

**HB  
300/302  
PUBLIC  
TESTIMONY  
&  
HANDOUTS**

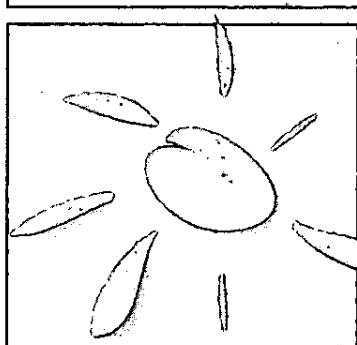
<target><bill>HB 300</bill><subject>HB 300-302 PUBLIC  
TESTIMONY and HANDOUTS</subject><comm>SFIN26</comm></target>

# Community Health Centers

An Essential Resource for Alaskans



2010 edition



## WHAT IS A COMMUNITY HEALTH CENTER?

Governed by a Community Board

- 51% of board are patients
- Not-for-profit organizations
- Local governments or
- Tribal organizations

CHCs are open to all regardless of insurance status or ability to pay

- Offer sliding fee scale to those without coverage or with inadequate coverage
- Accept Medicare
- Accept Medicaid
- Accept private insurance

The CHC network in Alaska is statewide

- 26 CHCs
- 142 clinic delivery sites
- Over 81,000 patients
- 369,398 patient visits
- 978 clinic employees

*CHCs have received the highest rating possible for cost effectiveness, quality, and efficiency at [expectmore.gov](http://expectmore.gov) by the U.S. Office of Management and Budget.*

## Community Health Centers

*Deliver High Quality, Cost-Effective Access to Alaskans*

### Health Value

- High quality care by highly qualified providers
- Positive health outcomes for individuals, communities and Alaska

### Societal Value

- Open to all regardless of insurance status or ability to pay
- Health care homes for those who otherwise would not have one
- Individual responsibility fostered via case management and sliding fee scale
- Promote healthy and productive communities

### Economic Value

- 41% lower medical costs for CHC patients compared to patients seen elsewhere, according to national studies
- 10-33% lower Medicaid expenditures estimated for patients who use CHCs as medical homes, according to studies in other states
- Reduced ER use for non-emergency care
- Alaska's CHCs generate \$145 million annually in economic benefits

#### DID YOU KNOW?

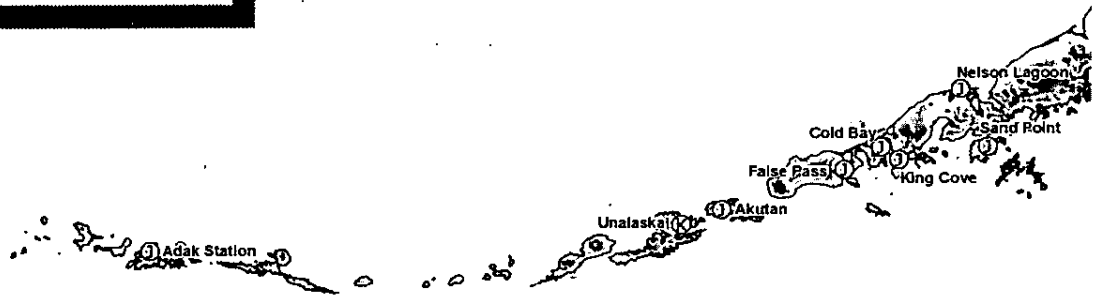
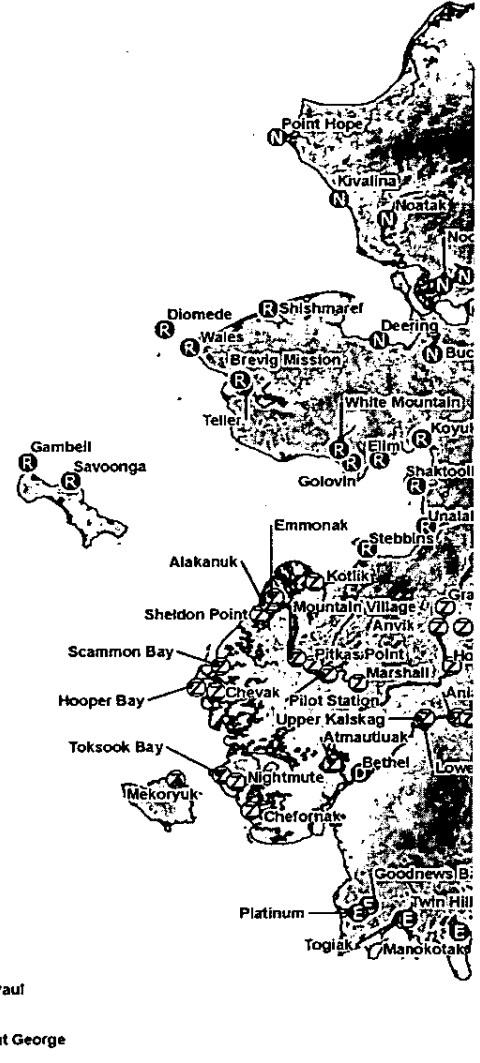
CHCs in Alaska served more than 81,200 patients in 2009



# CHC Delivery Sites in Alaska

## LEGEND

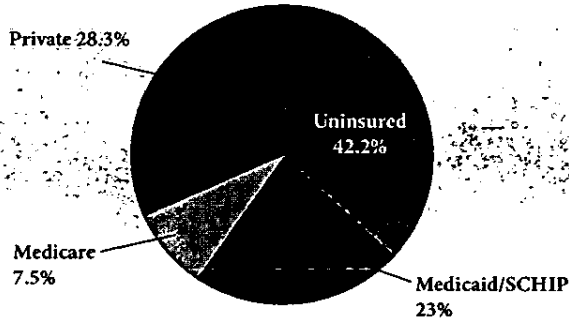
- A Alaska Island Community Services
- B Aleutian Pribilof Islands Association
- C Anchorage Neighborhood Health Center
- D Bethel Family Clinic
- E Bristol Bay Area Health Corporation
- F Bristol Bay Borough
- G City of Galena
- H Council of Athabascan Tribal Governments
- I Cross Road Medical Center
- J Eastern Aleutian Tribes
- K Iliuliuk Family & Health Services
- L Interior Community Health Center
- M Kodiak Community Health Center
- N Manillaq Association
- O Mat-Su Health Services
- P Municipality of Skagway
- Q Native Village of Eyak
- R Norton Sound Health Corporation
- S Peninsula Community Health Services of Alaska
- T Seldovia Village Tribe
- U Southcentral Foundation
- V SouthEast Alaska Regional Health Consortium
- W Sunshine Community Health Center
- X Tanana Chiefs Conference
- Y Yakutat Tlingit Tribe
- Z Yukon Kuskokwim Health Corporation



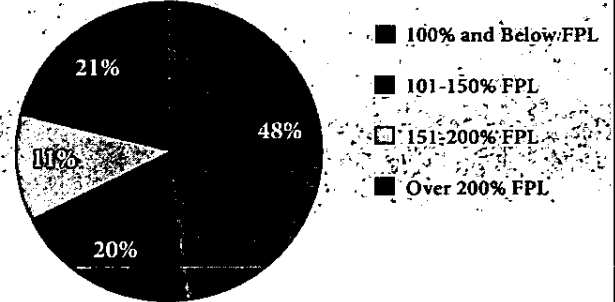


# Serving People and Places the Market Doesn't Reach

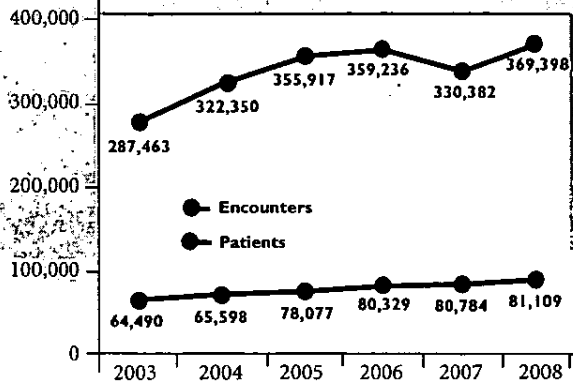
## Most Alaska CHC Patients are Uninsured or Publicly Insured



## CHC Patient Income as Percent of the Federal Poverty Level



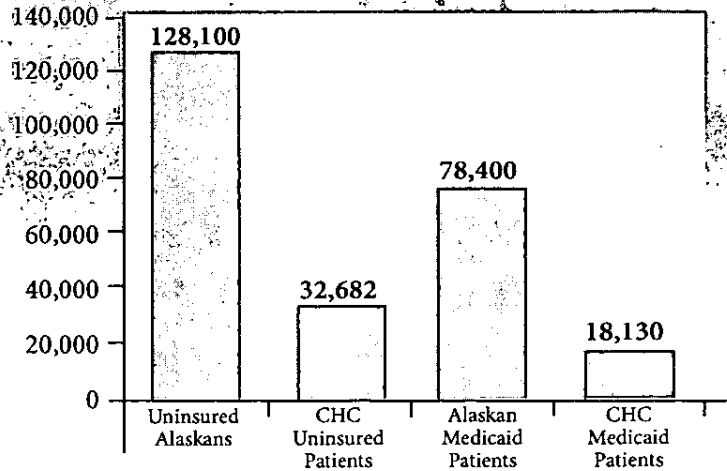
## CHC Patients and Encounters



### POSITIONED TO HELP

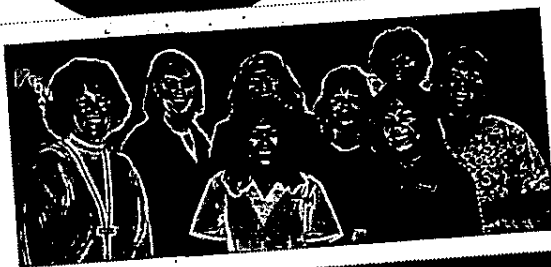
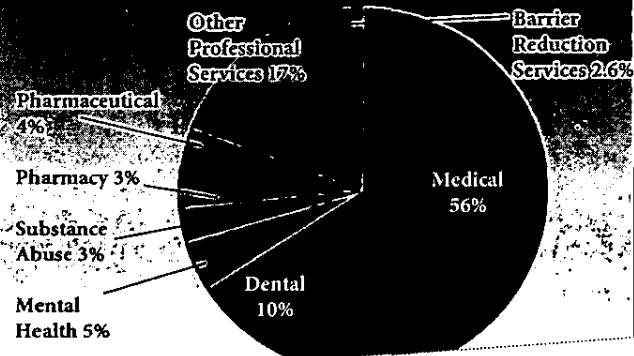
*CHCs reach some of Alaska's uninsured, Medicaid and Medicare populations. With outreach and state support, they could serve even more.*

## Potential to Help Alaska More

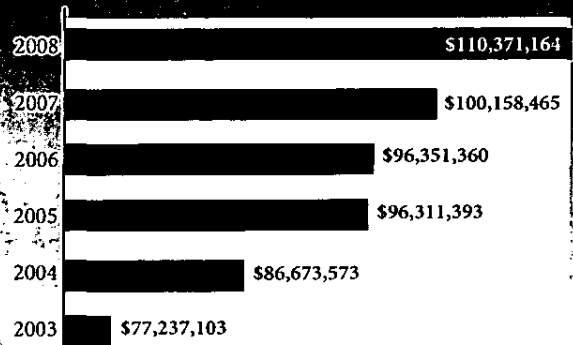


# Changing Costs and Revenues

## 2008 Clinical Breakdown of Services



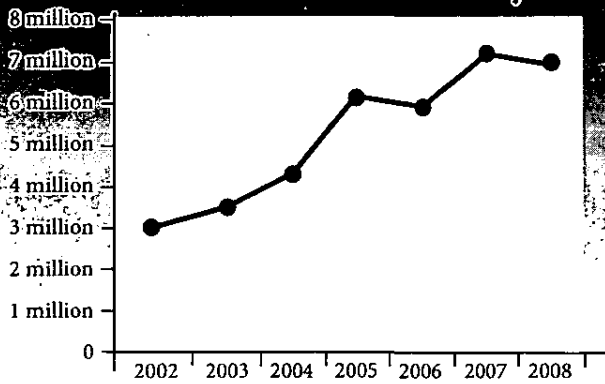
## Total Cost of Services



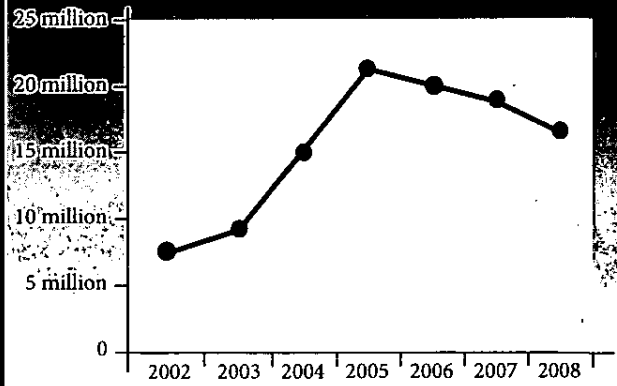
### ECONOMICAL SENSE

*CHCs are adept at stretching the dollar, thus delivering more care for less money.*

