

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

March 19, 2024

1:08 p.m.

**MEMBERS PRESENT**

Representative Stanley Wright, Chair  
Representative Laddie Shaw  
Representative Ben Carpenter  
Representative George Rauscher  
Representative Dan Saddler  
Representative Cliff Groh

**MEMBERS ABSENT**

Representative Andrew Gray

**COMMITTEE CALENDAR**

PRESENTATION(S): BANYAN TREATMENT CENTERS

- HEARD

**PREVIOUS COMMITTEE ACTION**

No previous action to record

**WITNESS REGISTER**

SAM GARCIA, Community Liaison  
Military and Veteran Affairs Business Development  
Banyan Treatment Centers  
Anchorage, Alaska

**POSITION STATEMENT:** Provided a PowerPoint presentation, titled "Banyan Treatment Centers."

**ACTION NARRATIVE**

[1:08:16 PM](#)

**CHAIR STANLEY WRIGHT** called the House Special Committee on Military and Veterans' Affairs meeting to order at 1:08 p.m. Representatives Shaw, Carpenter, Saddler, Rauscher, and Wright were present at the call to order. Representative Groh arrived as the meeting was in progress.

Presentation(s): Banyan Treatment Centers

**PRESENTATION(S): Banyan Treatment Centers**

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CHAIR WRIGHT announced that the only order of business would be the presentation on Banyan Treatment Centers

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SAM GARCIA, Community Liaison, Military and Veteran Affairs Business Development, Banyan Treatment Centers, provided a PowerPoint presentation, titled "Banyan Treatment Centers." He stated that the presentation would address the importance of advocating for veterans and active-duty military members. He shared that his background is in substance abuse counseling and peer support, and he explained that he is in long-term recovery from substance abuse.

MR. GARCIA moved to slide 2 to explain why people join the army, which includes service, benefits, and adventure. He added that often people join the military to move away from a current life situation, noting that post traumatic stress disorder (PTSD) can come from these negative situations in life, not just military service. He explained that 20 to 25 percent of members returning from the wars in Afghanistan and Iraq reported suffering from the disorders listed on slide 3. He discussed how alcohol and drugs are often used to alleviate the pain from these disorders, which can then result in a substance abuse disorder.

MR. GARCIA moved to slide 4 and related veteran data on PTSD, suicide, homelessness, sexual abuse, brain injury, and substance abuse. He stated that the rate of alcoholism for veterans is twice that of the general public. He moved to slide 5 to further detail substance use disorders that veterans face.

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MR. GARCIA, in response to a committee question, said using cannabis either recreationally or for pain does have impacts. He discussed the stigma associated with drug and alcohol abuse in communities. He added that for the military the stigma can be even worse, as it can effect an individual's career. He stated that he does not have specific data on cannabis usage by veterans and military members.

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MR. GARCIA moved to slide 6 and discussed transitional stress. He indicated that the chart on slide 7 shows a trajectory of what individuals may go through when leaving the military. He noted that there is a critical time for help before individuals reach crisis mode. He moved to slide 8 and discussed the challenges around reintegration into the general public, including alienation and isolation. He explained that addiction is a disease of isolation, and this is why support groups are about community. He moved to slide 9 and discussed the data on whether the military prepares members for the transition to civilian life. He noted the longer an individual is in the military the harder the transition may be. He relayed that many veterans believe their current job does not reflect their military service, but he argued that these individuals are not recognizing the skills acquired during their service.

MR. GARCIA moved to slide 10 and discussed the "Veterans in Recovery" program. He moved to slide 11 to provide a timeline of the Banyan Treatment Centers organization from 2013 to 2023, and he noted that it spread across the country during this time. He stated that his goal in the program is to increase the commitment and services to those who have served the country. He indicated that Alaska has a support system, but he added that there could be more for veterans.

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MR. GARCIA, in response to a committee question, stated that Banyan's services has expanded into helping veterans and military members, but it originally did not start because of this. He stated that most of the staff at Banyan in Alaska have served in the military or have a background of being in long-term recovery. He noted that Banyan opened in Alaska during the previous year.

MR. GARCIA, in response to a committee question, stated that IOP means "intensive outpatient." He stated that PHP means "partial hospitalization."

MR. GARCIA, in response to a committee question, stated that Banyan opened the clinic in Alaska because individuals in their home environment would be set up for success. He pointed out that when an individual is healing at home, the people and family in the community are healing along with the individual. He explained that the Wasilla location is quiet with a large

amount of space. He explained that Banyan has flexible housing for veterans for PHP.

