

HB

76

SFIN

FILE

SENATE FINANCE COMMITTEE REPORT

REPORTED OUT
MAY 06 2001
SENATE FINANCE
COMMITTEE

DATE: 4/28/01

FURTHER:

DATE TURNED IN TO OFFICE: 6 May 2001

Finance Committee considered CS FOR SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 76(FIN)
NEW FACILITIES FOR API

and recommends:

- be replaced with 5 CS CS55 HB 76 (FIN)
- adopt previous CS forth coming ()
- attached amendment(s)
- adopt Letter of Intent by _____ Committee
- further referral to _____ Committee

Senate Bill:

- same title
- new title

House Bill:

- same title
- technical title
- new: SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Zero	FN#

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Zero	FN#
House HEIS	3/28/01		✓	#1
DOT	4/22/01		✓	#2
Revenue	4/22/01	20.0		#3

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>Jack Green</i>			✓	
<i>John Custer</i>			✓	
<i>W. ...</i>			✓	
<i>Frank C. Olson</i>			(X)	
<i>Gary ...</i>			✓	
<i>...</i>			✓	
<i>...</i>			✓	
COCHAIR: <i>...</i>			✓	
COCHAIR: <i>...</i>	✓			

FISCAL NOTE

REPORTED OUT

MAY 06 2001

SENATE FINANCE
COMMITTEE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 3
Bill Version: CSHB 76(FIN)
(S) Publish Date: 4/28/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Revenue
Title: New Facilities for API BRU: Revenue Operations
Sponsor: Representative Rokeberg Component: Treasury Division
Requester: Finance Committee Component Number: 121

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel	10.0					
Contractual	10.0	10.0	10.0	10.0	10.0	10.0
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Debt Service		1,635.9	1,639.9	1,636.4	1,635.7	1,636.0
TOTAL OPERATING	20.0	1,645.9	1,649.9	1,646.4	1,645.7	1,646.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	20.0	1,645.9	1,649.9	1,646.4	1,645.7	1,646.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	20.0	1,645.9	1,649.9	1,646.4	1,645.7	1,646.0

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This legislation identifies \$41,744,000 in funding for a new Alaska Psychiatric Institute facility comprised of the following:
1) \$19.2 million in prior appropriations; 2) \$3 million from the Alaska Mental Health Trust Authority; 3) \$16 million in proceeds from the sale of Certificates of Participation (COPs); and 4) \$3,544,000 in investment earnings on existing appropriations and COP proceeds.

Annual debt service on the \$16 million in COPs is estimated at \$1.64 million using the assumptions of 15-year term and a true interest cost of 5.67% (about 0.5% above April 2001 market rates for a competitive bond sale). Debt service will begin in fiscal year 2003, with total repayment estimated at just under \$24.6 million. The interest cost estimate is necessary due to the volatility in interest rates and the difficulty in accurately forecasting what market rates will be in the future.

Prepared by: Deven Mitchell, Debt Manager Phone 465-3750
Division: Treasury Division Date/Time 4/23/01 10:00 AM
Approved by: Larry Persily, Deputy Commissioner Date 04/23/2001
Agency: Department of Revenue

For distribution information, call the Governor's Legislative Office

MAY 06 2001

SENATE FINANCE
COMMITTEE

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 2
Bill Version: CSSSHB 76(FIN)
(H) Publish Date: 4/21/01

Revision Date/Time (Note if correction): _____ Dept. Affected: DOT&PF
Title: HB 76: An Act providing for and relating to the BRU: _____
issuance of certificates of participation for construction of API Component: _____
Sponsor: House Finance
Requester: _____ Component Number: _____

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES	0.0	0.0	0.0	20,315.0		
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CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts				20,315.0		
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	0.0	0.0	0.0	20,315.0	0.0	0.0

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

SEE ATTACHED

Prepared by: Kurt Parkan, Deputy Commissioner Phone 465-6977
Division: Commissioner's Office Date/Time 4/20/01 1:30 PM
Approved by: Joseph L. Parkins, Commissioner Date _____
Agency: DOT & PF

For distribution information, call the Governor's Legislative Office

The following assumptions were used:

Parties to the Memorandum of Understanding will secure a special federal appropriation specifically for the construction of the road and demolition of the existing hospital.

If project is funded through Federal Highways Administration, it will be subject to applicable AMATS processes, including consistency with the Long Range Transportation Plan.

Wright Street extension to Providence Drive:

Project Cost Estimate:

Demolition of existing API estimate: \$15,700,000

Road construction: \$3,000,000

- ROW will be dedicated by the property owner and will not have to be purchased.
- This will be a two-lane urban collector street with curb and gutter, sidewalks behind the curb and a separated pathway on one side.
- Existing access from Providence Drive to API will be reconstructed.
- Provisions for turning movements at major facilities and side streets will be required.
- Above cost estimates could vary significantly depending on public concerns, wetlands, building removal site cleanup and existing utility location.

Reconstruction of Wright between 40th and Tudor

Project Cost Estimate: \$1,700,000

- Assumes same 2-lane road as Wright Street to Providence Drive
- Assumes existing ROW is sufficient
- Utility costs are preliminary and could increase significantly depending on impacts with gas line, fiber optic cable, electric and telephone utilities.
- Project may require air quality conformity determination and a noise analysis. If noise barriers are necessary, costs will be greater.

SENATE FINANCE
COMMITTEE

22-LS0349P.1
Utermohle
5/5/01

Amendment Number: 1
Bill Number: HB 36
Sponsor: Donley Date: 5/5/01
Logged In By: Cadie

A M E N D M E N T

OFFERED IN THE SENATE
TO: CSSSHB 76(FIN)

BY SENATOR DONLEY

1 Page 4, line 19:

2 Delete all material and insert:

3 "* Sec. 7. This Act takes effect on the earlier of either

4 (1) the effective date of an appropriation passed by the United States Congress
5 and enacted into law for payment of at least \$15,000,000 for the demolition of the current
6 facility known as the Alaska Psychiatric Institute and for reclamation of the site of the facility;

7 or

8 (2) the date of the awarding of a grant of federal funds for payment of at least
9 \$15,000,000 for the demolition of the current facility known as the Alaska Psychiatric
10 Institute and for reclamation of the site of the facility."



Official Business

Alaska State Senate

Senate Finance Committee

Mail Stop 3100
State Capitol
Juneau, Alaska 99801-1182

FAX COVER SHEET

DATE: 5/6/01 TIME: 7:15²⁰ PM

TO: Legal

NUMBER OF PAGES, INCLUDING COVER SHEET: 1

FROM: MINDY ROWLAND
SENATE FINANCE COMMITTEE SECRETARY
PHONE: 465-4935
FAX: 465-2187

NOTES: Final Piece

CS SS HB 76 (FIN) 22-LS0349 \ P

+ amendment: \ P.1 5/5/01

Thx
Mindy

SENATE FINANCE COMMITTEE
~~2000~~ **COMMITTEE ACTION**

5/6/01

Bill Number	HP 76		
Amendment	# 1		
Motion	adpt		
<u>Motion by</u>	Donley		
<u>Objection by</u>	Kelly		
<u>Removed</u>	✓		
<u>Second Objection by</u>			
<u>Committee Member</u>	<u>Y</u>	<u>Vote</u>	<u>N</u>
Senator Hoffman			
Senator Leman			
Senator Olson			
Senator Ward			
Senator Wilken			
Senator Austerman			
Senator Green			
Co-Chair Donley			
Co-Chair Kelly			
<u>Tally</u>			
Yea			
Nay			
Absent			
MOTION			

REPORTED OUT

ALASKA STATE LEGISLATURE

House of Representatives

COMMITTEE ASSIGNMENTS

JUDICIARY COMMITTEE, CHAIRMAN
LABOR & COMMERCE COMMITTEE, MEMBER
LEGISLATIVE COUNCIL, MEMBER
SPECIAL COMMITTEE ON ECONOMIC DEVELOPMENT &
TOURISM, MEMBER

website: <http://www.akRepublicans.org/Rokeberg.htm>



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Representative Norman Rokeberg

e-mail: Representative_Norman_Rokeberg@legis.state.ak.us

SPONSOR STATEMENT

CSSSHB 76 (FIN)

An Act providing for and relating to the issuance of certificates of participation to finance construction of a new facility to be known as the Alaska Psychiatric Institute; giving notice of and approving the entry into and the issuance of certificates of participation in a lease-purchase agreement for construction of a new facility to be known as the Alaska Psychiatric Institute; giving notice of the intent and approval to retain investment income from pertinent appropriations to be applied to the cost of construction of a new facility to be known as the Alaska Psychiatric Institute; relating to construction of a facility to be known as the Alaska Psychiatric Institute; and providing for an effective date.

CSSSHB 76 (FIN) provides that the replacement of the Alaska Psychiatric Institute ("API") go forward with a mixture of funds already appropriated (\$22,200,000 of which \$19,200,000 remains), proceeds from certificates of participation (\$16,000,000) to be issued by the state bond committee, money from the Alaska Mental Health Trust Authority (\$3,000,000), and estimated interest income (\$3,544,000) for a total of \$41,744,000. In addition, the Alaska Mental Health Trust Authority has granted land for the project and funds for the demolition of the old API would come, potentially, from federal road funds to build a road through the old API location.