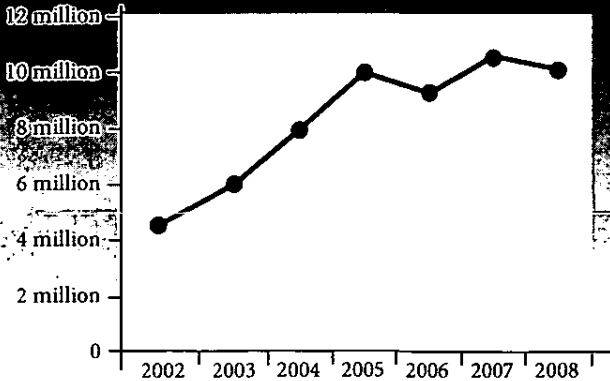
## Revenue from Patient Pay



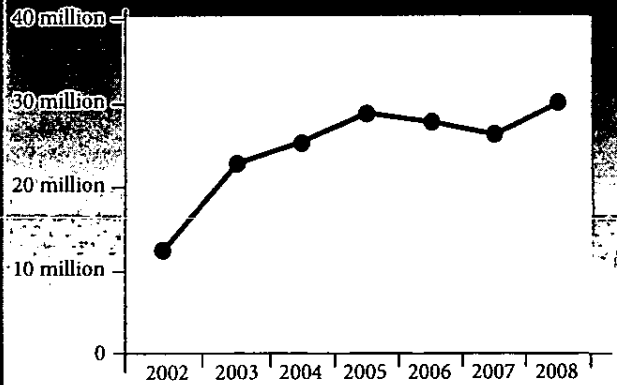
## Revenue from Public Insurance



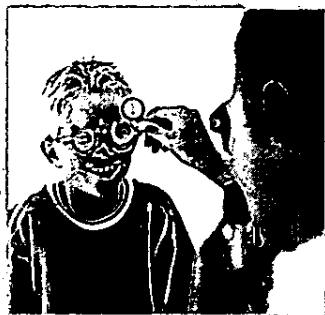
## Revenue from Private Insurance



## Revenue from CHC Federal Grant



# CHCs are Patient-Centered / Customer-Centered Health Care Homes



## GATEWAY TO BETTER HEALTH

Primary care is the affordable gateway to maintaining good health and achieving better health. CHCs are cost-effective, high quality primary care clinics or patient-centered "health care homes" offering comprehensive services to Alaskans.

The infrastructure of CHCs throughout Alaska (26 CHCs with 142 clinic sites) is positioned to improve the health outcomes of Alaska's residents to an even greater degree than has already occurred.



*"I hope Alaska recognizes the valuable resource the CHCs are to communities and commit to supporting and strengthening this excellent source of primary care."*

*- Sonia Handforth-Korne  
APCA Board President*

## How are CHCs Ideal "Health Care Homes"?

- **Comprehensive Services:** CHCs offer case management, preventive services, education, community outreach, and pharmacy services in addition to regular primary care which includes medical, dental, and behavioral health care
- **Customer-Centered:** The patient is encouraged, and expected, to play a central and responsible role working toward better health.
- **Caring Providers:** CHC providers are mission-oriented, working to improve the lives and communities they serve. They care about their patients and treat each as a unique and whole person.

Comprehensive Medical Care	Cost-effective & Quality Medical Care
Comprehensive Dental Care	Cost-effective & Quality Dental Care
Comprehensive Behavioral Health Care	Cost-effective & Quality Behavioral Health Care
Quality Primary Care	CHCs are Ideal Patient-Centered Health Care Homes

## Why are CHCs so important to Alaska?

### 1. Access

- CHCs surmount financial, geographic, language, and cultural barriers to increase access to health care for underserved populations and areas, thus
- CHCs provide access to health care to all, including low-income working families, seniors, the disabled, the non-English speaking, veterans, uninsured and others who would otherwise not have access to care.

### 2. Cost\*

- Medicaid patients seen at CHCs save Medicaid dollars
- Lowest total health care costs
  - Lowest cost per ambulatory visit
  - Lowest rate of hospital inpatient days
  - Lowest inpatient costs compared to Medicaid patients seen elsewhere
- 22% less likelihood of hospitalization for avoidable conditions
- 41% lower medical costs than patients seen elsewhere
- Reduction in unnecessary ER use saves high uncompensated care costs

### 3. Quality\*

- Lower incidence of missed work days, chronic disease and disability in communities with a CHC
- High patient satisfaction
- Improved screening rates and outcomes, and reduced health disparities due to quality improvement initiatives

\* According to national data

# Alaska Primary Care Association

## Who we are

The Alaska Primary Care Association (APCA) is a not-for-profit membership organization founded in 1995 working to promote, expand and optimize primary care access for all Alaskans, including the underserved. The APCA members include safety net primary care providers, such as Community Health Centers (CHCs), rural health clinics, Native health corporations, community clinics, and others with a similar mission.

The APCA, with staff and contractors and an annual budget of \$1.4 million, provides vital services and technical assistance to support members in offering quality, cost-effective care—so they can serve more patients for less. The APCA also assists communities in accessing grant and foundation funds for CHCs, providing support and technical assistance as they establish and grow.

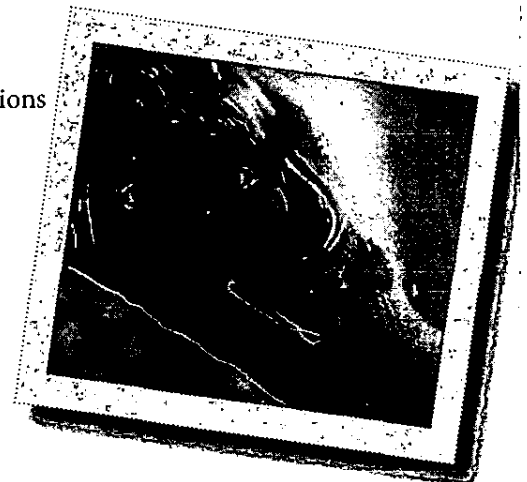


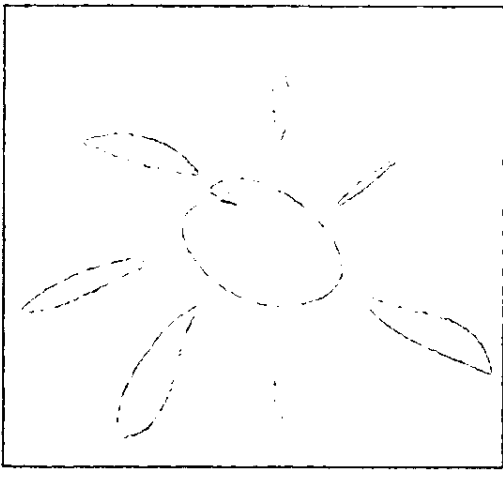
## Member Services

APCA staff and contractors provide an extensive menu of services and assistance so that our members can establish and grow effective primary care practices. Numerous services are provided within each category listed below.

- Clinical Quality Support
- Emergency Preparedness
- Expanded Primary Care Access
- Group Purchasing
- Information Technology TA and Support - The Alaska Community Health Integrated Network (ACHIN) Network
- Practice Management
- Recruitment and Retention Support
- Primary Care Systems Development
- Quality Improvement
- Research and Data Gathering
- Resource Development and Diversification
- Advocacy, Legislative Affairs and Lobbying, State and Federal Government Relations
- Board and Community Development
- Grants Management, Finance and Accounting
- Human and Financial Resource Development, Diversification and Optimization
- Communication regarding relevant Primary Care information
- Outreach and Enrollment
- Peer Networks (CEO, CFO, Clinical, EP, HR, IT)
- Public Education and Marketing

*“Providing technical assistance and services to help safety net providers offer quality care to more patients for less”*





**ALASKA**  
**PRIMARY CARE ASSOCIATION**

**Community Health Centers**  
*An Essential Resource for Alaskans*

### 2010 Alaska Primary Care Association Board of Directors

**Sonia Handforth-Kome**

*Board President*

CEO

Iliuliuk Family and Health Services  
Unalaska, Alaska

**Cheryl Kilgore**

*Board Secretary*

Executive Director

Interior Community Health Center  
Fairbanks, Alaska

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**Brenda Friend**

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Kodiak Community Health Center  
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**Karen Kelley**

Health Director

Ilnaka Health Center  
Cordova, Alaska

**Joe Klejka, MD**

Medical Director

Yukon Kuskokwim Health Corporation  
Bethel, Alaska

**Tony Lazenby**

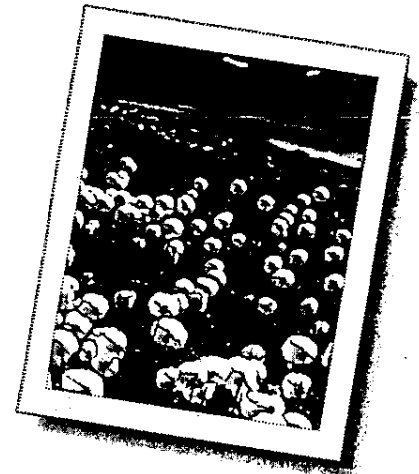
Purchasing/Facilities Director

Anchorage Neighborhood Health Center  
Anchorage, Alaska

**Beckie Noble, MS, ANP**

SVTHC Director

Seldovia Village Tribe Health Center  
Homer, Alaska



**Matthew Rogers, PA-C**

Health Center Clinical Director

Tanana Chiefs Conference  
Fairbanks, Alaska

**Marilyn Walsh Kasmar, RNC,  
MBA**

*Ex Officio*

CEO

Alaska Primary Care Association  
Anchorage, Alaska

Statistical and other data used in this brochure are from the Alaska Primary Care Association, the National Association of Community Health Centers, [www.nachc.com/research](http://www.nachc.com/research) and other state and national studies.

For specific references, resources or other information, contact Shelley Hughes, Government Affairs Director, 907-841-1634, [Shelley@alaskapca.org](mailto:Shelley@alaskapca.org), or Regan Mattingly, State Affairs Coordinator, 907-929-8115, [Regan@alaskapca.org](mailto:Regan@alaskapca.org).

Alaska Primary Care Association, 903 West Northern Lights Blvd., Suite 200, Anchorage, Alaska 99503  
Phone: 907.929.2722, Fax: 907.929.2734, [info@alaskapca.org](mailto:info@alaskapca.org), [www.alaskapca.org](http://www.alaskapca.org)



# Communities In Schools

HELPING KIDS STAY IN SCHOOL  
AND PREPARE FOR LIFE

Juneau

2204 Douglas Highway, Suite 100  
Douglas, Alaska 99824  
907-586-2806

The Honorable Senator Dennis Egan  
State Capitol Room 510  
Juneau, Alaska 99801-1182

March 8, 2010

RE: Funding for Communities In Schools Dropout Prevention

Dear Senator Egan:

I am writing to urge you to request \$190,250 funding for three care coordinators at the three high schools and two at the two the two middle schools in Juneau.

Based on the data from our school district and the Department of Education and Early Development, the dropout situation here is extremely dire. Communities In Schools of Juneau currently has three half time care coordinators at three schools. There is one half time care coordinator at Juneau Douglas High School, another at Thunder Mountain High School, and a third at the Juneau Alternative High School, Yakoosge Daakahidi.

A care coordinator's responsibility is to be an advocate for at-risk students and their families, to navigate the various services within the school and the community at large, and to match up the students and families to the appropriate service. There is a myriad of reasons that a student would require the service of the care coordinator. Those include truancy, substance abuse, behavior problems, and an aberrant lack of academic success.

Evidence shows that students who have received individual attention and needed services have far greater chances for success. It has been our experience with care coordination work, that students to whom the service was provided have shown marked improvement in attendance and schoolwork, and consequently remained in school or graduated. Most of the students that come to the coordinator's attention are those with truancy problems, but there are substantial amounts that are referred because of substance abuse and behavior problems. Studies have shown that truancy is often the first sign of trouble in a student's life. Truancy has also been found to be a gateway to many other problems such as drugs, pregnancy, and crimes.

Since the Communities In Schools Juneau care coordinator program went into effect in 2005, it has served over 500 students ranging from pre-kindergarten through twelfth grade. The majority of students that were served were in high school. Out of all those students, less than 10% of students eventually dropped out. So, the CIS motto of "A Personal One-On-One Relationship with a Caring Adult" is truly a recipe for success. All we need is more resources to continue to support our students and not abandon them because of lack of funding.

I can assure you that funding this requested amount would be an investment that will pay off many fold in future savings in other budgets like those of the Department of Corrections and Health and Social Services.

Thank you for your consideration, and hopefully, your active support, of this request.

Sincerely,

Elsa Froehlich Demeksa  
Executive Director  
Communities In Schools Juneau

## BUDGET

Care coordination refers to the activities carried out by the employee to assist students remain in school and succeed. Care coordination is a relationship-building process that includes provision of information to students and their families, and coordination among multiple service providers in the community. Under this proposal, the care coordinator would be located in three high schools and two middle schools to support students and their families that are dealing with issues of truancy, behavior substance abuse or lack of academic success, navigate through a program of positive change agreed to with the school.

The care coordinator works under the supervision of the executive director of Communities In Schools of Juneau (CIS of Juneau) in and is responsible for the day to day duties of the CIS of Juneau program in the school.

The care coordinator is responsible for regular communication with the truancy tracker, school counselors and the school administrator assigned to the position. Further responsibilities include updating and maintaining student case files and writing of monthly reports to the executive director.

The person serving in this position will be an employee of Communities In Schools of Juneau.

