer the fund and shall use the fund to award loans to in-state entities for the establishment and expansion of residential psychiatric treatment facilities for minors. The fund consists of money appropriated to the fund, including loan payments and interest earned on the fund.

(b) A loan awarded under this section may not exceed

(1) \$500,000 if the loan is for the construction of a new facility; or

(2) \$50,000 if the loan is for an existing facility that is establishing or expanding services to minors.

(c) The authority may not award a loan under this section to an entity that has an existing unpaid loan under this section or to a for-profit corporation.

(d) An entity is eligible each calendar year for not more than two loans made under (b)(1) of this section and not more than five loans made under (b)(2) of this section.

(e) In awarding loans under this section, the authority shall prioritize loans for a construction project in a region in which no residential psychiatric treatment facility for minors exists. A facility that provides treatment to adults is eligible to receive a loan under this section if the facility's primary mission is to provide psychiatric care to minors and the facility submits documentation to the authority showing that residents who are minors are physically separated in the facility from residents who are adults.

(f) The terms of a loan awarded under this section must require the loan to be repaid over a period of not less than five years and not more than 10 years. The authority shall provide for interest rates for loans awarded under this section that are less than the current market rate as determined by the authority.

(g) In this section,

(1) "adult" means an individual who is 18 years of age or older;

(2) "minor" means an individual under 18 years of age."

Page 1, line 4:

Delete "**Section 1**"

Insert "**Sec. 2**"

Renumber the following bill sections accordingly.

REPRESENTATIVE FIELDS explained that the proposed amendment would establish a revolving loan fund for the construction of residential psychiatric facilities for minors in Alaska. He said that intention of Amendment 4 was to create a place where the State could both make investments and expand the treatment capacity of the State.

REPRESENTATIVE SUMNER opined that the 500,000 dollar figure proposed by Amendment 4 was not enough to build a psychiatric facility.

[5:47:50 PM](#)

REPRESENTATIVE RUFFRIDGE said that he was supportive of Amendment 4 when he saw "Alaska Mental Health Trust Authority" (AMHTA) but was disappointed when he learned that the proposed fund would come from the General Fund of the Permanent Fund.

REPRESENTATIVE FIELDS said that he would be supportive of funds coming from AMHTA.

[5:49:57 PM](#)

REPRESENTATIVE PRAX shared his concern that the proposed amendment would create a new fiscal note for HB 363.

[5:50:09 PM](#)

MS. SWISHER recommended the question be answered by a representative from the Department of Health (DOH) but added that she is unsure of the necessity of the proposed amendment.

[5:50:41 PM](#)

REPRESENTATIVE RUFFRIDGE said that he probably wouldn't be in support of the proposed amendment.

[5:51:07 PM](#)

REPRESENTATIVE MINA commented that she likes the ideas that the proposed amendment puts forward.

[5:51:24 PM](#)

REPRESENTATIVE SUMNER asked whether the proposed revolving loan funds proposed under Amendment 4 would be restricted to use only on construction.

[5:52:02 PM](#)

REPRESENTATIVE FIELDS answered that the revolving loan fund was initially created with the idea of construction in mind, though it could be used for different applications in the future.

[5:52:37 PM](#)

REPRESENTATIVE SUMNER asked Representative Gray for his opinion on Amendment 4.

[5:52:41 PM](#)

REPRESENTATIVE GRAY replied that he would support whatever the will of the committee is.

REPRESENTATIVE SUMNER shared his understanding that there is a high likelihood of a fiscal note being created if Amendment 4 were adopted.

[5:53:53 PM](#)

CHAIR PRAX opined that it would likely create a new fiscal note for HB 363.

REPRESENTATIVE FIELDS said that the creation of a fiscal note is a subjective speculation to make and takes into account many logistical considerations.

[5:55:04 PM](#)

REPRESENTATIVE SUMNER offered his understanding that the presumption of the committee was that a fiscal note would be added to a piece of legislation if said legislation required funding.

[5:56:04 PM](#)

CHAIR PRAX sought confirmation that Amendment 4 would generate a fiscal note for HB 363.

ANA KARINA THOMPSON, Licensing Specialist, Department of Health, answered that the proposed amendment would likely generate a fiscal note.

REPRESENTATIVE FIELDS [moved to withdraw] Amendment 4. [There being no objection, Amendment 4 was withdrawn.]

[5:57:12 PM](#)

CHAIR PRAX asked whether it was the will of the committee to move HB 363 out of committee.

REPRESENTATIVE RUFFRIDGE moved to report HB 363, as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 363(HSS) was reported out of the House Health and Social Services Standing Committee.

[5:58:28 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:58 p.m.