API was built in 1962 and contains 136,084 square feet. Originally constructed to house a maximum of 225 beds, API currently has a stated bed capacity of 74 beds. As a public facility, it cannot refuse civilly committed individuals or persons court-ordered for observations and evaluation. API is the mental hospital of last resort for the entire state and is too big and inefficient to operate in its present configuration. It also does not meet current building or safety codes and has, like many old buildings of that era, asbestos problems. There is universal support for the replacement of this aging facility that often exceeds its capacity on any given day. For January of 2001, the total admissions were 150 and the average daily capacity was at 66 persons. Discussions about the need to replace the aging facility have been going on for many years.

The bill requires that, as a part of any replacement of API, the current 10-bed forensic psychiatric unit would be maintained.

The legislation sets forth the various cooperative efforts that have occurred and will continue to occur as a result of a Shared Vision, set forth in the Memorandum of Understanding ("MOU") signed in April of 2001 by the Alaska Mental Health Trust Authority, the Department of Health and Social Services, the University of Alaska, and Providence Alaska Medical Center. This MOU sets forth the framework for land exchanges and other commitments that will facilitate the replacement of API.

With the cooperation of the local state government, local hospital facilities, and the local university campus, the development of the facility envisioned is set forth in the MOU. The scarce land of Anchorage's U-MED district can be allocated to its highest and best use -- to enhance educational opportunities and the delivery of health services to the people of Anchorage and the entire state -- under this Shared Vision plan.

Your support of this legislative proposal would be appreciated.

ED3:04/23/01

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

TONY KNOWLES, GOVERNOR

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030
FAX: (907) 465-3068

May 3, 2001

The Honorable Gary Wilken
Alaska State Legislature
State Capitol, Room 514
Juneau, Alaska 99801

Dear Senator Wilken:

During today's hearing on CSB HB 76 (FIN) discussion focused primarily on the proposed capacity of the replacement Alaska Psychiatric Institute (API) authorized by the bill. You asked that we memorialize for the committee the points made during that discussion to explain the appropriateness of the proposed replacement hospital capacity to meet future needs.

The capacity needed in a replacement facility for API has been a matter of substantial discussion, study and debate throughout the twelve years during which API replacement has been most intensively pursued. There are strongly held and divergent opinions ranging from those who believe no hospital is necessary to others who believe that a hospital twice the capacity of that authorized in HB 76 would be too small. This issue has been a key impediment to gaining the broad-based support needed to replace the old hospital. The proposed 72 bed capacity represents the capacity needed for the foreseeable future and has broad-based support.

History is instructive in understanding why the proposed capacity is appropriate to meet future needs. The current facility was constructed and operated with a 225 bed capacity at a time when Alaska's population was less than one half its current size. At that time and into the early 1980's API was the preeminent component of Alaska's mental health service system. During the life of the facility the trend in hospital use in Alaska (and nationally) has been clear: a steady and substantial decline in inpatient psychiatric hospital use has occurred (illustrated in Attachment A.) Today API operates at just 74 beds.

In the years since the original API hospital was built much has changed that affects the need for inpatient psychiatric beds. Two key trends have had the greatest effect on needed inpatient capacity:

- Increased knowledge of mental illness and new mental health technologies (primarily new medications) have improved the effectiveness of treatment for mental illness and have reduced the need for and duration of inpatient hospital care;
- Expansion of community mental health services and development of new service approaches have also been effective in averting the need for hospital care and reducing the duration of inpatient care through community-based alternatives.

Recent trends in utilization of API are also important to consider in explaining future need for hospital capacity. Key points revealed by a detailed analysis of hospital utilization in FY00 and FY01 through April 30 (see Attachment B) are:

- The average daily census has been at or below the proposed 72 bed level 94% of the time during that period;
- The census has exceeded the 72 bed level on only 43 (6%) of the 670 days during these two fiscal years;
- On average API operated at 89% of the 72 bed capacity planned for the replacement hospital.

Future need for capacity at API will be affected by development of new community-based services and enhancement of existing services to provide additional alternatives to hospital care at API. Planning for these services began in 1997 precisely for the purpose of allowing API to safely operate at a reduced capacity in the future. New services under development, primarily in Anchorage where the majority of patients reside, that will impact the capacity needed in the API replacement facility include:

- Single Point of Entry (SPE) – a comprehensive “front door” providing screening, evaluation, observation/stabilization, and referral to other appropriate community alternatives (as well as API when necessary);
- Enhanced Detoxification – 24 hour non-hospital care for persons in crisis presenting with substance abuse and a co-existing mental illness;
- Dual Diagnosis Treatment – residential substance abuse treatment for persons with co-occurring mental illness and substance dependence;
- Enhanced Crisis Treatment – additional beds and service enhancements providing short term care for mentally ill persons in crisis who cannot remain safely in their own home;
- Enhanced Assisted Living – 24 hour supported living developed to serve a special population of patients who would otherwise require long term hospitalization at API (some receiving this care had been at API continuously for up to 18 years);
- Special Intensive Community-based Psychiatric Support – a specialized, more intensive service targeting approximately 80-100 persons who average 60-80 days of care at API over the course of a year, representing approximately one-half the patient days at the hospital, (the goal of these targeted services is to reduce hospital use among these patients by up to one half);
- Special Needs Housing - Alaska Housing Finance Corporation is currently soliciting proposals for development of housing specifically targeted to mentally ill persons who have been hospitalized and whose lack of adequate housing has contributed to their hospitalization or impedes their successful recovery.

Recent passage of SB 154 ensures the continuation of another critical program, Designated Evaluation and Treatment (DET) services, and is also a key to reducing hospitalizations at API. Designated Evaluation and Treatment provides for reimbursement of inpatient psychiatric evaluation, stabilization, and short-term treatment (up to 30 days) at private hospitals in lieu of admission to API. This provides a means of privatizing the short-term care in communities where hospitals are capable and willing to provide involuntary inpatient psychiatric services.

The 1997 plan indicated that development of 18 DET beds by private hospitals in Anchorage would be needed to allow API to operate at a target capacity of 54 beds. To date no Anchorage hospital has developed DET capacity. Key among the impediments to development of DET has been:

- Lack of current facility capacity to provide the services;
- Lack of assurance of an ongoing funding mechanism to justify development of new facility infrastructure and programs that may be otherwise uneconomical;
- For Providence Alaska Medical Center, lack of land to support facility expansion was also a factor inhibiting interest.

Passage of SB 154 assists in assuring continued reimbursement of DET services developed by private hospitals. This will assist in facilitating development of additional DET capacity by hospitals in Anchorage and other communities where it is not currently provided (e.g. Mat-Su, Ketchikan, Kenai, and Kodiak.) The recent Memorandum of Understanding referred to in HB 76 and discussed in testimony yesterday will also assist in providing the land base needed by Providence Alaska Medical Center to develop DET or other mental health services.

When fully implemented and operating these services will have a significant impact on the number of admissions to API and on the duration of hospitalizations. The projected impact is depicted on the attached chart (Attachment C) discussed during this morning's hearing. Without these community services, the need for API capacity is projected to increase. With the anticipated community services in place, the planned 72 bed capacity will be sufficient to meet the projected need and accommodate the occasional spikes in population that can be reasonably anticipated.

Future need for hospitalization at API will be limited by development of additional capacity in community-based alternative service alternatives allowing the planned 72 bed capacity to meet the need for the foreseeable future. We do not anticipate the need for additional public hospital beds. We do anticipate the need for additional community-based service capacity. Development of that capacity will be the focus of future budgets rather than expanding hospital capacity.

I hope this provides the information needed to overcome your concerns about the planned hospital capacity and allows you to support passage of HB 76 to accomplish the much-needed replacement of the old API facility.