### **Budget for the 5 Positions for School Year**

5 Care Coordinator at 37.5 hrs per week (\$20. Per Hour) X 9 months =	\$135,000.
Benefits	20,250.
Administrative Support	35,000

**Total**

**190,250.**

### **About Communities In Schools**

Communities In Schools is the nation's largest dropout prevention organization. The mission of Communities In Schools is to champion the connection of needed community resources with schools to help young people successfully learn, stay in school and prepare for life.

By bringing caring adults into the schools to address children's unmet needs, CIS provides the link between educators and the community. The result: teachers are free to teach, and students – many in jeopardy of dropping out – have the opportunity to focus on learning.

For 30 years, Communities In Schools has worked to ensure that every child has access to the "Five Basics":

- \* A one-on-one relationship with a caring adult
- \* A safe place to learn and grow
- \* A healthy start and a healthy future
- \* A marketable skill to use upon graduation

\* A chance to give back to peers and community

### **Care Coordination Goals**

To help each student develop the life-skills needed to navigate and strengthen the connections between the school day, family and community.

To work closely with the school staff, community agencies, parents/families, and the students to assure coordination of the community's services for the benefit of the students and their families.

To serve as a liaison between the CIS program and the school principal and between the CIS program.

To establish and maintain harmonious, effective working relationships with the principal and all other school personnel.

To coordinate and monitor the creation and implementation of individualized student/family plans for each student enrolled in CIS and maintain updated, current student files.

To monitor all CIS-referred education, health, and human services received by students and their families and to ensure that they are delivered in a personal, accountable and coordinated manner.

### **Schools Served 2008-2009**

Juneau-Douglas High School, Yaakoosge Daakahidi Alternative High School, Thunder Mountain High School, Gastineau Elementary.

### **Hours**

37.5 hours, typically five days a week during school hours

### **In School Supervision**

Assistant Principals refer students and maintain communication with care coordinators.

Any issue with the Care Coordinator is referred to the CIS Executive Director.

Once a week care coordinators meet to submit their data for the week and review case files. Data is kept in the CIS online system (by student number).

CIS will share monthly data reports on students served with the school district. Funders will be provided progress reports on a monthly basis.

### **CIS Supervision**

*Daily:* Email or phone consultation

*Bi-weekly:* Executive Director approves caseworker's time sheets every two weeks.

*Monthly:* Written reports go to the Executive Director once a month. All CIS staff meet once a month.

### **Hiring/Training/Background Check**

CIS will hire, train and conduct background checks.

### **Qualifications**

Bachelor's Degree in a related social services or education field with a focus on children is desirable but not required (experience in the field can substitute for formal training.)



## Southwest Alaska Municipal Conference

3300 Arctic Boulevard, Suite 203 Anchorage, AK 99503 p: 907.562.7380 f: 907.562.0438 www.swamc.org

Alaska Peninsula  
Aleutian Chain  
Bristol Bay  
Kodiak Island  
Pribilof Islands

March 25, 2010

Senator Lyman Hoffman, Co-Chair  
Senate Finance Committee

Senator Bert Stedman, Co-Chair  
Senate Finance Committee

Dear Senators,

I am writing to support \$614,000 for Marine Advisory Program funding in the operating budget. I am Executive Director of the Southwest Alaska Municipal Conference (SWAMC), an Alaska Regional Development Organization. We represent the coastal regions of Kodiak, Lake & Peninsula Borough, Bristol Bay Borough, the Aleutians and Pribilof Islands. As you can see, this area makes up a lot of the state's coastline and produces both billions of pounds of seafood volume and hundreds of millions of dollars in seafood landings annually. In fact:

- 25-30% of the *U.S. domestic seafood catch* is caught in Southwest Alaska.
- Thousands of people are employed in the fishing industry throughout Southwest Alaska. The impacts of these wages are felt throughout the region, state, and to several Lower 48 states as well.
- The region is home to the largest red salmon run in the world in Bristol Bay.
- Year after year, three of the nation's top twelve ports in terms of fish landings reside in Southwest Alaska: Dutch Harbor/Unalaska, Kodiak and Naknek.

SWAMC cannot overstate its support for the Marine Advisory Program and what it means to our coastal communities lucky enough to have an agent. Over the years we've worked with agents in Unalaska, Dillingham, and Bethel, along with staff in Anchorage, Kodiak and Juneau, on a variety of projects including: small business fishing operations, tourism/birding, aquaculture assessments, seafood marketing, and education/awareness of our oceans, among other things. I am heading out to Unalaska tomorrow morning to attend the 3<sup>rd</sup> Western Alaska Interdisciplinary Science Conference, which will concentrate on marine resources research, energy, and Native/traditional knowledge of our coastal communities and its elders.

The Marine Advisory Program works with the youth and adults of our coastal communities on expanding educational opportunities, building workforce capacity and enhancing participation by local residents in the public process. In many coastal communities, MAP agents are the face of the University of Alaska and link residents to University resources and relevant research. This last component, to me, is critical.

The Alaska Journal of Commerce recently ran a story saying that Alaska's fishing jobs are on the decline, a lot of that due to changes in management/regulatory structures. Whatever the cause, I know we all still want our young fishermen to come up through the ranks to own boats; to own permits; and to reside in Alaska's uniquely vibrant fishing communities. We can think of it like this: every small boat operation out there represents a small business in Alaska, and oftentimes a family business. Not coincidentally, MAP recognizes this, and they host a *number* of events to grow Alaska's future leaders in seafood and marine science careers. The work these folks do is truly outstanding.

Again, the Marine Advisory Program is one area where SWAMC's diverse membership *can* wholeheartedly agree on, and it would be a shame to see these positions lose their place in our coastal communities.

Thank you for the opportunity to testify.

Sincerely,  
SOUTHWEST ALASKA MUNICIPAL CONFERENCE

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

Executive Director

**Doniece Gott**

---

**From:** John DeRuyter [JDeRuyter@hopecounselingcenter.org]  
**Sent:** Thursday, March 25, 2010 1:53 PM  
**To:** Senate Finance Committee  
**Subject:** Support funding Alaska Predoctoral Internship Consortium

I'm Dr. John DeRuyter, Training Director for the Alaska Predoctoral Internship Consortium. I ask that you would support continuance of this funding for the consortium as it is before the committee. The importance of the development and establishment of AK-PIC as a training entity in Alaska is difficult to overstate. AK-PIC has accepted its first cohort of interns and are starting their training in Alaska in July. The funding requested will be used to provide travel to and support of face to face intensive training requirements consistent with APA accreditation guidelines.

Making high quality Psychology internship training available in Alaska is the single most important aspect of insuring a steady supply of well trained licensed psychologists to serve the mental health needs of our rural population. It is important to note that Ak-PIC is already an established entity. The MOU's have been signed and the interns have been selected. Your support of this effort through your funding, continues work that began several years ago and is now coming to fruition. We are thrilled with the progress that has been made and strongly encourage you to help us develop high level mental health providers to serve Alaskans.

Thank you,

Dr. John DeRuyter  
Alaska Predoctoral Internship Consortium  
P.O. Box 73511  
Fairbanks Alaska 99707  
907-451-8208

## Doniece Gott

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**From:** LIO Cordova  
**Sent:** Thursday, March 25, 2010 2:14 PM  
**To:** Senate Finance Committee  
**Subject:** FW: Community Health Center Budget - Support Funding Request

Please see the forwarded message for the Senate Finance Committee below.

Michelle Hahn O'Leary  
Information Officer  
Cordova Legislative Information Office  
907-424-5461 Fax 907-424-5462

---

**From:** Dan McDaniel [mailto:dmcdaniel@nveyak.org]  
**Sent:** Thursday, March 25, 2010 2:04 PM  
**To:** LIO Cordova  
**Subject:** Fwd: Community Health Center Budget - Support Funding Request

Dan McDaniel, Project Intern  
NVE/The Alternative Transportation Planning Project  
110 Nicholoff Way  
P. O. Box 1388  
Cordova, Ak 99574  
Ph: (907) 424-7738  
Ex: 240  
Cell: (907) 429-3344  
Fax: (907) 424-7739

Hello Michelle; foward to correct address.

----- Original Message -----

Hello Michelle; please pass along the following message to the Senate Finance Committee regarding the \$2 million request to be added to the Community Health Center Program budget.

- Dear Senate Finance Committee: I am addressing this note to you on behalf of Kerin Kelly, the administrator for the Ilanka Health Center, a clinic facility which provides health care to the Native Village of Eyak and the community of Cordova, Alaska. The figures recently provided by Kerin indicate that if the requested funding of \$2 million were approved for the Community Health Centers Program, Alaskans would benefit in many positive ways to include simultaneously promoting cost effectiveness. Considering the number of patient visits per year and the area locations in which these services are provided, this may be just what our Alaska communities need. I for one, support increased state funding for health care in Alaska towns and hope that you too will see the benefits of this plan to Alaska's people and the State of Alaska.

Thank you for the opportunity to comment and provide my support for the Community Health Center Program.

Dan McDaniel  
Ilanka Community Wellness Advisory Committee  
Quality Assurance

## **Cross Road Medical Center Alaska Primary Care Association Senate Finance Committee Testimony**

**Date:** Wednesday, March 24, 2010

**Time:** 10:00 am

**Goal:**

The Goal of this testimony is to provide our Alaska Senate Finance Committee with a focal point of need that warrants the justification of budgetary support for quality, affordable and accessible health care to the residents of the Copper River Basin.

**Applicant Organization:**

Cross Road Medical Center (CRMC) and its North Country Clinic also located in the Valdez-Cordova Census Area on Prince William Sound, in South-Central Alaska, with a targeted population of approximately 3,300 people, serves an area the size of the State of Ohio. CRMC is the primary care provider for this area of Alaska. The next closest health care providers are in Valdez and Anchorage, 120 and 190 miles away, respectively. 39.3% of area residents have incomes below poverty compared to 23% in Alaska and 21% for the U.S. The Clinic has been providing services as CRMC and previously as Faith Hospital for over 50 years. CRMC provides comprehensive, high quality, culturally appropriate care for the residents of the Copper River Basin region who could not otherwise access such services or meet their primary medical care needs.

**Population Being Served:**

The census area has a population of just over 10,200, with population growth of only 2% each year. There are approximately an equal number of males (50%) to females in this area; and fewer elderly than is typically seen (6%), because it is difficult to live in Alaska. Residents of this area are predominantly Caucasian (71%), with the balance almost completely Alaska Natives (23%). The Native population continues to climb as one moves both north and west of the Valdez-Cordova area, until the most northern and western areas of Alaska are predominantly Native.

The leading causes of death in the Valdez-Cordova area are the same in names as most other places in the country, with cancers, heart disease and stroke and lower respiratory disease occurring most frequently. The numbers of deaths due to homicide and suicide, relative to the state and U.S., are telltale signs of the pervasive levels of depression, alcohol consumption and drug use in the area. It is also noteworthy that the death rates for unintentional injury and motor vehicle accidents are substantially higher than the state and U.S. This is due primarily to the robust outdoor nature of life in Alaska and because the motor vehicle accidents include recreational vehicles, such as snowmobiles and all terrain vehicles.

**Strategic Planning:**

The Alaska Primary Care Association (APCA) has identified the Copper River Basin as an area with significant need, and as a place in which the community health center model is effective in providing and expanding access to primary care. The Copper River Native Association and the Denali Commission also see a need for additional services in this area. CRMC is also aware of the profound need in the Copper River Basin. As we have expanded services over the years to include school nursing, home visits, and NP care at Mt. Sanford, services have expanded at the clinic with the addition of a mental health and substance abuse counselor. The current facility is no longer adequate in size or condition. Currently, we have six exam rooms and four observation beds. We need at least 10 exam rooms. CRMC has unsuccessfully been seeking capital improvement grants to build a new facility. Among the many needs of CRMC, the waiting area is cramped and the staff work areas are overcrowded because of lack of space.

**CRMC Goals:**

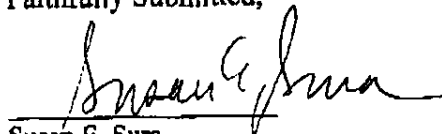
We have a highly qualified team of staff providing care at two sites in Glennallen and Gakona, Alaska. This staffing approach meets community needs. The staff includes a 1.0 FTE DO; 2.0 Mid-level providers; 8.42 nurses and clinical support staff; 1.0 Case Manager; 1.5 FTE Pharmacist; and 1.0 FTE mental health/substance abuse specialists. Our goals are focused on:

1. increasing access,
2. expanding our breadth of service,
3. expanding services in the community,
4. improve quality of care through professional care and technology
5. decreasing health disparities,
6. developing partnerships that improve safety-net care in frontier Alaska,
7. improving recruitment and retention, which is critical to smooth operations and continuity of care for patients, which reduces recruitment costs, and which builds institutional knowledge and experience for the betterment of the organization.

**Justification:**

Though highly motivated in our approach to providing access to health care for the residents within our service area, CRMC's facility structure and equipments has over the years been subject to adverse climatic conditions, dilapidation, and depreciation of equipments. With funding constraints, CRMC has been unable to provide newer and more technologically advanced equipments to aid in patient care services, communications, facilities management, and staff support. With a modest amount of \$307,692 being requested from the APCA's Board of Directors and Legislative Affairs Committee to assist in our capital infrastructure needs, it should be noted that only funding for vital equipments and projects are included in this consideration.