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MR. GARCIA moved to slide 12 to discuss Banyan's treatment center in Wasilla and its services. He said the location is unique, as it can provide intensive PHP because of the five buildings on site with separate addresses. He shared that it also accommodates service animals, as other recovery centers in Alaska do not. He noted several different recovery pathways offered, as seen on the slide, and he gave several examples about recovery.

MR. GARCIA moved to slide 13 and slide 14 to further detail the Veterans in Recovery program. He pointed out multiple features, including life skills training, supervised outings, access to exercise equipment, a biofeedback bed, trauma therapy, yoga, and more. He said that the program works to accommodate whatever an individual is interested in, and he gave examples.

MR. GARCIA noted the range of treatment modalities provided by Banyan, as seen on slide 15. He discussed Eye Movement Desensitization and Reprocessing and Accelerated Resolution Therapy (ART) in more detail, noting that ART can show rapid results.

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MR. GARCIA, in response to a committee question, stated that health insurance would cover these therapies.

MR. GARCIA noted the list of what Banyan treats, as seen on slide 16. He noted that the Wasilla facility is primarily for substance abuse disorders, but a range of treatments are supported.

MR. GARCIA, in response to a committee question, stated that knowing the difference between the treatment for PTSD and moral injury would not be in his scope. He expressed the understanding that ART would be used as treatment in these incidences, and he discussed this in more detail.

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MR. GARCIA moved to slide 17 and slide 18 to discuss the programs for families. He stated that as long as the individual

is supportive of having outreach to family, this is provided. He advised that there are some situations where family involvement may not be ideal. He stated that Banyan works to educate families about substance abuse disorders.

MR. GARCIA moved to slide 19 to discuss Banyan's clinicians, of which many have a background in military service. He said that Banyan is working to bring facilitators trained in ART to Alaska. He moved to slide 21 to discuss the alumni program. He shared that as part of his continued recovery he annually goes to the treatment center he attended. He stated that he does this for himself and for those currently in the facility, as this helps show them what is possible. He expressed the understanding that the alumni program works because it shows that people can recover.

MR. GARCIA moved to slide 23 and discussed Banyan's telehealth program and the program's features. He stated that this is helpful for those living in rural areas and for those that may need a step-down type of program. He said that the step-down program would provide continuity in care once an individual leaves the facility.

MR. GARCIA moved to slide 23, which provided charts comparing the data on the national average success rate and Banyan's success rate. He expressed the opinion that Banyan's success rate is higher because it works to maintain contact with individuals after they leave the facility.

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MR. GARCIA, in response to a committee question, expressed uncertainty on the meaning of "TEDS-D." In response to a follow-up question, he stated that the chart on the right represents the successful recovery rate in the overall population, not just veterans. He continued that veterans at Banyan stay for six months, but if they need more time, Banyan will work with them. He responded that three months would be considered a short-term stay, while six months would be considered a longer stay.

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MR. GARCIA moved to slide 24 which showed a map of Banyan centers nationally, with each center's focus. He stated that each center is suited for the need in each area. He stated that the facility in Alaska is for veterans, active duty, and first

responders. He moved to slide 25 which differentiates veteran program locations from active-duty program locations. He noted that Alaska has both. He moved to slide 26 and discussed Banyan's admissions process. He said its goal is to better streamline services and improve communications. He stated that every time Banyan's phone number is called, someone answers.

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MR. GARCIA, in response to a committee question, explained the color-coded map on slide 25. He noted that Alaska's facility is for both active-duty service members and veterans.

MR. GARCIA concluded the presentation on slide 27, stating that at this point Banyan has been successful. He continued that currently it is working towards creating a detox facility, which will be a higher level of care. He noted some of the barriers, which include coverage cuts by TriWest Healthcare Alliance, as this insurance provides coverage for veterans. He expressed the understanding that these cuts would prohibit some services from coming to the state.

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MR. GARCIA, in response to a committee question concerning insurance coverage at Banyan in Wasilla, stated that TRUCARE and TriWest Healthcare Alliance would both currently cover everything. He stated that Banyan works with private healthcare companies, such as Aetna and BlueCross BlueShield. In response to a follow-up question, he stated that Banyan is in network with Aetna, and the Veterans Administration (VA) in Alaska has been supportive, as it provides veterans with health care benefits. In response to a follow-up question, he stated that Banyan compliments the VA's services; however, more services are still needed in the state. He added that Banyan provides services in-state, as the goal is to keep veterans and active-duty service members at home.

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CHAIR WRIGHT thanked the presenter.

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**ADJOURNMENT**

There being no further business before the committee, the House Special Committee on Military and Veterans' Affairs meeting was adjourned at 2:01 p.m.