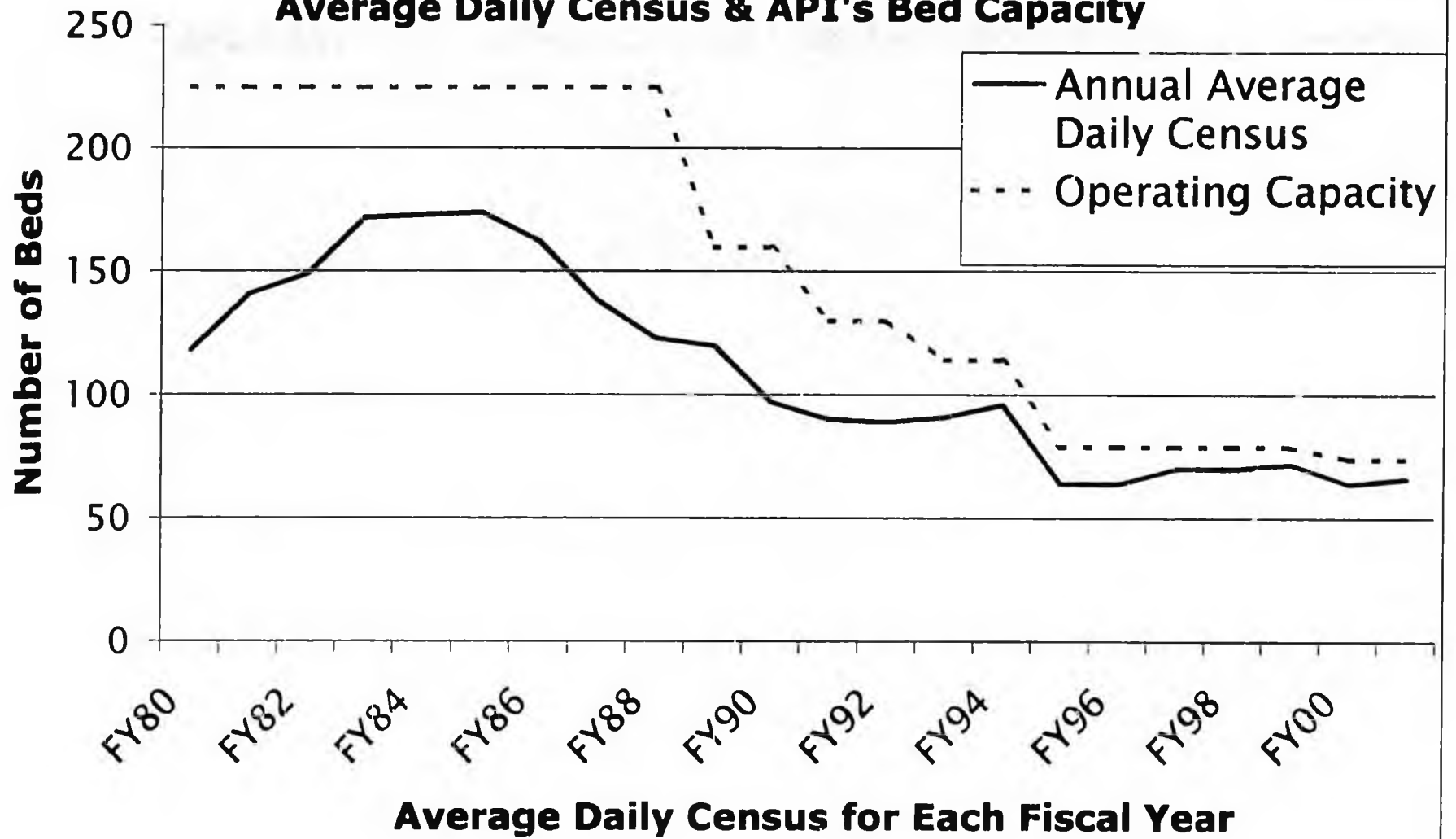
Sincerely,



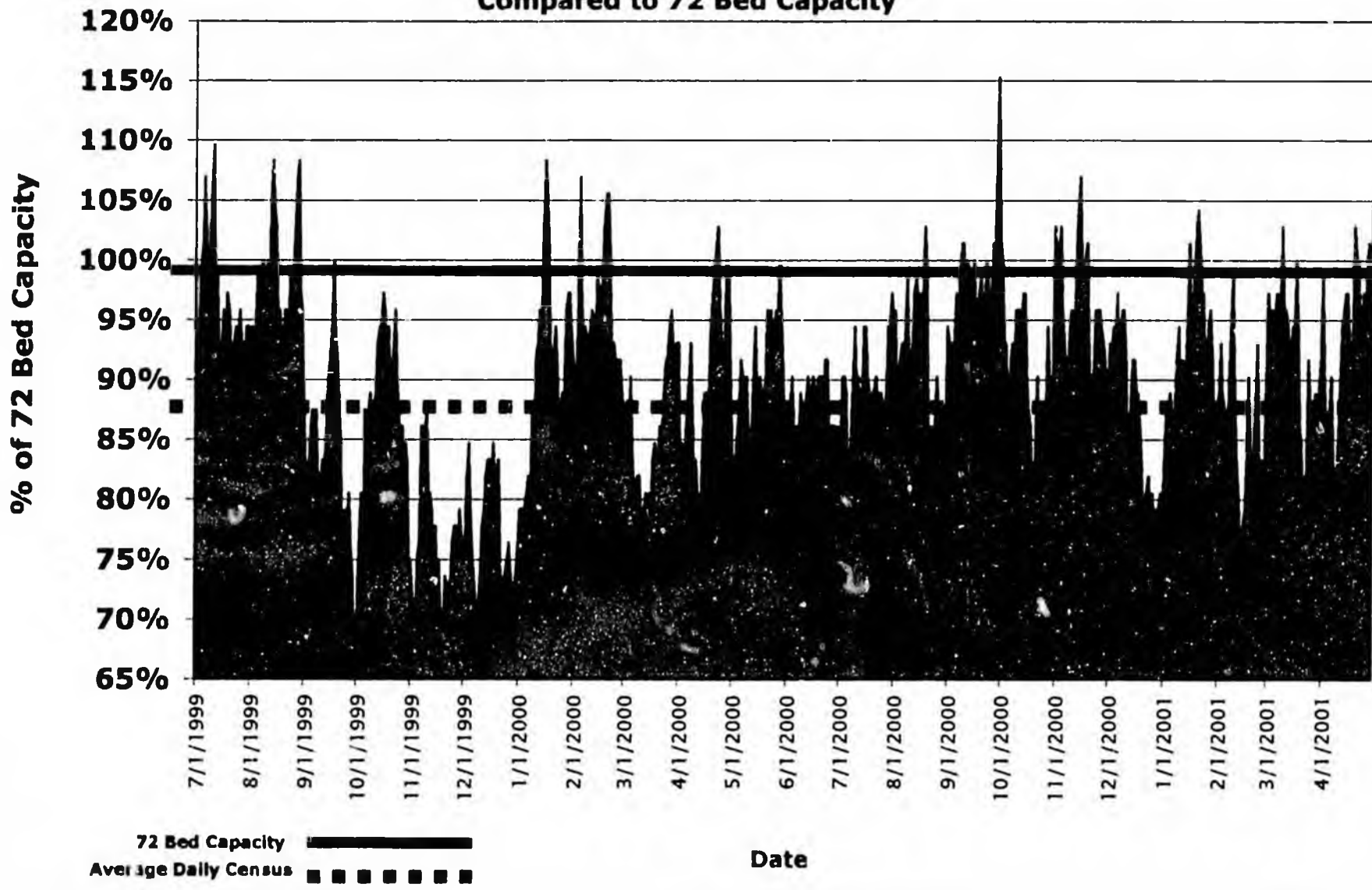
Russ Webb
Deputy Commissioner

cc: Commissioner Karen Perdue
The Honorable Pete Kelly

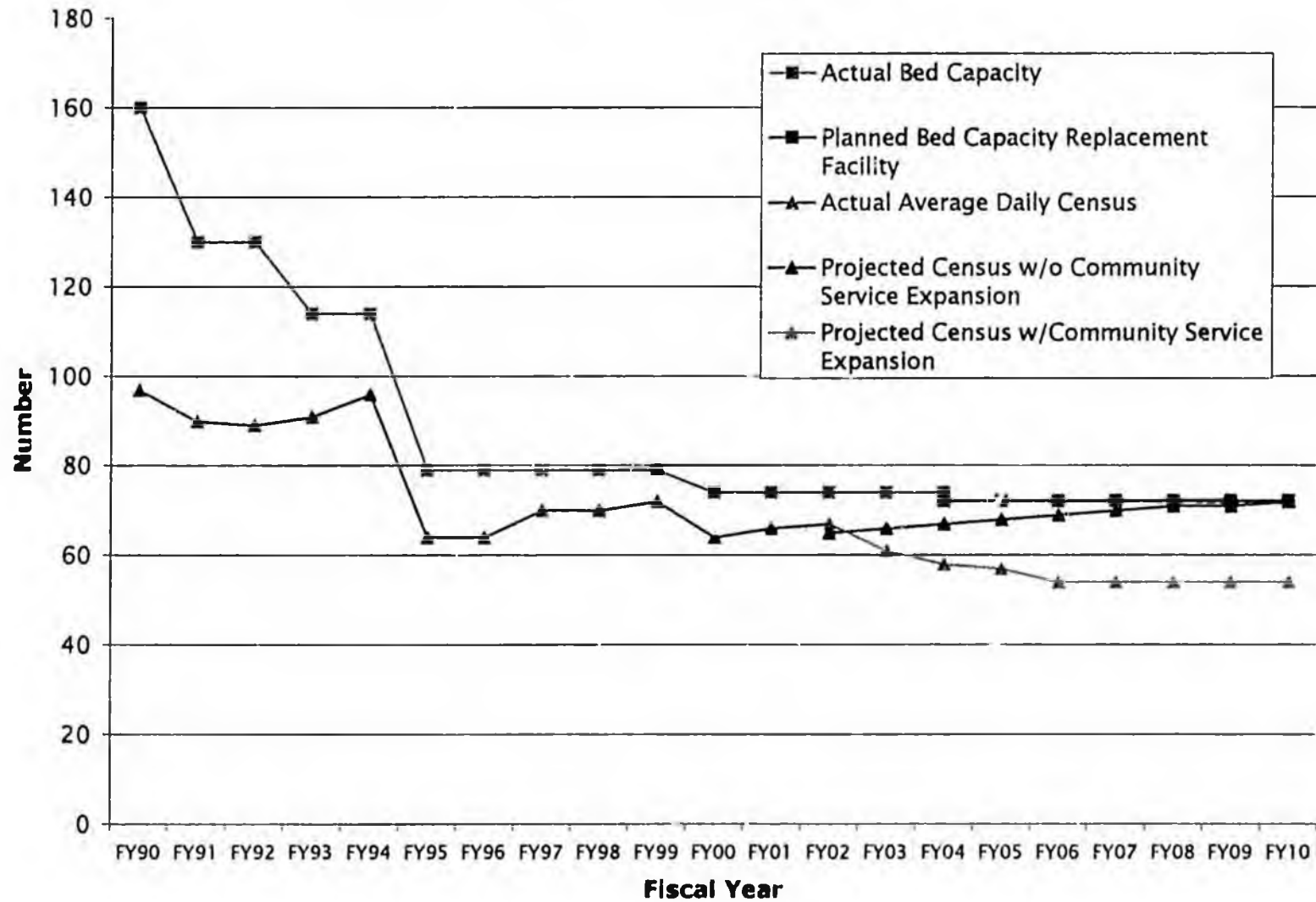
Attachment A
22 Year Historical Comparison Between API's Annual Average Daily Census & API's Bed Capacity



**Attachment B
API Daily Census FY00-FY01
Compared to 72 Bed Capacity**



**Attachment C
API Capacity and Census
Actual and Projected**



STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

TONY KNOWLES, GOVERNOR

P.O. BOX 110601
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May 3, 2001

The Honorable Jerry Ward
Alaska State Senate
State Capitol – Room 423
Juneau, AK 99801-1182

Dear Senator Ward:

I am writing in response to your inquiries before the Senate Finance Committee this morning regarding issues around the current physical state of the Alaska Psychiatric Institute building. I believe the enclosed copy of a 1989 study entitled "Structural Investigation Report and Cost Estimate" is the report you requested during the hearing. I have also enclosed its companion study, entitled "Alaska Psychiatric Institute Gross Renovation Cost Estimate," also published in 1989.