Faithfully Submitted,



Susan E. Sura  
Interim, Chief Executive Officer  
Cross Road Medical Center  
P O Box 5  
Glennallen, AK 99588

**Explanation of \$2 Million Direct Patient Care Request for the Community Health Center Program**

**Statement of Intent:** The purpose of the request for \$2 million for the reinstatement of the Community Health Centers Program (CHCP) in FY 2011 is to increase direct patient care at Alaska's 26 Community Health Centers (CHCs) operating 142 CHC clinics throughout Alaska. The intent of the funding is to help increase direct services and 1) increase health care access, 2) improve quality of care and health outcomes, 3) promote cost-effectiveness, and 4) promote overall savings to the health care system in Alaska.

**Budget Item:** The CHCP was funded one-time at \$1 million in FY 2009. The request for the \$2 million line item in FY 2011 is to be routed and administered via the Health Planning & Systems Development section as it was in FY 2009: DHSS / Division of Health Care Services / Health Planning & Systems Development / Primary Care Office / Community Health Centers Program.

**Method of Distribution:** Competitive grant application

**Eligible Organizations:** The 26 CHCs / "Section 330" clinics operating 142 CHC clinic sites will be eligible to apply. (During FY 2009, there were 21 successful CHC applicants.)

**Primary Care:** Applicants are required to identify strategies to support the program goal of increasing direct services to patients. Funds are to be used to increase patient direct-service capacity, not general organizational capacity. The 2008 Legislature stipulated that the FY 2009 funds were to "be made available for direct services provided by primary care community health centers operating as federal 330 facilities through a competitive grant process under 7 AAC 78."

**Activities Supported:** Applicants are to select strategies that fit the needs of their own catchment areas. In FY 2009, a wide range of strategies were submitted.

<b>Applicant</b>	<b>Strategy-1</b>	<b>Strategy-2</b>
Alaska Island Comm Srv	Dental equipment thus referrals	Physician recruitment
Aleutian/Pribilof Island Assoc	Locum coverage during fish season	Diabetes lifestyle & dietician
Anch Neighborhood Hlth Ctr	Case management for prevention	Dental care for seniors
Bethel Family Health Center	Well early-child visits to villages	
Bristol Bay Area Health Corp	ID for Cervical Cx screening in villages	
Council of Athabascan Tr. Gvt	BH Aide & DHAT services	
Cross Road Medical Ctr	Mobile HC to bush via 2 partial FTE	
Dahl Memorial Hlth Ctr	Dental equipment thus referrals	
Eastern Aleutian Tribes	Recruit dentist & re-activate dentistry	
Iliuliuk Family & Hlth Srv	Outreach & Preventive Care	
Interior Community Health Ctr	Preventive Medicine strategy	
Kodiak Island Hlth Care Found	Outreach & Preventive Care	
Mat-Su Health Services	Outsource diagnostic lab & imaging	
Native Village of Eyak (Ilanka)	Sigmoidoscope buy	Pay re-location costs
Peninsula Comm Hlth Srv	PC-BH service integration coordination	Vocational ed for SMI
SEARHC	Ultra-sound purchase; set-up/maintn	Ultra-sound leasing
Southcentral Foundation	EMS pilot project at Lake Iliamna	
Sunshine CH (Talkeetna)	Child Dental Pilot Program	Dev Transport pilot proj.
Tanana Chiefs Conference	Women's Health Screening	
Yakutat Tlingit Tribe	Purchase equipment for dental operatory	
YKHC (YK-Delta)	Breast & Cervical Screen in Village	

For more information, contact Shelley Hughes, Alaska Primary Care Association, at 907-841-1643 or [Shelley@alaskapca.org](mailto:Shelley@alaskapca.org).

## Alaska's Community Health Centers – Direct Patient Care FY 2011 Operating Request

Alaska's Community Health Centers (CHCs) are requesting \$2 million to help provide primary care, direct patient care, to Alaskans seeking medical, dental and behavioral health treatment at one of the 142 local CHC clinics.

State assistance is needed to ensure access to health care to the underserved population, to continue screening, early detection, diagnosis, treatment, and care coordination which promotes cost-effectiveness and overall savings to the health care system by addressing medical, dental and behavioral health conditions *before* they become more acute and expensive to treat.

**Our goal is to treat more Alaskans, at a lower cost to the state and at a lower cost to individual Alaskans.** In 2008 CHCs treated 81,109 Alaskans, during 369,398 medical, dental and behavioral health visits. In rural areas, without these facilities, clients would need to travel to urban areas to receive basic primary care services. Reducing unnecessary medivacs and medical travel is a primary function of CHCs in rural regions. Reducing non-emergent care in emergency rooms and reducing overall hospitalizations is a function of CHCs in both rural and urban areas.

In 2008 CHCs treated 18,700 Medicaid patients, but with additional funding could treat more of the 79,000 Medicaid patients statewide. The state processes 300 new Medicaid travel authorizations a day, most from villages to regional hubs – Anchorage, Bethel, Fairbanks, Juneau – 98% are authorized, consuming about 8% of the state's \$1 billion Medicaid budget. If CHCs had the capacity to treat more of these patients, fewer of them would have to travel.

We propose a \$2 million general grant, to be distributed by the Department of Health and Social Services, Division of Health Care Services, Health Planning and Systems Development Section, through a competitive grant process. All 26 "Section 330" clinics will be eligible. This is an efficient, proven process as demonstrated in the successful FY09 one-time \$1 million CHC grant program. **The request translates to about \$25 per patient.**

### **Issues Facing CHCs**

#### Recruitment and Staffing

It is expensive to hire and keep doctors and other health care professionals to work in Alaska. During 2005-2006, Alaska's CHCs spent \$1,021,435 simply filling vacant positions. CHCs are forced to compete with facilities outside that can offer incentives to attract health care providers not available to us here in Alaska. Some provider categories suffer from a 30% vacancy rate.

#### Energy Costs

Energy costs have increased rapidly over the past few years. Statewide, the average heating fuel and gasoline price is near \$6.00 per gallon, with prices much higher in rural areas. These skyrocketing costs have pressured some clinics to reduce their services to compensate for the increase in energy prices.

#### Shipping Costs

Costs to ship medical supplies and equipment to Alaska are increasing rapidly, particularly in rural areas. Some of these costs have been partially subsidized by the USPS bypass mail system, however, in 2009, USPS increased the rates of bypass mail to rural Alaska by 12-17%, which has increased the cost of doing business for Alaska's rural CHCs.

### **Accountability**

Community Health Centers are private non-profit businesses that leverage grants to help provide health care services to their clients, which tend to be underinsured. CHCs report annually to the Uniform Data System. Quality of care indicators, health outcomes and disparities, provider utilization, patient demographics and financial data are accounted for in this nationally standardized report.

For more information, contact Shelley Hughes with the Alaska Primary Care Association at 907-841-1634.

My name is Andi Story and I am a 6 year member of the Juneau school board, recently re-elected to a third term.

The Juneau School Board wants to take this opportunity to thank you for the recent multi-year foundation formula increases for education. It provides budget clarity and consistency that is needed for effective budget planning. It is an excellent use of state resources, investing in Alaska's future, our kids learning.

In addition, the Legislature's financial support for the PERS/TRS unfunded pension liability, is instrumental in saving district's from deep budget cuts in services to students. Thank you.

I am testifying in support of continued funding of the recommendations of the Joint Legislative Task Force in this bill. These were well thought out recommendations and addressed aspects of education funding that are comprehensive in scope; an increase in the BSA; an increase to the intensive needs factor for special education students and an increase in the geographic cost differentials that exist in our state. Juneau appreciates the geographic costs differentials as the cost of living is high here and we were able to adjust our compensation package to employees to reflect that.

The Juneau Board takes our budget work seriously. We want to be accountable for every dollar. The Board is budgeting within our means. We have made cuts. We are not able to do all that we want for kids and are evaluating and prioritizing programs.

Each year the School Board, according to Juneau's City Charter, needs to submit a balanced budget, to the Assembly by March 31<sup>st</sup> for the following school year. The Juneau Board approved our budget for next year last week. We used the financial numbers from this bill, that is not yet approved by this body.

It is crucial that school boards know the legislature's intent for funding for schools in advance. Speaking from experience, this helps schools be efficient and accountable. School Boards and staff do not have to do several budget scenarios which is a drain on time, resources, and morale of Boards, staff, parents and students, as all are concerned

about services for next year. Forward Funding by the Legislature is leadership that is appreciated. It helps school board members in providing sustainable programs with high targets for students. HB 317 on Forward Funding for FY 12 continue this practice, it feels like great teamwork between elected school board members and <sup>the</sup> legislature.

The Board also advocates for investing in effective, quality, early childhood education programs, please consider expanding the preschool pilot and closely monitoring it's effectiveness. The achievement gap does not start in public schools. The students come to school with the gap in place. Most school districts spend \$1,800 to \$3,400 per child per year on students who need remediation. Catch- up growth in public schools is very expensive and historically unsuccessful. Investing in early learning is five to ten times less expensive from birth to age five than in grades k – 5. \*

Please continue to invest in kids.

Thank you for your time,  
Andi Story  
Juneau School Board member  
907 789 4929

\*Delivering on the Promise of the 95% Reading and Math Goals  
by Lynn Fielding, Nancy Kerr, and Paul Rosier, 2004.

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**From:** Becky Sawyer [rebecca.sawyer@sbcglobal.net]  
**Sent:** Monday, March 22, 2010 4:40 PM  
**To:** Sen. Lyman Hoffman; Sen. Bert Stedman; Sen. Johnny Ellis; Sen. Gary Stevens  
**Subject:** Support specific increases for Region 2 Alaska Refuges

Dear Community Leaders,

First, thanks for taking the time to read this email.

I'm writing to ask you to allot \$127,770 for the South Central Alaska Refuges at the Alaska Department of Fish and Game. This money should be used to:

1. hire a technician to help maintain the refuges during the busy seasons at \$40,770
2. provide funds to maintain the refuge - eg installing informational and instructive signs, cleaning up trash, improving access, etc (\$85,000)

It is important to maintain what we already have. Replacing diverse environments - such as the refuge lands - is much harder than preserving them. These refuges are a large part of why I came to Alaska in the first place - I left California to come up here and study large-animal ecology at UAA. Please help keep these lands and valuable species protected for generations to come.

Thanks for your time!

Sincerely,  
Becky Sawyer  
PO Box 220196  
Anchorage, AK  
99522-0196

## Joe Hardenbrook

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**From:** loisk@starband.net  
**Sent:** Wednesday, March 24, 2010 12:00 PM  
**To:** Sen. John Coghill  
**Cc:** Sen. Joe Paskvan; Sen. Joe Thomas; Sen. Albert Kookesh; Rep. Tammie Wilson; Rep. Mike Kelly; Representative\_David\_Guttenburg@legis.state.ak.us; Rep. Scott Kawasaki; Rep. Jay Ramras; Rep. John Harris; Representative\_Woodie\_Salmon@legis.state.us  
**Subject:** Alaska Legal Services Corporation - Thank You

To All Whom it may concern:

We wish to express our appreciation for the funds that were provided for grants to Alaska Legal Services.

We, perhaps as others, have procrastinated in regards to 'setting our affairs in order,' i.e. Wills, Health Care Directives, Power of Attorney, etc. Not being 'independently wealthy,' we had to eat our humble pie, and ask for assistance to take care of these important items.

We were treated very well, and want to say thank you very much to all involved, from the Receptionists to our witnesses; Darcy, Nick, Mark, Notary Angie, and last but certainly not least, very importantly, Miss Dorothy Heim, Supervisor, for Alaska Legal Services, in the Faibanks Office, who assisted us and graciously helped us understand each and every step and decision.

Thank you again, for the funds provided thru grants to assist us and others for which we shall always be grateful.

It has always been my husbands dream to come to Alaska, we are proud to say we have now been here 30 years and looking forward to becoming Pioneers of this great State. We have lived in our cabin for 25 yrs., and grateful for funds/grants provided for electricity in 2006.

Most sincerely,

Ed and Lois Kincaid  
(907) 389-2324

Louise Smith  
PO Box 84765

Fairbanks 99708-4765,

I support funding for the Alaska Summer Research Academy (ASRA) in the Senate UAF budget. ASRA has provided a high-quality, positive educational experience for my daughter in engineering and science. As a result of ASRA she is seriously considering UAF as the starting point of her college education.

## Joe Hardenbrook

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**From:** Don Pendergrast [don\_pendergrast@yahoo.com]  
**Sent:** Tuesday, March 23, 2010 3:33 PM  
**To:** Sen. Lyman Hoffman; Sen. Bert Stedman; Sen. Dennis Egan; Sen. Johnny Ellis; Sen. Charlie Huggins; Sen. Donny Olson; Sen. Joe Thomas  
**Subject:** Please support the Alaska Summer Research Academy

Dear members of the Senate Finance Committee,

My son Asa is now a freshman at UAF; he's studying electrical engineering and will eventually become a productive member of our Alaska society (none to soon for his parents). One critical element in Asa's formative years was his attendance at the Alaska Summer Research Academy (ASRA). Not only did he get to do fun and cool stuff but it introduced him in a positive way to what college life would be like.

ASRA was a great recruiting tool for UAF, and it helped and continues to help set his direction in higher education. This is a great program who's benefits are both immediate and long lasting. We want to meet the future with Grown In Alaska scholars, teachers, engineers, and scientists. ASRA is a critical element in preparing a good future for our state. Please support the general fund allocation of \$75,000 for ASRA.

Thank you,

Don Pendergrast  
1358 Spring Glade Road  
Fairbanks, AK 99709-6892  
907-479-2964

## Joe Hardenbrook

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**From:** Dawn Grossmann [degrossmann@gmail.com]  
**Sent:** Tuesday, March 23, 2010 4:58 PM  
**To:** Sen. Joe Thomas  
**Subject:** SERVE ALASKA gentle reminder

Hello Senator Thomas,

Thank you for taking the time to listen to us when we were in Juneau discussing Serve Alaska's budget. The Edward M. Kennedy Serve America Act has ushered in a new era for Community Service and Serve Alaska is ready to move forward in this exciting time. In order for Alaska to be included in this our state has to step up with the small additional amount required to fully fund the Commission.

Since 2005, Serve Alaska (formally Alaska State Community Service Commission) has leveraged over \$13 million to the state in the form of Federal AmeriCorps and Learn and Serve grants. Less than 10% of the \$13 million has been used utilized by Serve Alaska for training and administration of these programs, with the majority of the funds going directly to the nonprofits and communities that AmeriCorps serves. During this time, the State has matched less than \$500,000.

Since 2001, Serve Alaska's staffing has not increased, and the State's matching obligation has never been fully met. Since 2007, the three staff members have increased Serve Alaska's portfolio from three sub grantees with six programs to six sub grantees with thirteen programs. Staff capacity is at maximum right now, and without an additional staff person, the State's portfolio cannot be increased to leverage more federal receipts.

Serve Alaska needs the \$125,000 increment (with a \$125,000 federal match) that was added in the House to be reinstated in the Senate budget. These funds from the State of Alaska will leverage a total of \$250,000 in an Administrative grant. With this grant, Serve Alaska can access an additional \$1.4 million in federal funds. Without our full state match, the National Corporation for Community Service has indicated we will not be able to get any additional AmeriCorps funding.

Serve Alaska is already working with grantees to develop enhanced programs, which would be supported by the available \$1.4 million. RuRAL CAP would offer middle school mentoring in 10 rural communities, SAGA would develop a Veteran's Corps to serve returning Alaskan veterans, and THREAD would offer an early childhood parent mentoring program. Serve Alaska is excited about the possibility of these new programs, but is unsure of current capacity to properly guide and support these new programs.

Below is a list of Serve Alaska's 2009 AmeriCorps and Learn and Serve Communities.

Sincerely,

Your browser may not support display of this image. <<https://mail.google.com/mail/?name=d33be9805ff33117.jpg&attid=0.1&disp=vahi&view=att&h=1278d74625a3de2a>>

Dawn Grossmann, Chairman

Serve Alaska, State Service Commission

Akiak  
Aleknagik  
Anchorage  
Chevak  
Chuathbaluk  
Cooper Landing  
Craig Ranger District  
Eagle River  
Eklutna  
Elim  
Fairbanks  
Fort Wainwright  
Haines  
Hooper Bay  
Juneau  
Kalskag  
Kasigluk  
Kasilof  
Kenai  
Ketchikan Ranger District  
Nanokotak  
Naukati  
Nenana  
New Stuyahok  
Nikolski  
Nome  
Nondalton  
North Pole  
Palmer  
Petersburg  
Port Alexander  
Seward  
Shaktoolik  
Sitka  
Sterling  
Tanacross  
Tazlina  
Tetlin  
Togiak  
Twin Hills  
Venetie  
Wasilla  
Wrangell  
Wrangell Ranger District  
Yakutat

## Joe Hardenbrook

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**From:** nosis4@gci.net  
**Sent:** Tuesday, March 23, 2010 3:45 PM  
**To:** Sen. Joe Thomas  
**Subject:** ASRA support

Senator Thomas-

Both of my children have attended the Academic Summer Research Academy at UAF multiple years. It has not only opened their eyes to a bigger world and given them an avenue to question and explore, it has also given them an opportunity to check out UAF and based on that experience my son is now a sophomore at UAF. This camp is a huge leg up to the best and brightest students in Alaska. They are seldom sufficiently challenged in a public school classroom and ASRA gives them a chance to achieve and learn with no ceiling. I cannot stress enough how much my children have grown and benefited from the ASRA program. Please give your support to this valuable program.

Thank you for your time and consideration.

Susan Hood Sisson  
[nosis4@gci.net](mailto:nosis4@gci.net)

## Joe Hardenbrook

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**From:** Joe Russo [joerusso@gci.net]  
**Sent:** Tuesday, March 23, 2010 2:31 PM  
**To:** Sen. Lyman Hoffman  
**Cc:** Sen. Bert Stedman; Sen. Dennis Egan; Sen. Johnny Ellis; Sen. Charlie Huggins; Sen. Donny Olson; Sen. Joe Thomas  
**Subject:** Alaska Summer Research Academy (ASRA)

Dear Senate Finance Committee:

I am in full support of funding for the Alaska Summer Research Academy in the Senate UAF budget. My son attended three ASRA remote field sessions in 2006, 2007 and 2008 which provided an invaluable experience to him. ASRA expanded his knowledge of Alaska and exposed him to three distinct fields of study that he would have never had an opportunity to experience without this incredible summer academy.

Sincerely,

Joe Russo  
PO Box 80794  
Fairbanks, AK 99708

Residence: 21.6 mile Chena Hot Springs Road

\_\_\_\_\_ Information from ESET NOD32 Antivirus, version of virus signature database 4969 (20100323)  
\_\_\_\_\_

The message was checked by ESET NOD32 Antivirus.

<http://www.eset.com>

Mary Verhoef  
3767 Studio Rd

Fairbanks 99709,  
[mary.verhoef@gmail.com](mailto:mary.verhoef@gmail.com)

I am asking for funding support for the Alaska Summer Research Academy. This is a unique and exceptionally well-run educational opportunity for teens. ASRA is highly effective promoting science enthusiasm and career path interest, and is open for Alaska students statewide. Please generously fund ASRA in this budget.

Cynthia Steiner  
2148 Nottingham Dr

Fairbanks 99709-6518,  
[cksteiner@alaska.edu](mailto:cksteiner@alaska.edu)  
907-450-8612

Please support the general fund allocation of \$75,000 for the Alaska Summer Research Academy (ASRA) in the Senate UAF budget. ASRA has had a profound impact on my daughter. Many ASRA graduates, like my daughter, have been inspired to pursue the sciences in the University setting.

## Joe Hardenbrook

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**From:** Jeff Wheaton [jeff.wheaton@ideafamilies.org]  
**Sent:** Tuesday, March 23, 2010 7:00 PM  
**To:** Sen. Joe Thomas  
**Subject:** Serve AK Senate Increment - Jeff Wheaton - Anchorage

Dear Senator Thomas:

I serve as a commissioner on the Serve Alaska Commission and am writing you in reference to the Serve Alaska increment that was not funded in the Senate version of the Operating Budget. This additional (requested) \$125,000 would allow Serve Alaska to leverage \$1.4 million in federal funds, primarily to add more programs such as Nine Star Enterprises, RurAL CAP, SAGA (Southeast Alaska Guidance Association), Joel's Place in Fairbanks, Sitka AmeriCorps and the Learn and Serve programs across the state which help engage students in community service. Part of the additional federal funds will allow us veteran outreach assistance. As part of Serve Alaska's 2008 State Service Plan, we are also committed to placing a priority on programs that address statewide needs such as developing young Alaskans, and meeting the needs of rural Alaska and Alaskan's various social challenges. Last year AmeriCorps members in Alaska completed projects that directly benefited over 300,000 people through more than 14,000 hours of service. Most of these members are Alaskans and served in dozens of (primarily) rural communities scattered across our state.

I will not be able to testify tomorrow during the public testimony on the Senate budget. I also serve as a commissioner on the Governor's Council on the Homeless and will be in-flight to Seattle Wednesday afternoon with a group of other Alaskans to spend a couple of days with officials there educating ourselves on their innovative approaches with the homeless. However, I deeply appreciate your support of the Serve Alaska increment!

I know you are extremely busy this time of year, but please allow yourself 5 minutes to browse our website (<http://www.commerce.state.ak.us/serve/home.htm>). I believe you will understand why we are requesting these additional funds.

Sincerely,

Jeff Wheaton  
Anchorage  
Educator  
IDEA Program  
(907) 351-5322

## Joe Hardenbrook

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**From:** Samantha Kirstein [skirstein@fairbanksfoodbank.org]  
**Sent:** Tuesday, March 23, 2010 2:37 PM  
**To:** Sen. Joe Thomas; Sen. Joe Paskvan; Senator\_John\_Coghill@legis.state.ak  
**Subject:** Teleconference, tomorrow, Wednesday, 1:30, Borough Match Grant

As a recipient of \$50,000 of the local Borough Match Grant, I would like to make a comment but may not be available to come to the scheduled teleconference. The Governor's budget proposed flat funding and the House concurred @ \$1,485,300. The Senate Health and Social Services Finance Sub-committee increased the amount by \$250,000 to \$1,735,300. I ask you to accept the Senate Finance Sub-committee recommendations and seek full Senate Finance committee funding as recommended. Though I see that Senator Thomas is the only one of the Senate Finance Committee members from Fairbanks who will vote on this increase, I am hopeful that when the issue comes to each of you, you will vote for the increase for the 3 communities of Anchorage, Wasilla and Fairbanks health and social services agencies. As you can imagine, health and social services agencies in these communities are impacted by the economy. This has been a vital link and encouragement to the local health and social services agencies in these communities for 20+ years. Last night I sat through the "scoring" of submitted proposals and it was sad to think that not all the agencies who applied would be funded and the safety net of services during this economic slow time has holes in it. More people are asking for community services, and we are all trained to serve the people who need these community services, and we as local nonprofits work on a shoestring. We always have been worth the investment, and now more than ever. Thank you for considering this request.

**"No one of us is as smart as all of us working together"**

Samantha Castle Kirstein, Executive Director  
Fairbanks Community Food Bank  
725 26th Avenue  
Fairbanks, Alaska 99701  
907-456-7267  
donate on-line: [www.fairbanksfoodbank.org](http://www.fairbanksfoodbank.org)

**From:**  
**Sent:**  
**To:**  
**Subject:**

Samantha Kirstein [skirstein@fairbanksfoodbank.org]  
Tuesday, March 23, 2010 2:47 PM  
Sen. Lyman Hoffman  
Human Services Community Match Grant, teleconference tomorrow, 1:45

As a recipient of \$50,000 of the local Borough Match Grant, I would like to make a comment but may not be available to come to the scheduled teleconference. The Governor's budget proposed flat funding and the House concurred @ \$1,485,300. The Senate Health and Social Services Finance Sub-committee increased the amount by \$250,000 to \$1,735,300. I ask you to accept the Senate Finance Sub-committee recommendations and seek full Senate Finance committee funding as recommended. As you can imagine, health and social services agencies in these affected communities (Fairbanks, Anchorage, Wasilla) are impacted by the economy. This has been a vital link and encouragement to the local health and social services agencies in these communities for 20+ years. Last night I sat through the "scoring" of submitted proposals and it was sad to think that not all the agencies who applied would be funded and the safety net of services during this economic slow time has holes in it. More people are asking for community services, and we are all trained to serve the people who need these community services, and we as local nonprofits work on a shoestring. We always have been worth the investment, and now more than ever. Thank you for considering this request.

**"No one of us is as smart as all of us working together"**

Samantha Castle Kirstein, Executive Director  
Fairbanks Community Food Bank  
725 26th Avenue  
Fairbanks, Alaska 99701  
907-456-7267  
donate on-line: [www.fairbanksfoodbank.org](http://www.fairbanksfoodbank.org)

Untitled

DATE: Wednesday, March 24, 2010  
TO: Members of the Senate Finance Committee  
FROM: Carone Cobden, Fairbanks Alaska  
RE: Please support ASRA funding

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I respectfully ask that you consider funding the \$75,000 budget request for the Alaska Summer Research Academy at the University of Alaska Fairbanks. This relatively modest request will go a long way in funding a wonderful, high quality program that inspires the interest of students all over the state (and nation) in the field of science.

Two of my children have attended ASRA and have benefited from it tremendously. The hard working faculty and staff of this program give tirelessly and care deeply about sharing their knowledge and love of the sciences.

The program is also a fabulous way to attract potential students to UAF, which is more important now than ever before.

Please don't cut this item from the budget. The staff and faculty of ASRA have dedicated many years to providing a quality science program to Alaska's youth and it needs your support now more than ever before.

Thanks very much for your time.

1281 Overhill Dr.  
Fairbanks AK 99709  
(907) 374-0597

March 24, 2010

Senate Finance Co-Chair Senator Hoffman,  
Senate Finance Co-Chair Senator Stedman,  
Senate Finance Committee Members,

RE: Funding Request for Community Health Centers of Alaska

I'm Doris Robbins, a 45 year Alaska resident, now living in Fairbanks, Alaska. I moved to Fairbanks in 2004, after retiring from my work in Juneau, so that I could be near my grandchildren.

Having been told that I would have no difficulty finding any variety of primary physicians when I moved here I was not prepared for being turned down for an appointment for care. That was during another year of big wild fire and I was facing going to the emergency room with an asthma attack because I could not get an appointment with the physician who treated respiratory ailments. Later, calling during an attack, obviously wheezing and frantically saying I was told I would have no problem getting care in Fairbanks with all the clinics available, I had to make a scene to get an appointment.