I have taken the liberty of flagging and highlighting just a few of the pages from these reports. Please note that these concerns, raised over 12 years ago now, remain unresolved. Indeed, the structural concerns listed in the attached reports are serious: they make clear that API is presently an unsafe structure.

Concern for the structural integrity of a 40 year facility represents but one of the reasons why the respected Anchorage engineering firm of USKH, in the executive summary of its September 1997 "due diligence" study for the Alaska Mental Health Land Trust Office, stated that

[i]t would not be reasonable to consider the continued use of the improvements [on the land, i.e., API itself] beyond the two to five year time frame. *The physical risks associated with continued use beyond two to five years should also be a significant concern* [emphasis added].

These enclosed studies report that in the 30 years between when the original API building design was completed and construction began (1960) and the year the studies were released (1989), the Uniform Building Code (UBC) had become more stringent with respect to seismic, wind, and building and snow load performance requirements. As is referenced in the studies, these codes are especially stringent for institutional facilities such as API, where some or all patients may be restrained or unable to safely care for themselves.

The 1989 structural investigation found that any “seismic related structural damage may require that the building be evacuated unless [the structure] is upgraded.” To meet the newer code requirements that would increase protections against seismic damage, the study found that API needed significant structural repair to its main entry and the roof areas near the gym and mechanical penthouse, as well as lateral load upgrades to the east and west wings and central tower of the existing hospital.

However, as the studies also indicate, efforts to upgrade the facility first require abatement of the friable asbestos throughout the facility. And, as the enclosed gross renovation cost report notes, “any abatement procedure will require evacuation or physical isolation of occupants from the abatement area.” This is why the cost estimate looks at two approaches: abandonment of the facility for approximately two years while the abatement and renovation takes place, or a lengthy phasing project (4 years or more) that would generally allow staff and patients to remain in the facility but would require evacuation and total isolation of various parts of the hospital while the abatement and repairs were undertaken to those sections.

In either case, the costs of abatement combined with the necessary structural repairs and the expense of entirely new mechanical, heating, plumbing and fire life safety and security systems makes the cost of renovation prohibitive.

The 1989 reports estimated abatement and renovation costs between \$75 Million and \$83.5 Million, while the updated reports from Koonce Pfeffer Bettis that you received yesterday report similar costs today: a range between \$74.5 Million and \$81.1 Million. It is important to note, however, that these estimates *do not* include the cost of either finding off site space during the renovation or the cost of remodeling in order to accommodate patients and staff as they relocate to various parts of the hospital while the phased abatement and renovation takes place.

Finally, we believe these studies, which report some significant structural concerns, are just part of the many reasons surrounding why API needs to be replaced now. These other reasons include the current sorry state of our air handling/circulation system, our worn out mechanical, plumbing, and heating systems, and the continuing deficiencies in our fire life safety systems.

Lastly, I wanted to take this opportunity to thank you for your comments during the Senate HESS hearing regarding your appreciation for the admittedly controversial design of the original replacement hospital.

While that design has been abandoned in favor of a multi-story, condensed footprint constructed under the more efficient design/build approach, I believe the ideas and approaches suggested during the original hospital planning and design process will contribute to our ability to fast track design of the new hospital in order to begin construction next summer.

Please do not hesitate to contact me or DHSS Deputy Commissioner Russ Webb should you have any further questions regarding current justification for moving forward on replacement of Old API.

Respectfully yours,

A handwritten signature in black ink, appearing to read "Randall P. Burns", with a long horizontal flourish extending to the right.

Randall P. Burns
Chief Executive Officer
Alaska Psychiatric Institute

Enclosures

cc: The Honorable Pete Kelly
The Honorable Norman Rokeberg
Commissioner Karen Perdue
Deputy Commissioner Russ Webb

ALASKA STATE LEGISLATURE

House of Representatives

COMMITTEE ASSIGNMENTS

JUDICIARY COMMITTEE, CHAIRMAN
LABOR & COMMERCE COMMITTEE, MEMBER
LEGISLATIVE COUNCIL, MEMBER
SPECIAL COMMITTEE ON ECONOMIC DEVELOPMENT &
TOURISM, MEMBER

website: <http://www.akrepublicans.org/Rokeberg.htm>



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Representative Norman Rokeberg

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SECTIONAL ANALYSIS CSSSHB 76 (FIN) New facilities for API

Prepared by Office of Rep. Norman Rokeberg

- Section 1:** Findings and intent language.
- Section 2:** Requires the Commissioner of Health and Social Service to provide for the replacement of a new facility to be known as Alaska Psychiatric Institute ("API"). The new facility is to include a forensic psychiatric unit.
- Section 3:** Delegates authority to the Department of Health and Social Services to enter into a lease-purchase agreement for a new API facility.
- Section 4:** Provides that lease payments owed under the lease-purchase agreement are subject to appropriation by the Legislature.
- Section 5:** Authorizes the Department of Health and Social Services to enter into a lease-purchase agreement for a facility for API. The state bond committee is authorized to issue certificates of participation in the amount of \$16,000,000. The amount received from the issuance of the certificates of participation is to be combined with \$22,000,000 that has already been set aside for the construction of a replacement API along with \$3,544,000 of investment income earned on other money sources for a total cost of construction, acquisition and equipping the project in the total amount of \$41,744,000. Estimated annual amount of rental obligation under the lease-purchase agreement is \$1,640,000 for the estimated total lease payment for the full term of the lease purchase agreement of \$24,600,000. "Cost of construction" includes the various items

**Sectional Analysis
CSHB 76 (FIN)
Page 2**

set forth in the bill. Upon the payment of all principal and interest due under the agreement, the title to the facility shall vest in the State of Alaska. Authorizes the state bond committee to contract for certain activities in financing the project.

Section 6: Gives notice that Section 5 of the bill satisfies the notice and approval requirement under AS 36.30.085.

Section 7: Immediate effective date.

ED1:04/25/01

Building a University/ Medical Community

A SHARED VISION

Prepared By: Alaska Mental Health Trust Authority, Mental Health Trust Land Office, Department of Health and Social Services, University of Alaska Anchorage and Providence Alaska Medical Center. April 2001

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("MOU") is entered into between the Alaska Mental Health Trust Land Office ("TLO") and Alaska Mental Health Trust Authority Office on behalf of the Alaska Mental Health Trust Authority ("the Trust"), the Alaska Department of Health and Social Services ("DHSS"), the University of Alaska ("University") and the Providence Alaska Medical Center ("Providence"), collectively referred to herein as "the Parties." The Parties are all stakeholders in the area identified in the Municipality of Anchorage planning area commonly referred to as the University-Medical District ("the District").

The Parties entered into a memorandum of understanding in 1998 for the general purpose of engaging in cooperative land use and development planning. The 1998 memorandum of understanding is attached as Exhibit A. As a result of joint efforts under the 1998 memorandum of understanding the Parties developed a collective vision ("the Vision") for lands owned and managed by the Parties in the District. The Vision document and its associated map are attached as Exhibits B-1 and B-2 respectively, and incorporated by reference into this MOU.

The purpose of this MOU is to define the collective and individual efforts of the Parties that would further the goals of the original 1998 memorandum of understanding and general objectives of the 2001 Vision document.

IN KEEPING WITH THE PURPOSE OF THE 1998 MOU AND SUBSEQUENT VISION DOCUMENT, THE PARTIES AGREE AS FOLLOWS:

1. Replacing the aging Alaska Psychiatric Institute ("API") as quickly as possible is central to achieving the common goals of the Parties.
2. The Parties will actively support passage of legislation this session to replace the API facility at an estimated cost of \$47.8 million. The new hospital will be constructed on Parcel C, as generally depicted on Exhibit B-2.
3. Demolition of the existing API facility is a State of Alaska ("State") responsibility and is also essential to achieving the goals of the Vision document and this MOU. The Parties will actively support appropriation of additional funds necessary to demolish the existing API facility.
4. The TLO and DHSS will complete the administrative steps necessary to terminate the interagency land management transfer ("ILMT"), serialized as ADL 23699, on parcels A and E. The ILMT termination will not be fully effective for Parcel A until the new API facility is constructed and occupied. It is understood that the Crisis Treatment Center ("CTC") will be subject to the sale of Parcel A described below, with the new owner of Parcel A authorized to terminate the facility's use authorization with reasonable notice, but not less than twenty-four (24) months.

unless otherwise agreed.