That was my introduction to the problems of many, particularly elderly, in this area. I was 61 and looking for a new physician. I realized then that soon to be 65, Medicare age, I must rush to line up someone who would see me for basic care. Community Health Centers play that role for many Alaskans every day, not just in Fairbanks but in the remote areas of Alaska. They are available when no one else will see a patient, use a sliding fee scale based on ability to pay, and never turning anyone away.

The services that Community Health Centers provide saves lives. They avoid costly drains on State coffers by catching illness early and keeping people some from falling onto the Medicaid rolls. They stretch their funds by supplementing Primary Care Physicians with Physicians Assistants and Nurse Practitioners.

I first learned of these centers when I was a commercial fisherwoman in the 1970s and ran into trouble. There, in a little fishing community, was a Community Health Center coming to my aide with no questions before treating me. I received treatment, paid a small sum, and went on my way without having to leave the fishing area.

As much as we now rely on them for care, even in population centers, Alaska needs to provide the assistance they request at this time. States, other than Alaska, routinely pitch in funding for Community Health Centers. Even with the economy as it is, 38 states were continuing to supplement funding in the 2008 tally.

Please provide the requested funds to keep these centers functioning well to serve Alaska.

Thank you!

*Doris Robbins*  
[drobbins@gci.net](mailto:drobbins@gci.net)

1281 Overhill Dr.  
Fairbanks AK 99709  
(907) 374-0597

March 24, 2010

Senate Finance Co-Chair Senator Hoffman,  
Senate Finance Co-Chair Senator Stedman,  
Senate Finance Committee Members,

RE: Funding Request for Community Health Centers of Alaska

I'm Doris Robbins, a 45 year Alaska resident, now living in Fairbanks, Alaska. I moved to Fairbanks in 2004, after retiring from my work in Juneau, so that I could be near my grandchildren.

Having been told that I would have no difficulty finding any variety of primary physicians when I moved here I was not prepared for being turned down for an appointment for care. That was during another year of big wild fire and I was facing going to the emergency room with an asthma attack because I could not get an appointment with the physician who treated respiratory ailments. Later, calling during an attack, obviously wheezing and frantically saying I was told I would have no problem getting care in Fairbanks with all the clinics available, I had to make a scene to get an appointment.

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I first learned of these centers when I was a commercial fisherwoman in the 1970s and ran into trouble. There, in a little fishing community, was a Community Health Center coming to my aide with no questions before treating me. I received treatment, paid a small sum, and went on my way without having to leave the fishing area.

As much as we now rely on them for care, even in population centers, Alaska needs to provide the assistance they request at this time. States, other than Alaska, routinely pitch in funding for Community Health Centers. Even with the economy as it is, 38 states were continuing to supplement funding in the 2008 tally.

Please provide the requested funds to keep these centers functioning well to serve Alaska.

Thank you!

*Doris Robbins*  
[drobbins@gci.net](mailto:drobbins@gci.net)

**From:** Louise\_Smith@fws.gov  
**Sent:** Wednesday, March 24, 2010 11:13 AM  
**To:** Sen. Lyman Hoffman  
**Subject:** ASRA Funding

Dear Senator Hoffman -

I am writing in support of funding for the Alaska Summer Research Academy (ASRA) in the Senate UAF budget. ASRA is an extremely popular program, providing unique educational experiences for students, ages 12-18 yrs. Each year the program receives many more applications from throughout the country than they are able to place.

ASRA has provided an affordable means for my daughter to expand her educational horizons while remaining in Alaska – working closely with other students and professors from throughout the State, the lower 48, and foreign countries. She has maintained contact with her previous ASRA professors from MIT and UAF and most importantly expanded her horizons with regard to her future plans. This year hopefully she will meld her previous 2 years of ASRA experience in an advanced Marine Biology/under-water ROV module at Kasitsna Bay near Homer. She realizes she can accomplish just about anything she puts her heart into – *and she is seriously considering UAF as the starting point of her college education* – all as a result of her experiences in the ASRA program at UAF. This truly is education as it is meant to be.

Please retain the funding for ASRA currently allocated in the UAF budget.

Thank you,

Louise Smith  
P.O. Box 84765  
Fairbanks, Alaska 99708  
(907) 479-4609

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**From:** Don Pendergrast [don\_pendergrast@yahoo.com]  
**Sent:** Tuesday, March 23, 2010 3:33 PM  
**To:** Sen. Lyman Hoffman; Sen. Bert Stedman; Sen. Dennis Egan; Sen. Johnny Ellis; Sen. Charlie Huggins; Sen. Donny Olson; Sen. Joe Thomas  
**Subject:** Please support the Alaska Summer Research Academy

Dear members of the Senate Finance Committee,

My son Asa is now a freshman at UAF; he's studying electrical engineering and will eventually become a productive member of our Alaska society (none to soon for his parents). One critical element in Asa's formative years was his attendance at the Alaska Summer Research Academy (ASRA). Not only did he get to do fun and cool stuff but it introduced him in a positive way to what college life would be like.

ASRA was a great recruiting tool for UAF, and it helped and continues to help set his direction in higher education. This is a great program who's benefits are both immediate and long lasting. We want to meet the future with Grown In Alaska scholars, teachers, engineers, and scientists. ASRA is a critical element in preparing a good future for our state. Please support the general fund allocation of \$75,000 for ASRA.

Thank you,

Don Pendergrast  
1358 Spring Glade Road  
Fairbanks, AK 99709-6892  
907-479-2964

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**From:** Laura Pierre  
**Sent:** Wednesday, March 24, 2010 5:14 PM  
**To:** Sen. Lyman Hoffman; Rep. Bob Herron  
**Cc:** Irene Lampe; Sandy Burd  
**Subject:** FW: Bethel OCS improvements

Rep. Dahlstrom asked me to pass on the below update.

*Laura Pierre*  
*Chief of Staff*  
*Office of Rep. Nancy Dahlstrom*  
*House Rules, Rm. 216*  
*P. 907.465.3783*  
*F. 907.465.2293*  
*[Laura.Pierre@legis.state.ak.us](mailto:Laura.Pierre@legis.state.ak.us)*

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**From:** Elgee, Alison M (HSS) [mailto:[alison.elgee@alaska.gov](mailto:alison.elgee@alaska.gov)]  
**Sent:** Wednesday, March 24, 2010 11:36 AM  
**To:** Rep. Nancy Dahlstrom  
**Cc:** Hogan, William H (HSS); Sandoval, Tammy K (HSS)  
**Subject:** Bethel OCS improvements

The Commissioner asked that I provide you a quick update on the status of our Bethel OCS operations improvements.

Increased Bandwidth was ordered for Bethel the week of March 15<sup>th</sup>. Expedited install dates are estimated at the second week of April. In addition, acceleration testing has demonstrated significant speed improvements. The production application acceleration environment design is currently underway and the procurement and implementation of the final design is estimated to occur within the next 60 days. Finally, the wide-area network improvements are being tested. Upon completion of the testing, equipment will be ordered for installation. This should be completed prior to the end of the current fiscal year. Each of these steps will provide improvement to ORCA performance in the Bethel region.

We are also in the process of finalizing the positions for management of the Bethel operations as a new region for OCS. Four positions are being created. OMB approval is in place and the Division of Personnel is being asked to expedite classification so that recruitment can be officially begun. Meanwhile, Director Sandoval is working to acquaint possible applicants with the new position needs in Bethel to try to assure a good candidate pool once the positions are available for appointment.

If you have additional questions, please don't hesitate to ask.

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**From:** uaafac@alaska.net  
**Sent:** Wednesday, March 24, 2010 8:07 PM  
**To:** Sen. Lyman Hoffman  
**Subject:** Public Testimony on UA Budget

Dear Members of the Senate Finance Committee

Since my work schedule did not allow me the opportunity to present public testimony today between 2:30PM and 3:15 pm in Anchorage, I hope you receive my comments by email.

First I want to thank the Senate Finance Committee for supporting the University of Alaska. The proposed senate budget is an improvement over the UA budget passed by the House.

While I certainly appreciate the proposed increases in the UA budget, I have to point out that the proposed budget does not cover all of the university's fixed costs for compensation and for utilities. I am also not sure if the operational costs for the new Integrated Science Building at UAA are covered by the proposed budget. If they are not, then it is critical to include them.

I am also concerned about the intent language in the proposed budget that establishes a goal for unrestricted general funds to move toward a cap of 125 percent of actual University Receipts for the most recently closed fiscal year. This goal is not good news since it represents a decline in state support of the university. The ratio should not be lowered or defined by intent language. The 125 percent ratio is arbitrary and not policy driven. It limits the university's ability to respond to the state's needs. It will force an increase in student tuition, fees, and other charges making the university less affordable.

To end my remarks, I want to express my appreciation for the Senate's support of the university and I hope that this support can be extended by covering all of the university's fixed costs and by eliminating the intent language regarding the 125 percent.

Thank you

Steve Rollins  
12840 Lupine Rd  
Anchorage, AK 99517

Dear Committee Members... I have already sent you each individual email copies of this message, but for purposes of your meeting today am sending this long to you directly. I have been attempting to have some of our PhD students come to the LIO to testify but have learned most are giving presentations in class this afternoon during this time frame. I will attempt to get away from the clinic here to join you but am not sure I can get a student... though they are quite willing to do so. First let me and my colleagues here at the Alaska Family Medicine Residency thank you for your support of our residency and for your support in funding the Alaska Psychology Internship Consortium. The shortage of health care providers in Alaska extends far beyond Family Medicine. Shortages in Psychiatry and Psychology are critically low. In Primary Care, though we have a significant focus upon acute care, the majority of our work is with Chronic Health Conditions, e.g., Heart Disease, COPD, Diabetes, Cancer, Obesity, Substance Dependencies to name a few. All these conditions necessitate the creation of viable interdisciplinary teams of care providers to promote behavioral change. The much referred to Medical Family Home begs for these alignments and collaboration. The Alaska Family Medicine Residency has demonstrated the ability to not only train Family doctors but to retain them in Alaska. It is imperative we do the same in the field of psychology where the shortages have been equally severe. We must have viable sites ready, waiting, and appropriately accredited for the graduates of our Universities PhD programs. The Residency is currently a supporter and participant in the evolving AK-PIC. The physicians here can attest to how valuable it is on a daily basis to be working hand in hand with these caring counselors. Our hope is to not only provide viable training for the Universities PhD candidates in Psychology but a felt sense of home and an ongoing comfortable spirit of collaboration and partnership that students will carry into their professional lives here in Alaska. We are looking forward to the challenge of obtaining APA accreditation for Alaska's Consortium and also our first PhD student this year. Your support will allow us the communicative network and set of educational and interpersonal activities demanded by that accrediting organization. This fiscal support is critical and we thank you for all of your efforts. Sincerely, Ray Pastorino

Ray Pastorino, PhD, JD

Clinical Psychologist-Humanities

Alaska Family Medicine Residency

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Anchorage, Ak 99508

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Fax - 907-561-4806



# Planned Parenthood<sup>®</sup> of the Great Northwest

March 24, 2010

Senate Finance Committee

Dear Senate Finance Members:

I am writing today regarding the decrement that was passed in the Senate Finance Health and Social Services sub-committee regarding the removal of funding for medically necessary abortion services from the Department of Health and Social Services Budget. As members of the committee may know, July 27 2001 the Alaska Supreme Court ordered the Department and the State of Alaska to pay for these services. Quoting from the opinion, "This selective denial of medical benefits violates Alaska's constitutional guarantee of equal protection." This conclusion is supported by many cases across the US. The court went on to say that "The State, having undertaken to provide health care to poor Alaskans, must adhere to neutral criteria in distributing that care. It may not deny medically necessary services to eligible individuals based on criteria unrelated to the purposes of the public health care program." By removing the funding from the budget this puts the department in the position of either 1. Violate the law by not providing these services or 2. Cut other important health care programs to pay for these services. Neither of these options is ideal, the first one will result in costly lawsuits for the state and the second will compromise the important work of the department.

Ideally we would be implementing comprehensive family planning services to ensure that less women face this decision. However, the State of Alaska has not made prevention a priority so I respectfully ask the committee to re-instate the funding that is the legal right of women in Alaska.

Best Regards,

Clover Simon, MSW  
Planned Parenthood of the Great Northwest  
VP of Alaska  
4050 Lake Otis Pkwy Suite 205  
Anchorage AK 99508  
907.770.9705 (office)  
907.240.7449 (cell)

**From:** Michael Sobocinski [msobocin@yahoo.com]  
**Sent:** Wednesday, March 24, 2010 10:49 AM  
**To:** Sen. Lyman Hoffman  
**Subject:** Foster care funding

**Categories:** Green Category

Dear Sen. Hoffman:

As a psychologist who has worked extensively with children and adolescents who are considered to be at high-risk for poor outcomes as they move into young adult roles, I have been heartened by the current legislation addressing the needs of youth transitioning out of foster care.

We have increasingly good evidence to believe that supporting transition-age youth pays off both in terms of their ability to assume productive roles within the community, as well as economically in terms of less reliance upon public supports and increased participation in the job market.

Most youth and young adults can rely upon material as well as social and emotional support as they make the extended transition into adulthood. This is often not the case for youth who have been raised by the state. However, when these youth are offered services that are individualized, community-based, and involve caring relationships with adult mentors and professionals, their ability to move successfully into employment, complete their high school educations and pursue post-secondary programs, reduce their involvement in the legal system, and secure and maintain safe and stable housing are all greatly improved.