5. The TLO will commence actions necessary to convey parcels C and D to the State for use by MYC, the new API, the new CTC and other appropriate mental health programmatic purposes.
6. The TLO will make a good faith effort to complete a negotiated sale of Parcel A as depicted on Exhibit B-2 to Providence. General terms of the sale are as follows:
 - a) The negotiated sale price will be established by an appraisal process agreed to by the TLO and Providence.
 - b) The sale is predicated on unique and significant ancillary benefits that will accrue to the Trust and its beneficiaries as a result of the sale. At a minimum it is contemplated that acquisition of Parcel A will provide Providence with a sufficient land base to incorporate designated evaluation and treatment (DET) capacity, or other programs with a significant value to Trust beneficiaries, into the ongoing operations of Providence through the development by Providence of additional or expanded facilities within the District.
 - c) The sale will be subject to the ILMT rights described in Item 4 above.
 - d) Unless otherwise agreed, the conveyance of the parcel will occur in two parts, with the unimproved portions of the parcel being conveyed first, followed by that portion of the parcel directly associated with the demolished API facility.
 - e) The sale will not be contingent on Providence exchanging Parcel A for other University property in the District, as contemplated in Item 7 below.
7. Providence and the University will make a good faith effort to exchange Parcel A for University land in the District. The commitment by Providence to deliver "unique and significant" ancillary benefits to the Trust and its beneficiaries will remain in effect and be equally applicable to any land Providence may acquire through successful exchange of Parcel A to the University.
8. The TLO will complete an asset management plan for Parcel E within the next twelve months. In addition to standard issues addressed by an asset management plan, the plan will address the University's concerns about long-term uses of the parcel and will consider opportunities for the University to acquire the parcel. The opportunities considered will include selling a right of first refusal to the University, to be applied to future lease or sale offerings, and an agreement to consider University lease or sale requests associated with planned university facilities that are best suited for Parcel E. It is specifically understood that the University will be provided an opportunity to participate in competitive offerings of interests in the parcel in the event that said offerings are determined to be in the best interest of the Trust and its beneficiaries.
9. The Parties agree to support efforts of the Municipality of Anchorage ("MOA") to site a new transit center in the District and to relocate the MOA health clinic

building into the District in concert with the plans of the Parties.

10. The Parties agree to support the draft University-Medical District plan recommendation for a "mixed use" zoning designation for Parcel E.
11. This MOU is subject to additional agreements, due diligence efforts, administrative processes (e.g. best interest decisions, public notice, municipal platting, etc.) and other authorizations that may be required of the Parties, individually or collectively.
12. It is specifically understood that the Vision and this MOU contemplate good faith efforts of the Parties to complete the series of actions described in the documents. If, after making said efforts, certain contemplated actions do not occur, completed actions will remain valid and the Parties will make good faith efforts to achieve the Vision through other cooperative means, to the extent that it is reasonable to do so.
13. In addition to supporting API replacement and demolition legislation addressed above, the Parties will cooperate on other actions necessary to achieve the Vision, including, but not limited to reasonably necessary municipal planning, zoning and platting approvals.
14. This MOU does not obligate any Party to act contrary to applicable laws and regulations.
15. The Parties will cooperate on public relation matters related to actions contemplated hereunder.
16. The Parties agree that time is of the essence.
17. Individuals signing below are properly authorized to commit themselves and their organizations to the actions provided for herein, as conditioned by the terms and conditions of this MOU.
18. This MOU may be executed in counterparts.

AGREED:

By: [Signature]
Mental Health Trust Authority Office

Date: 4/13/01

By: [Signature]
Mental Health Trust Land Office

Date: 4/13/01

By: _____
Department of Health and Social Services

Date: _____

By: [Signature]
University of Alaska

Date: 4/16/01

By: [Signature]
Providence Alaska Medical Center

Date: 4/13/01

AGREED:

By: _____
Mental Health Trust Authority Office

Date: _____

By: _____
Mental Health Trust Land Office

Date: _____

By: *Jan Radue*
Department of Health and Social Services

Date: 4-13-2001

By: _____
University of Alaska

Date: _____

By: _____
Providence Alaska Medical Center

Date: _____

MEMORANDUM OF UNDERSTANDING

1. **Parties.** This Memorandum of Understanding ("MOU") is entered into between the Alaska Mental Health Trust Land Office (TLO) of the Alaska Department of Natural Resources (DNR), the Alaska Mental Health Trust Authority (the Trust), the Alaska Department of Health and Social Services (DHSS), the Alaska Psychiatric Institute (API), the McLaughlin Youth Center (MYC), the University of Alaska Anchorage (UAA), and the Providence Health System (Providence), collectively referred to as the "Parties."
2. **Term.** The term of the MOU is ongoing from the effective date, unless agreed otherwise in writing by the Parties.
3. **Area of Interest.** The physical area affected by this MOU (i.e., "Area of Interest") is depicted on Exhibit 1.
4. **Purpose.** The UAA, Providence, MYC and other institutional neighbors near to the Area of Interest have a long history of cooperating on area-wide planning. By pooling the Parties' collective expertise and resources, it may be possible to achieve the individual goals and objectives of each party to this MOU. Therefore, the purpose of this MOU is to cooperatively achieve the planning, development and operation goals and objectives of the Parties so as to optimize the limited resources of the Parties in a manner that is consistent with the individual corporate or public responsibilities of each Party to the MOU. The general goals and objectives of the Parties are described as:
 - a) **TLO:** over time, either maximize the revenue from Trust Land within the Area of Interest or maximize the value of the Trust Land within the Area of Interest through uses that directly benefit Trust beneficiaries.
 - b) **The Trust:** ensure that any use of Trust Land within the Area of Interest is determined to be in the best interest of the Trust and its beneficiaries, and, further, if also determined to be in the best interest of the Trust, assist DHSS in its efforts to provide a facility for the provision of inpatient psychiatric hospital services on land within the Area of Interest.
 - c) **DHSS:** continue to operate MYC on land within the Area of Interest and, if in the best interest of the state, to replace the existing, aging API with a new, public, inpatient psychiatric hospital on land within Area of Interest.
 - d) **UAA:** Optimize long-term University of Alaska Anchorage facility operations within the Area of Interest.
 - e) **Providence:** Optimize long-term Providence facility operations within the Area of Interest.

5. Agreements.

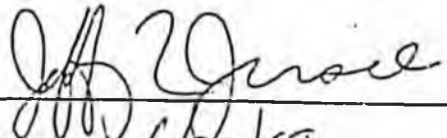
- a) To the extent consistent with their respective interests and statutory responsibilities and authorities, the Parties will work cooperatively to ensure that the revised Municipality of Anchorage (MOA) comprehensive plan, and other plans associated with it (e.g. the neighborhood transportation plan) are consistent with the collective land development and use plans of the Parties.
- b) Where reasonable to do so, the parties will cooperate on the completion of site-specific development plans and feasibility studies and subsequent site development and construction. The Parties will not be obligated to expend funds or resources on actions related to this MOU. Obligations arise only after entering into separate agreements that clearly describe the objective(s) and deliverables associated with the expenditures and defines the cost sharing procedures that will be used.
- c) When in the best interest of affected parties, attempts will be made to make land and facilities available in a manner that is consistent with the fiduciary responsibilities of the affected parties.
- d) This MOU does not obligate any Party to act contrary to applicable laws, regulations, policies, and procedures.
- e) To the extent legally permissible, information generated pursuant to this MOU may be kept confidential when requested in writing by a party to this MOU. Information released by a party to this MOU must credit the source of the information.
- f) Where reasonable, the Parties will issue joint press releases on matters related to this MOU and will coordinate responses to media questions.
- g) Notices regarding actions under this MOU will be sent to (for each party):

Executive Director Alaska Mental Health Trust Land Office 3601 "C" Street, Suite 880 Anchorage, AK 99503	Director Alaska Psychiatric Institute 2900 Providence Avenue Anchorage, AK 99508-4677
Superintendent McLaughlin Youth Center 2600 Providence Drive Anchorage, AK 99508	Vice Chancellor Administrative Services University of Alaska 3211 Providence Drive Anchorage, AK 99508-8140
Director of Planning Providence Health System 3200 Providence Drive Anchorage, AK 99508	

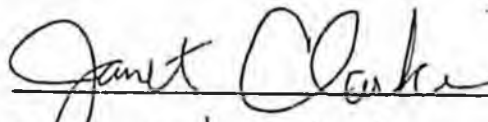
- h) The MOU may be terminated as to any individual party upon written notice to the remaining parties to the MOU.
- i) This MOU can be modified upon written consent of the Parties.
- j) Others may become party to the MOU upon written consent of the Parties.
- k) The MOU will not be effective until executed by each of the original parties to the MOU.

6. Signatory.

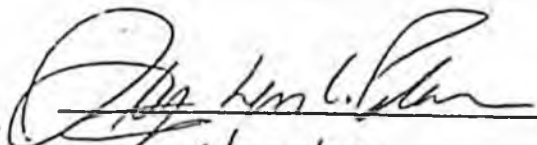
Alaska Mental Health Trust Authority


 Date 6/23/98

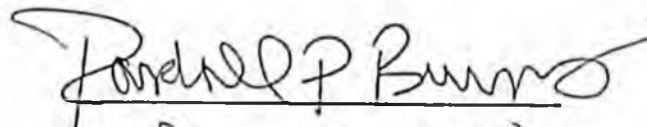
Department of Health and Social Services


 Date 10/26/98

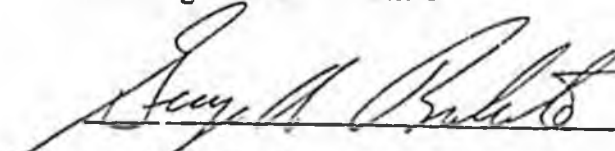
Alaska Mental Health Trust Land Office


 Date 6/23/98

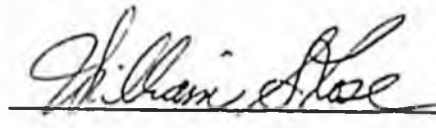
Alaska Psychiatric Institute


 Date June 23, 1998

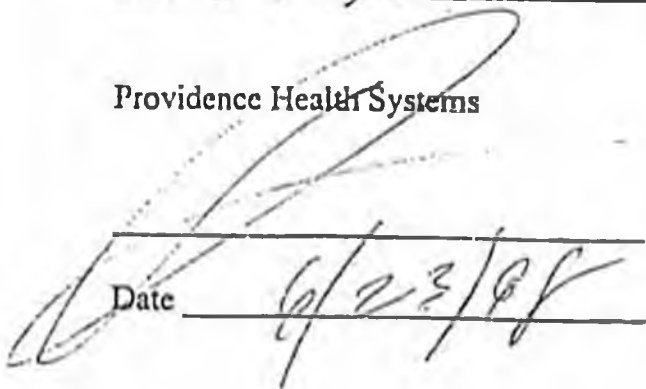
McLaughlin Youth Center


 Date 7-1-98

University of Alaska


 Date 6/23/98

Providence Health Systems


 Date 6/23/98

Building a University/ Medical Community
A SHARED VISION

As Anchorage matures, the random development patterns of the past are evolving into a planned community, with emphasis on the development of the Anchorage Bowl and specific key districts within the Anchorage Bowl. The design and operations of public and private institutional facilities are a critical component of a well-planned community. University and health facilities (physical and mental) are an essential part of the institutional framework of a community.

The University-Medical neighborhood (the Neighborhood), shown on the attached map, has a long history of university and health related facilities and programs. The Neighborhood is currently home to the University of Alaska Anchorage (UAA), Providence Alaska Medical Center (Providence) and two facilities owned and operated by the Department of Health and Social Services (DHSS) – the Alaska Psychiatric Institute (API) and McLaughlin Youth Center (MYC). The Neighborhood is part of a larger university-medical district (the District) that includes Alaska Pacific University and the Alaska Native Medical Center.

The District has grown into the State's prime center for higher education and healthcare service. Continued success of the District and its resident institutions is vital to the ongoing success of community and state wide education, health, and social service programs. Additionally, as the District evolves, it will make even more significant contributions to the economic well being of the community, region and state. Understanding the need for a more holistic and integrated approach to planning for the future of the institutions and their associated programs within the District, UAA, Providence, DHSS and the Alaska Mental Health Trust (the Trust) entered into a memorandum of understanding (MOU) in 1998. The MOU is attached.

The purpose of the MOU was to set the stage for cooperative efforts that would lead first to improved land ownership patterns within the Neighborhood and then achievement of individual and shared facility development goals of the parties to the MOU (the Parties). Shortly after the Parties entered into the MOU, the Municipality of Anchorage (Municipality) initiated a comprehensive planning process to address changing circumstances within the District.

Over the past 3 years, the Parties, in cooperation with the municipal planning effort, have focused on:

- The collective need for improved land ownership patterns in the District;
- DHSS's need to replace the aging API facility and improve the MYC facility;
- Providence's need to expand its facilities to meet corporate and community goals;
- UAA's need to construct additional campus buildings over time to address the higher education demands in Alaska; and
- The Trust's need to make productive use of its lands, both for revenue-generating and programmatic purposes, with the understanding that the institutional needs of the Neighborhood would be carefully considered before any land disposal actions are taken.

As a result of the past three years of effort, a vision has developed for the Neighborhood. It is a vision of institutional campuses that compliment one another and the District that surrounds them. The foundation of this vision contemplates a series of land transactions that will provide the land necessary for

construction of or improvement to new or existing facilities. Specifically:

- DHSS will reduce its land base in the area by about 50%, with the reduced area depicted as the "API/McLaughlin Campus" on the attached map.
- The Trust will sell the eastern portion of its parcel to Providence, depicted as the "Providence Purchase" on the attached map;
- UAA will commence land exchange negotiations with Providence; and
- The Trust will complete an asset management plan for the western portion of its parcel, with the plan specifically considering opportunities for UAA acquisition of the land.

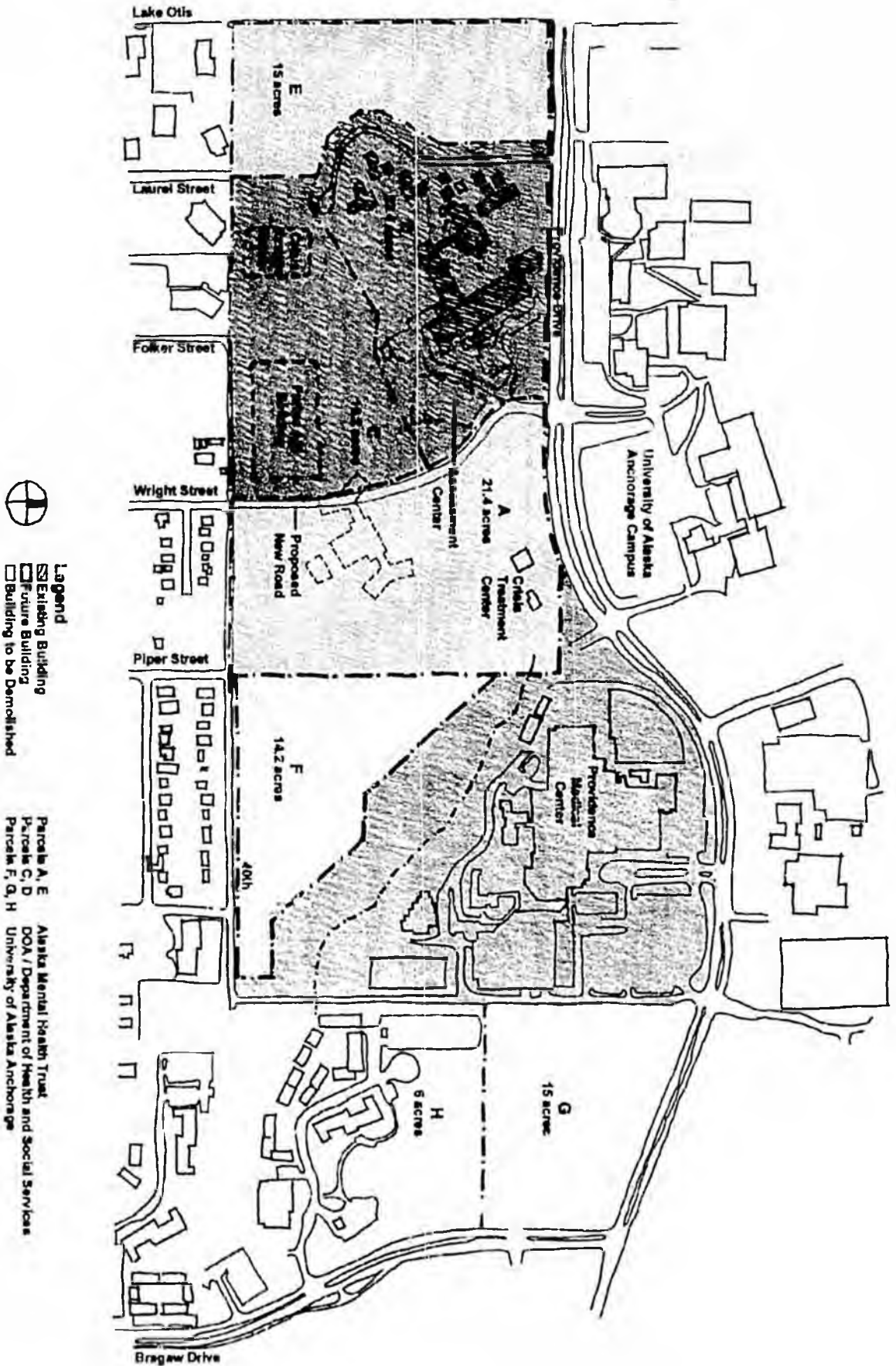
With this agreed upon vision in place the Parties can now work with the Municipality and Alaska State Legislature, as appropriate, towards achievement of the Neighborhood vision and District plans. Key steps in achieving the vision are:

- Approval of the API replacement funding legislation this session;
- Completion of necessary agreements and actions between the Parties, including completion of necessary board approvals and public processes;
- Completion and approval of the District plan; and
- Initiation of planned capital improvement projects.