I am writing to request that you include in your funding the money that was originally targeting the hiring of two additional independent living skills staff at OCS, as well as the money to support the development of a mentoring program for these foster care youth. I believe that both of these aspects of the legislation are key to leveraging our efforts with this vulnerable population.

One of the main obstacles to providing effective services and supports to former foster care youth is the unmanageable caseloads that the Independent Living Specialists currently carry. Unless they are able to engage foster youth in a personal relationship, the necessary follow-through with services and supports is unlikely, and this is ultimately dependent upon a caseload size that is "doable."

The provision of caring adult mentoring relationships has also been shown consistently to make a difference in the lives of at-risk youth. Supporting a competitive grant program effort that identifies, trains, and provides ongoing support and supervision to adult mentors is necessary in order to harness the goodwill and positive motivations that are present in many adults in the community. Understanding the needs of former foster care youth can at times challenge many well-meaning adults, and cause them to back away from opportunities to engage these youth.

Thank you very much for the opportunity to address this most important piece of legislation currently being considered by the Senate Finance Committee. Your efforts can have a very significant positive impact on the lives of many former foster youth.

My best,

Mike Sobocinski

## Denise Liccioli

---

**From:** Elsa Demeksa [elle@gci.net]  
**Sent:** Thursday, March 25, 2010 2:14 AM  
**To:** Denise Liccioli  
**Subject:** Communities In Schools Budget Request  
**Attachments:** letter to legislatur#1A42F6(2).doc; Care Coordinator Proposal to Legislature 2010(2).docx

Hi Denise:

It was nice running into you last night as I never see you except at airports. Thank you for being willing to consider this request. The program really keeps kids in school. We are currently serving about 135 kids with just two part time care coordinators. We could make a huge difference if we had full time people in all three high schools and the two middle schools. Of course we would gratefully accept anything we can get. Thank you for any help you can give us.

Elsa

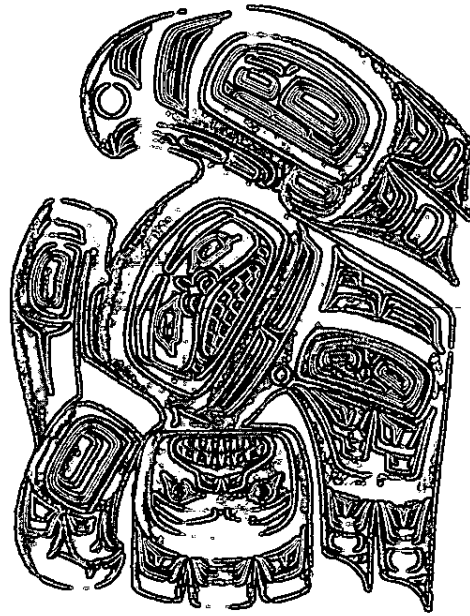
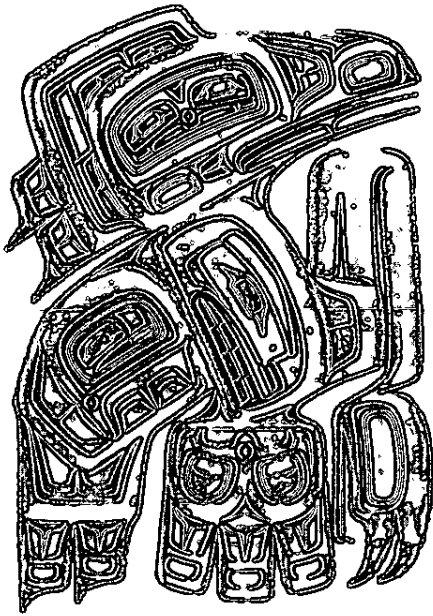
Elsa told me last night that she was disappointed that she could not testify during the time slot for Leneau. I told her ~~that~~ if she'd send me her comments I would pass them along to the Co-chair. When I saw what she sent, I replied and included Jesse, to say that in order to include something new, it would take an amendment and asked if she already had requested one of Sen Egan. So just passing along what I know.

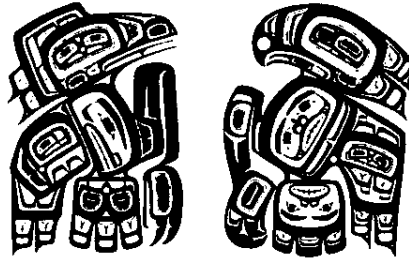
Denise

3/25

CENTRAL COUNCIL,

*Tlingit & Haida Indian Tribes of Alaska*





## **Juneau Alaska Native Youth Suicide Prevention Coalition**

### **Participant E-mail and Phone List**

#### **CCTHITA**

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### **United States Representatives**

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U.S. Senator Begich, [Chris.Ashenbrenner@begich.senate.gov](mailto:Chris.Ashenbrenner@begich.senate.gov)

### **Alaska State Legislature**

Senator Dennis Egan; [Senator.Dennis.Egan@legis.state.ak.us](mailto:Senator.Dennis.Egan@legis.state.ak.us)  
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### **CBJ Assembly Members**

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### **Alaska Dept. of Health and Social Services**

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### **The Alaska Mental Health Trust Authority**

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### **Advisory Board on Alcoholism and Drug Abuse Alaska Mental Health Board**

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### **University of Alaska Southeast**

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### **Department of Juvenile Justice**

Shannon Dilley, [shannon.dilley@alaska.gov](mailto:shannon.dilley@alaska.gov), 523-6826

### **Juneau Police Department**

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Sgt. Chris Burke, 586-0779, [cburke@juneaupolice.com](mailto:cburke@juneaupolice.com)

### **Juneau Youth Services**

Walter Majoros, 907-523-6531, [Walterm@jys.org](mailto:Walterm@jys.org)  
Angel Dudley, [angeld@jys.org](mailto:angeld@jys.org)

### **Catholic Community Services**

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### **NCADD**

Matt Felix, [mfelix-ncaddj@ak.net](mailto:mfelix-ncaddj@ak.net)  
Bob Swanson, [Bob\\_swanson@jsd.k12.ak.us](mailto:Bob_swanson@jsd.k12.ak.us)

### **Southeast Regional Resource Center**

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### **United Way**

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Katherine Eldemar, [Katherine.Eldemar@sealaska.com](mailto:Katherine.Eldemar@sealaska.com)

### **Community**

Kevin Ritchie, [kbrit@gci.net](mailto:kbrit@gci.net) 957-1599  
Chris Ashenbrenner, [ashen@alaska.com](mailto:ashen@alaska.com)

## Juneau's Alaska Native Youth Suicide Prevention Coalition Addressing Issues Negatively Impacting Alaska Native Youth

Central Council President Bill Martin refers to Alaska Native youth as our most precious and valuable resource. It fills him with joy to see so many blossom and thrive in today's world, while still embracing our Alaska Native culture and ways. On the other hand, he sadly notes too many Alaska Native youth face very difficult life challenges which can greatly interfere with their ability to reach their potential, hopes and dreams.

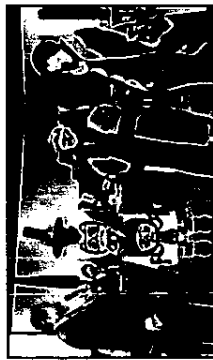
This past September, President Martin met with Dr. Brendan Kiernan, Chair of the Juneau Community Suicide Prevention Task Force, to discuss the disturbing findings school and community counselors discovered after screening all students at Ynaqooŋé Daakahidi High School for depression and/or potential suicide utilizing the nationally acclaimed "Signs of Suicide" program. A very high percentage of Alaska Native students reported symptoms of major depression in the last six months, and/or suicidal ideation, plans and/or attempts in the last year. Through follow-up interviews these students also reported daily struggles of teen pregnancy, parenting their own children, substance abuse, homelessness, and the stress that comes with economic, educational, employment and/or family difficulties. Upon hearing these results, President Martin acted quickly and asked Dr. Kiernan to help him organize a coalition to address suicide prevention as well as other contributing factors negatively impacting our high-risk Alaska Native youth in Juneau.

President Martin and Dr. Kiernan called on Juneau's Alaska Native leaders, elders, community members, youth, Central Council, SEARHC, U.S. Senators Begich and Murkowski, U.S. Representative Young, Alaska State Senator Igan and State Representative Munoz, the Department of Health and Social Services, Alaska Mental Health Trust, Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, Sealaska, Juneau School District, Catholic Community Services, Juneau Youth Services, AWARE, Office of Children's Services, Department of Juvenile Justice, NCADD, and others to come together to address and help resolve these issues.

President Martin was very pleased with the overwhelming response and mutual concern and support from those who attended the October 26 and November 20, 2009 meetings. All agreed on the need to work together to share perspectives, insights, ideas, knowledge and most importantly strategies, solutions, resources, and energies, in order to collaboratively address the complex issues facing high-risk Alaska Native youth in Juneau. The State of Alaska is very enthusiastic about the work of the coalition and would like to see the coalition develop a "community-based model of prevention and intervention for high-risk Alaska Native youth" to be used throughout Southeast and Alaska.

President Martin notes, not only will Alaska Native youth in Juneau benefit from a "Comprehensive Community-based Prevention and Intervention Plan," youth throughout the State will benefit from the commitment and coordination that an effective community plan can demonstrate when they truly come together to make significant changes, and implement well coordinated, culturally appropriate, intervention strategies for our high-risk Alaska Native youth.

In a powerful and moving three-hour meeting on January 15, coalition and youth members were taken in by the ceremony, stories, wisdom, knowledge and advice shared by clan leaders. The next coalition meeting will be held at Alaska Native Brotherhood Hall on February 17, 2010.



Top: President Martin speaks to clan leaders and Juneau-Douglas High School sophomore Colton Welch, who was appointed Youth Representative on the T&H Suicide Intervention/Prevention Team.

Right: Colton Welch shares his personal story regarding suicide.

## Chief Nang Jingwas Potlatch

Submitted By: Corinne Garza

A potlatch was held November 14, 2009 in Skidegate, Haida Gwaii, B.C. to install Russ Jones as Chief Nang Jingwas of the Naa S'aggaaus Xanydagay Skidegate Gáidins. Russ, who is a Tlingit and Haida member, succeeds Dempsey Collinson as the Chief of their Skidegate Haida clan.



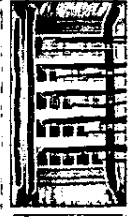
Russ Jones dances the robe

His wife Dolly Garza, *Sgaing gwaizay*, wove a Raven's Tail robe for the potlatch. Chief *Iijwas*, Reno Russ and Delores Churchill named the robe "The Tide Has Changed" at the potlatch.

The new Chief danced the robe to a full house and faced the four sacred directions to acknowledge and respect all of the witnesses.

Noruan Jackson of Ketchikan carved his headdress. Skidegate Haida carver Clayton Gladstone, whose great grandmother came from Kasuan, Alaska, carved his eagle-wasco talking stick.

For more information or clarification, contact Dolly Garza at 250.559.8838 or by email at dgarza@att.net.



Above: Russ Jones and Dolly Garza  
Left: Raven's Tail Robe by Dolly Garza



Chief Nang Jingwas



Floyd Kookesh

## Floyd Kookesh Appointed Subsistence & Sustainable Development Coordinator

President Bill Martin recently appointed Floyd Kookesh, a tribal member and lifelong Alaska Native resident, to Subsistence & Sustainable Development Coordinator.

Floyd is a self-employed charter boat operator who has raised his family living a subsistence lifestyle in Angoon. He has served on the Southeast Regional Advisory Council on Subsistence since 1999, and takes pride in the fact that public service for the betterment of all is a value he holds as honorable and worthy of sacrifice. His past public service experience includes serving as Mayor of Angoon, Advisory School Board Member, and Chairman of the Angoon Indian Education Program.

"Subsistence rights is an ongoing issue for the Tribe and a top priority of my administration," said President Martin. "I am confident in Kookesh's abilities. His knowledge and experience in the subsistence arena will serve well in advocating important issues for the Tribe."

"Subsistence rights continue to be threatened in Alaska, with dual management between State and Federal jurisdictions, regulations continue to be made that affect us daily," said Kookesh. "I plan to focus on expanding the subsistence program and strengthening our rights under Central Council. Now that the Federal Review is beginning its next phase, it's important that we be at the table to ensure our needs and rights are protected."

Floyd began his new job on January 6, and his office is located at 9097 Glacier Highway. Please join us in welcoming him.

Nikki Morris  
AEYC Family Services Coordinator  
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My name is Nikki Morris. I am the Family Services Coordinator at the Association for the Education of Young Children, SE Alaska, part of the statewide Child Care Resource & Referral Network, **thread**. I assist parents across the region, helping them find quality regulated child care. I want to extend my thanks to you for the recent increase to the Child Care Assistance Reimbursement Rates that became effective March 1, 2010. More help, however, is needed for Alaska's working families. I am here on their behalf asking you to support an increase in the family eligibility rate for Child Care Assistance to 85% of the state median income. This will help families stay at work and also provide quality care for their children. The eligibility rate has not been adjusted since 2002. Child care is expensive but not all working families can access support. The Local administrator for PASS II/III Child Care Assistance in Juneau told me that on average, five families per month are turned away because they are over the income threshold and cannot qualify for assistance. Though over income, these families struggle to make ends meet.