While the Neighborhood vision will take years to achieve, the land ownership foundation needs to be constructed now. Principle reasons for the Parties to move forward with the land transactions are:

- ✓ DHSS can proceed with relative certainty towards replacement of API and improvements to MYC;
- ✓ The Trust will: (1) generate revenue to address long-term beneficiary needs; (2) contribute to final resolution of the API replacement problem; and (3) promote development of additional programs in the District that significantly benefit the Trust and those it serves;
- ✓ Providence, through purchase of the Trust property, and a subsequent land exchange with the University, will acquire much needed lands for future expansion, with some of that expansion being complimentary to University and DHSS programs elsewhere in the District, including the possibility of enhanced designated evaluation and treatment services in the District;
- ✓ UAA, through the land exchange with Providence, will be able to increase its net acreage within the District and create an opportunity for a more centralized campus over time;
- ✓ The Municipality will be able to quickly move forward with completion of the District plan and planning for the possibility of a new health building and transit center in the district; and, as a result of all of the above;
- ✓ A framework will be established that optimizes the collective resources of the Parties and District, resulting in increased opportunities for synergistic projects and programs, similar to the single point of entry (SPE) facility being planned by DHSS and Providence; and
- ✓ Demolition of the existing API facility becomes the shared goal of a broader group, thereby making it more likely that it can be demolished in a cost-effective and timely manner.

The intended land transactions provide excellent opportunities for the Parties, the community, region and state. Your support of and involvement in making the transactions happen sooner rather than later is critical to achievement of the individual plans of the Parties and the collective vision of the District.



Subject: HB 77

Date: Mon, 16 Apr 2001 17:49:42 -0400

From: sam.dickey@sba.gov

To: Representative_Norman_Rokeberg@legis.state.ak.us



Representative Norman Rokeberg
State Capitol, Room 118
Juneau, AK 99801-1182

Dear Representative Rokeberg:

I would like to once again thank you for the time you allowed me during my recent visit to Juneau to share my concerns with you and discuss the status of Mental Health care in Alaska, specifically with regard to the Alaska Psychiatric Institute (API)

I am writing this letter on behalf of the Coalition for API. The Coalition for API is a non profit community based groups of friends and neighbors with an interest in bringing the long standing issue of the replacement of an aging API facility to an end beneficial to all Alaskans. Our members consist of representatives from Community Councils, Neighborhoods, Mental Health Consumers, Mental Health Care providers, and just plain folks.

At the time the State DHSS was pursuing the Charter North purchase option as a means of replacing the current API facility I was the president of the Airport Heights Community Council (APHCC). I was largely responsible for the drafting of the resolution of conditional acceptance of API as a neighbor. I felt that API could be a good neighbor. After almost a year and several public meetings a group of neighbors who disagreed vehemently with the APHCC's previous position of acceptance and the issue became a very divisive one for the neighborhood.

Several neighbors involved on both sides of that issue came together after the state abandoned that plan to help reach a solution that was workable for everyone. Over months of meetings and talks with interested parties and stakeholders, the coalition devised a plan we felt was workable, affordable, and to the ultimate benefit of ALL involved stakeholders.

Recently the State Department of Health and Social Services placed the Single Point of Entry program. A key component for a growing and modernizing mental health care system. The Mental Health Trust also allocated land specifically for use by DHSS as a permanent home for API.

Within the last few weeks the major stakeholders in the physical area where API is currently located reached important agreements in their "Building a University/Medical Community - Key steps to a shared vision" document. This document outlines goals for the major U-Med occupants in terms of land and growth for the next several years. It seems the only remaining obstacle for the replacement of API and the further modernization of Alaska mental health care system is funding of the new facility.

According to the State of Alaska Department of Revenue each years delay would add an additional \$1,000,000 to the cost. Though General Obligation Bonds may be a preferred funding mechanism it provides us with many uncertainties. At least a minimum of 3 years delay as we await the next election

cycle. Additional funding would be required to educate and promote such a bond on a statewide ballot. Of course, there is always the possibility of voter rejection of the bond, causing an even greater delay.

We as the Coalition for API would strongly encourage the full and immediate funding of an API replacement facility. Additionally we would like to endorse the "shared vision" document and its goals. Congratulations to all the parties involved in the formation of that document for working together for the benefit of all.

I would welcome the opportunity to speak with you personally on these issues at your convenience. I have been working toward a resolution of this problem for a few years now and would like to see it come to a solution that fits all Alaskans and takes all their concerns into consideration. Please feel free to call me if you have any questions or if I can be of assistance somehow.

Sam Dickey
Coalition for API
sdickey@alaskalife.net
907 -258-7224 Home
907 -271-4844 Office
<http://www.apiak.com>

ACMHSA

Alaska Community Mental Health
Services Association
3050 Fifth Avenue
Ketchikan, Alaska 99901

MAR 29 2001

March 26, 2001

Representative Norman Rokeberg
Capitol Room 118
Juneau, Alaska 99811

Re: CSHB 76 & CSHB 77

Dear Representative Rokeberg,

The Alaska Community Mental Health Services Association (ACMHSA) supports your efforts in moving ahead with building a replacement facility for Alaska Psychiatric Institute and support the anticipated HESS committee substitute versions of your legislation HB 76 & HB 77.

ACMHSA is a statewide association representing all of the non-profit mental health providers in the state. We appreciate your attention and commend your leadership with this important mental health issue.

Sincerely,



Ron Adler
President

Ron Adler, Chair
Brenda Knapp, Treasurer

Pete Braveman, Vice Chair
At-Large: Bill Hopan, Doug Veit

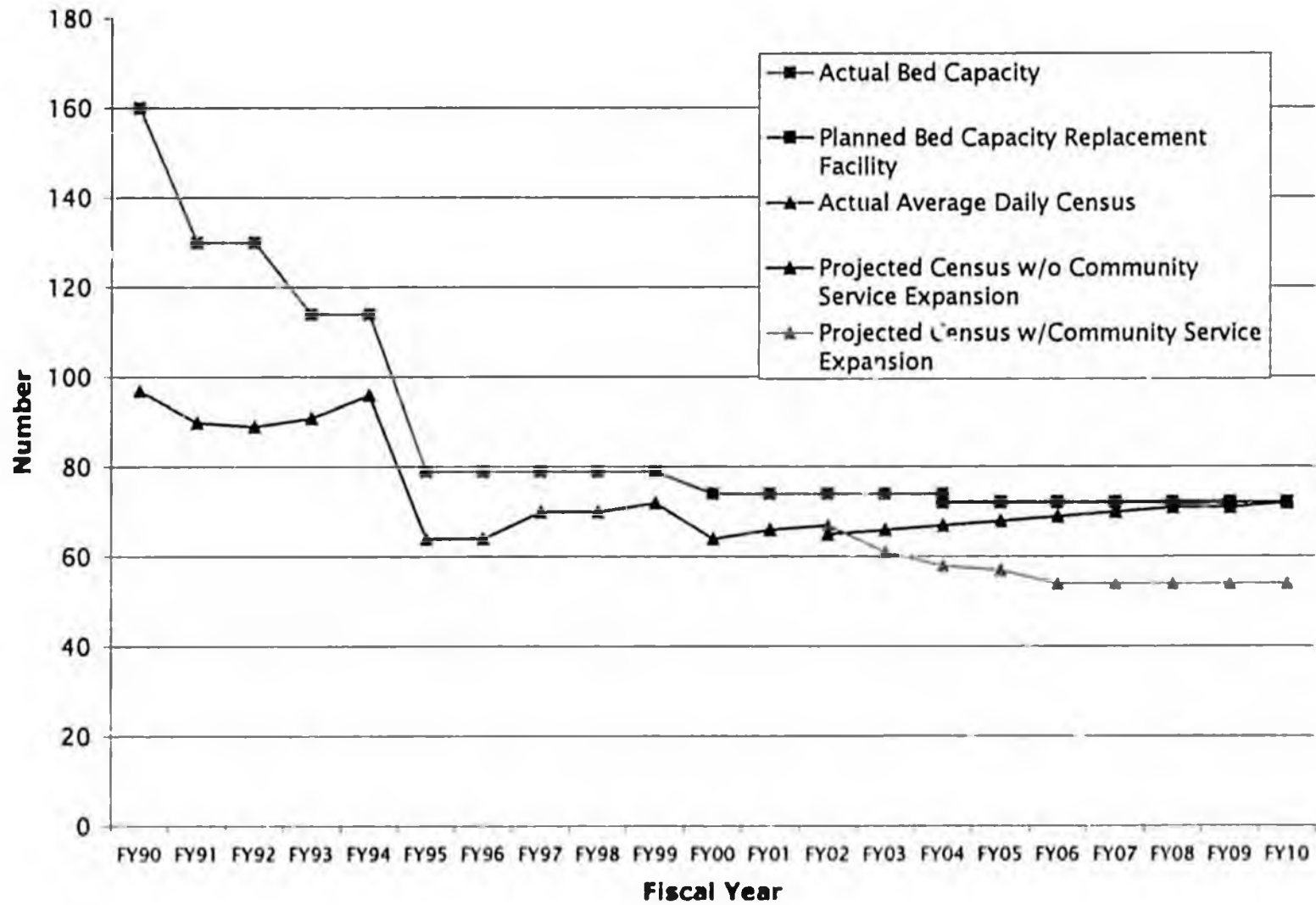
Diana Strzok, Secretary

Phone: (907) 225-4135

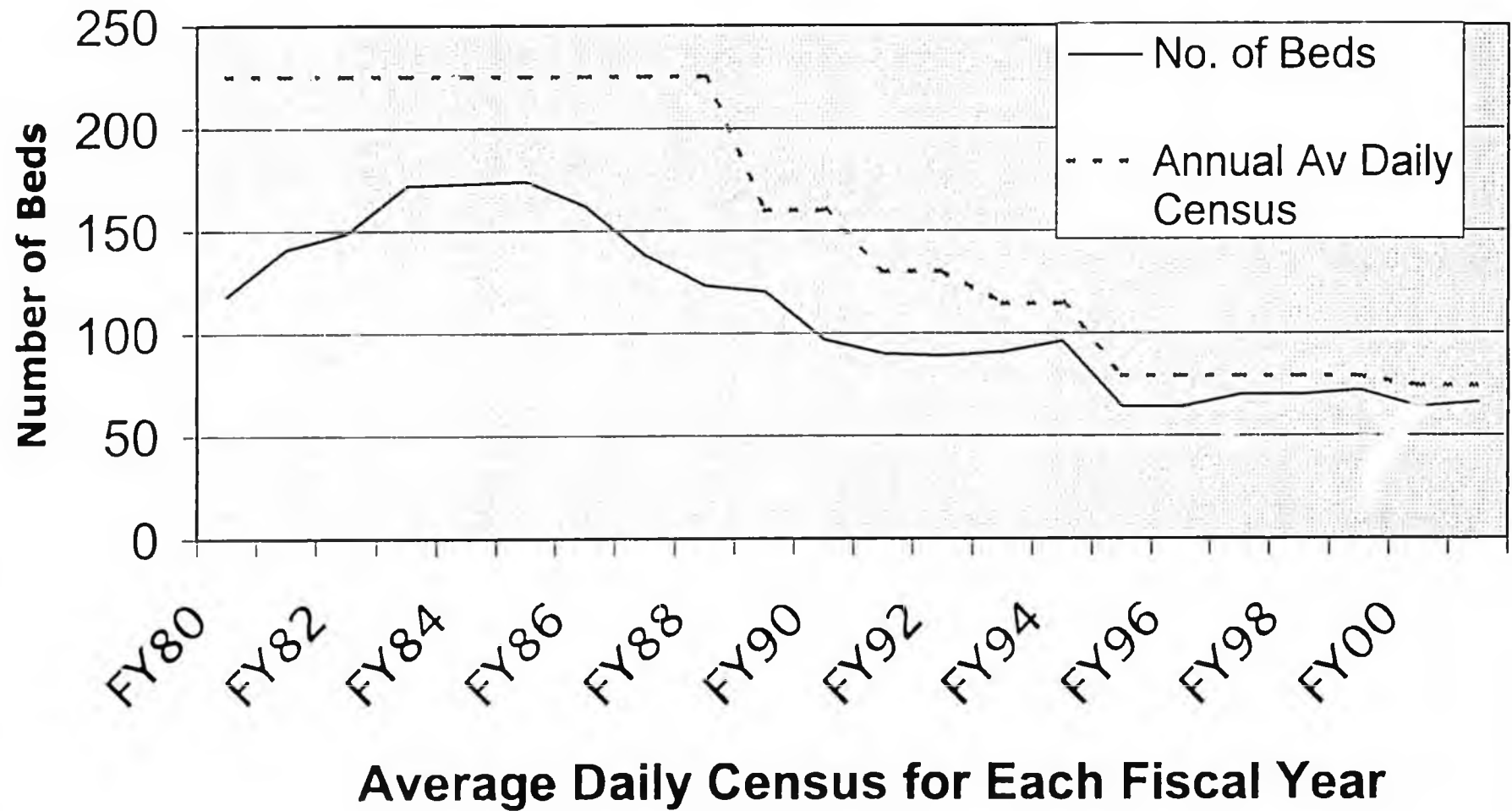
FAX: (907) 247-4135

e-mail: rona@city.ketchikan.ak.us

API Capacity and Census Actual and Projected



22 Year Historical Comparison Between API's Annual Average Daily Census & API's Bed Capacity



SENATE COMMITTEE REPORT

DATE: 4/25/01

FURTHER: Finance

DATE TURNED
IN TO OFFICE: 04/27/01

Health, Education and Social Services Committee considered CS FOR SS FOR HOUSE BILL NO. 76(FIN)
NEW FACILITIES FOR API

and recommends:

- be replaced with _____ CS _____ (_____)
- adopt previous _____ CS _____ (_____)
- attached amendment(s)
- adopt Letter of Intent by _____ Committee
- further referral to _____ Committee

Senate Bill:

- same title
- new title

House Bill:

- same title
- technical title
- new: SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Zero	FN#
Revenue	4/23/01	x		3

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Zero	FN#
DOT & PF	4/21/01	x		2

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	Do PASS	Do NOT PASS	No REC	AMEND
<i>Chris L. Kerner</i>			✓	
<i>Erin Wilbur</i>			✓	
<i>Bethye Davis</i>	✓			
CHAIR: <i>Lyle Green</i>			✓	

SENATE FINANCE COMMITTEE

SIGN-IN

HB 76-NEW FACILITIES FOR API

NAME: Janet Seitz Subject/Bill No: HB 76
Co./Dept./Title: Staff Rep Roseberg Phone: 4968
Address: Rm 118, Capitol Annex Zip: 99801-1182
Do you wish to testify? Yes No Respond To Questions

NAME: Deven Mitchell Subject/Bill No: HB 76
Co./Dept./Title: SOA / Dept of Revenue / Debt Mgr Phone: 465-3750
Address: _____ Zip: _____
Do you wish to testify? Yes No Respond To Questions

NAME: RONALD P BANNZ Subject/Bill No: HB 76
Co./Dept./Title: DHSS / API Phone: 269-7105
Address: _____ Zip: _____
Do you wish to testify? Yes No Respond To Questions

NAME: JEFF JESSEE Subject/Bill No: HB 76
Co./Dept./Title: EX. DIR. MENTAL HEALTH TRUST Phone: 269-7960
Address: 550 W. 7th St 1820 Apt Zip: 99501
Do you wish to testify? Yes No Respond To Questions

NAME: NELSON PAGE Subject/Bill No: HB 76

Co./Dept./Title: TRUSTEE, MENTAL HEALTH TRUST Phone: 269-7968

Address: _____ Zip: _____

Do you wish to testify? Yes No Respond To Questions

NAME: Caren Robinson Subject/Bill No: HB 76

Co./Dept./Title: MHTA-Chair Phone: 586-1107

Address: _____ Zip: _____

Do you wish to testify? Yes No Respond To Questions

NAME: _____ Subject/Bill No: _____

Co./Dept./Title: _____ Phone: _____

Address: _____ Zip: _____

Do you wish to testify? Yes No Respond To Questions

NAME: _____ Subject/Bill No: _____

Co./Dept./Title: _____ Phone: _____

Address: _____ Zip: _____

Do you wish to testify? Yes No Respond To Questions

NAME: _____ Subject/Bill No: _____

Co./Dept./Title: _____ Phone: _____

Address: _____ Zip: _____

Do you wish to testify? Yes No Respond To Questions

SENATE FINANCE COMMITTEE

SIGN-IN

HB 76-NEW FACILITIES FOR API

NAME: Russ Webb Subject/Bill No: _____
Co./Dept./Title: Deputy Commissioner DHS Phone: 465-3830
Address: _____ Zip: _____
Do you wish to testify? Yes No Respond To Questions

NAME: Janet Seitz Subject/Bill No: _____
Co./Dept./Title: Rep Roxenberg's Office Phone: 465-4968
Address: _____ Zip: _____
Do you wish to testify? Yes No Respond To Questions

NAME: _____ Subject/Bill No: _____
Co./Dept./Title: _____ Phone: _____
Address: _____ Zip: _____
Do you wish to testify? Yes No Respond To Questions

NAME: _____ Subject/Bill No: _____
Co./Dept./Title: _____ Phone: _____
Address: _____ Zip: _____
Do you wish to testify? Yes No Respond To Questions

SENATE FINANCE COMMITTEE

S I G N - I N

HB 71-EDUC. OF DISABLED OR GIFTED CHILDREN

NAME: Bruce Johnson Subject/Bill No: CS HB 71
Co./Dept./Title: EED Phone: 8678
Address: _____ Zip: _____

Do you wish to testify? Yes No Respond To Questions

NAME: Greg Maloney Subject/Bill No: CS HB 71
Co./Dept./Title: EED Phone: 2972
Address: _____ Zip: _____

Do you wish to testify? Yes No Respond To Questions

NAME: _____ Subject/Bill No: _____
Co./Dept./Title: _____ Phone: _____
Address: _____ Zip: _____

Do you wish to testify? Yes No Respond To Questions

NAME: _____ Subject/Bill No: _____
Co./Dept./Title: _____ Phone: _____
Address: _____ Zip: _____

Do you wish to testify? Yes No Respond To Questions

SITE: ANCHORAGE LIO
COMMITTEE: Senate Finance
DATE: 5-2-2001

SUBJECT OF MEETING:
 SB 139/ HB 76/ HB 242/ HB 204
UPDATE #:



PLEASE SIGN IN

PLEASE PRINT:

NAME

ADDRESS (MAILING & ZIP)

REPRESENTING

**DO YOU WANT
 TO TESTIFY?
 Y or N**

Steve Planchon		Mental Health Trust	Y - HB 76
Elaine C. Pratt		Coalition for API	Y - HB 76
Vince Huntington			Ans ?s HB 76
Steve Flodin			Ans ?s HB 76