Consider, what difference \$60 a month would make in your life. For Ms. Foster, a client I have worked with since 2005, when her pay increased by \$60 a month it meant that she no longer qualified for Child Care Assistance and Denali KidCare. Ms. Foster, a single mother with two children, makes \$18 an hour. After taxes she pays for her essentials: rent, transportation, child care, and utilities. With the few hundred dollars left she decides which of the remaining bills will go unpaid so she can provide food for her children. Her oldest child has special needs. When she qualified for Child Care Assistance, this included funding for her child care provider to offer an enhanced program to meet her child's needs. Now, because she no longer qualifies for Child Care Assistance she brings her children to an unregulated provider who does not have any support for working with children who have special needs. In a recent conversation, Ms. Foster shared that she knows that she could work much less and get more support for her family if she quit her job. Ms. Foster is proud to be a contributing community member and chooses to keep her job and hope for better days.

It is for Ms. Foster, and other working families like hers that I ask you to support an increase to the family eligibility rate to 85% of the state median income. This increase will allow more children from lower and middle income homes the opportunity to access regulated and higher quality child care programs and will enable more families to stay at work.

Thank you.

Chairman Hoffman and Stedman, and members of the committee:

I am Peter Froehlich, a retired Juneau District Court Judge and a member of the Partners for Progress Advisory Bd. In the late 90's, I helped establish the Juneau Wellness Court, and presided over it, until my retirement in 2005. I am here to speak in favor of the \$200K budget increment to Partners for therapeutic court support. This increment is essential now, since Federal grants are no longer available for a program that has been part of ongoing state court operations for 11 years.

I want to make just two basic points:

First, this is a tough program that really does change addictive behavior. Therapeutic courts are both corrective and preventive. Crime and public costs that would have occurred, without the program, are avoided. The two colored data sheets included in my submission for the record, confirm cost savings and crime reduction. Therapeutic courts both protect the public, and save state dollars.

Secondly, state partnership with a non-profit is essential to making therapeutic courts work. The Court System has asked us to emphasize the value of the Partner's program in meeting therapeutic court needs, because the courts either would be ineligible for funding or unable to fully respond. The combination of courts and non-profits is what makes therapeutic courts effective nationwide. As former national "drug czar", General Barry McCaffery says in the USA Today article also in my submission, "public-private partnerships are critical to the success and future of drug courts".

In conclusion, for 11 years now, Partners for Progress has been making a huge difference in our ongoing battle against alcohol and other drugs. I urge you to provide the funding necessary for us to continue.

Thanks for your consideration. I know you'll hear more on this, as the day goes on. I want to turn it over briefly to JoAnne Lockwood, a graduate of our Juneau Therapeutic Court. Again, thank you for your time.

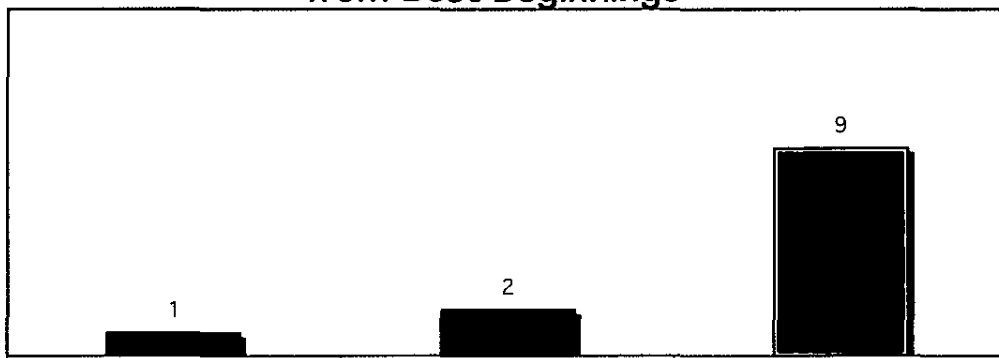


# BEST BEGINNINGS

Alaska's Early Childhood Investment

## BEST BEGINNINGS EARLY CHILDHOOD PARTNERSHIPS

**Early Childhood Partnership Growth with Funding from Best Beginnings**

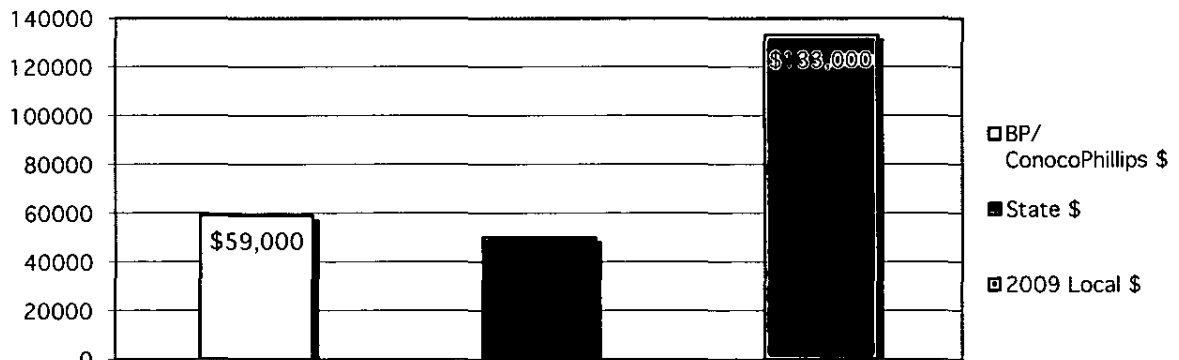


1988 Juneau

2000 Fairbanks, Juneau

2009 (Receiving funding from Best Beginnings) Anchorage, Gustavus, Homer, Hoonah, Ketchikan, Kodiak, Mat-Su, Fairbanks, Juneau

**Sources of Funds**



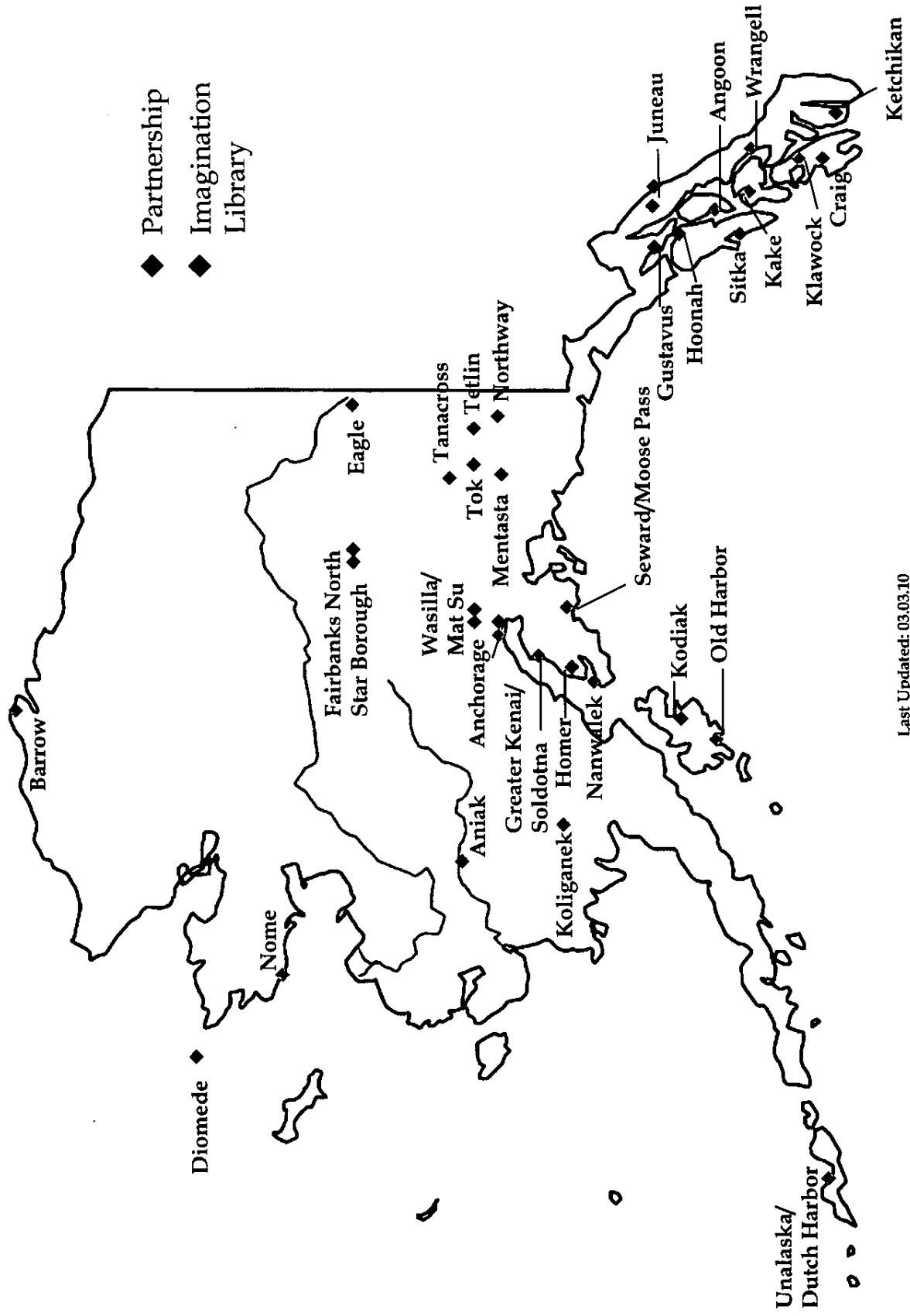
Corporate \$

State \$

Local \$

BP/ConocoPhillips \$  
State \$  
2009 Local \$

# Early Childhood Partnerships & Imagination Libraries in Alaska



Last Updated: 03.03.10

George W. Brown MD  
Community Pediatrician  
1640 Second St. Douglas, AK 99824 907 364 2726 gwbrown1776@yahoo.com

TESTIMONY FOR SENATE  
FINANCE COMMITTEE

Wednesday March 24 9<sup>00</sup> AM

For AMERICAN HEART ASSOCIATION  
and Alaskan children and Families  
support \$475,000 addition to Childhood Obesity  
Prevention Initiative

George W. Brown MD



American Heart Association | American Stroke Association.

*Learn and Live.*

Heart Disease and Stroke. You're the Cure.

## FACTS

### With a Very Heavy Heart

### Obesity and Cardiovascular Disease (CVD)

#### OVERVIEW

Once primarily seen as a behavioral and environmental problem, obesity is now viewed as a complex disorder and a major health risk factor linked to increased CVD, cancer, diabetes, and early death.

And more than just a contributing factor, obesity by itself increases the risk of heart disease. Framingham Heart Study researchers found that obese individuals had an incredible 104% increase in the risk of developing heart failure compared to non-overweight individuals.<sup>1</sup> Those with abdominal obesity are at particularly high risk. An obese person who has a stroke has longer hospital stays and a lower chance of being discharged home.<sup>2</sup>

#### OBESITY AS AN EPIDEMIC

The news is not good. The U.S. is now in the grips of a full-blown obesity epidemic. The prevalence of those who are obese has risen to 33.9%.<sup>3</sup> In 2008, adult obesity rates rose in 37 states, and in more than half of our states, obesity rates exceed 25 percent of all adults.<sup>4</sup> According to the WHO, the number of overweight and obese people world-wide is set to increase to 2-3 billion by 2015 if current trends continue.<sup>3</sup>

These rates bode poorly for health outcomes. A 2003 study showed that by age 40, a non-smoking obese woman loses 7.1 years of life expectancy and a non-smoking obese man loses 5.8 years.<sup>5</sup> Severely obese individuals lose 8-10 years of life expectancy, which is comparable to the effects of smoking.<sup>6</sup> Of greatest concern, the obesity epidemic is spreading to our children at an alarming rate.<sup>3</sup> Nearly 10 million children and adolescents ages 6-19 are considered overweight.<sup>3</sup> Sadly, one study has shown that obese children's arteries resemble those of a middle-aged adult.<sup>7</sup> Over-weight adoles-

cents have an overwhelming chance of becoming obese adults and they are being sentenced to an early future of CVD and disability.<sup>8</sup>

#### THE COSTS OF OBESITY

Beyond the toll in human suffering and death, obesity and its associated diseases have a steep price tag. Obesity is a significant factor driving health care spending, accounting for an estimated 12 percent of growth in recent years.<sup>9</sup> By one estimate, the annual cost of overweight and obesity is \$117 billion per year.<sup>10</sup> The number of children who take medication for chronic diseases has jumped dramatically since 2002, another contributing factor to rising health care costs.<sup>11</sup> Obese Medicare recipients nearly doubled between 1987 and 2002 and the cost of treating them almost tripled.<sup>12</sup> Left alone, the situation will only worsen with America's public health, economy and productivity suffering.

#### WHY ARE AMERICANS OBESE?

##### AMERICANS OVEREAT AND ARE SEDENTARY

- USDA data indicate that between 1970 and 2003, the amount of calories people ate jumped from 2,234 to 2,757 calories per day. Total per capita consumption of added fats and oils rose by 63%. Annual corn sweetener consumption increased to 79 pounds in 2003, up 400% from 1970.<sup>13</sup>
- Of all U.S. deaths from major chronic disease, 23% are linked to sedentary lifestyles. The bottom line: \$5.6 billion in heart disease costs could be saved if one-tenth of Americans began a regular walking program.<sup>14</sup>

##### CHILDREN ARE NOT LEARNING HOW TO MAKE HEALTHY CHOICES

- Only 27% of schools require health education in grade 6, 10% in grade 9, and 2% in grade 12.<sup>15</sup>
- Children are not eating the recommended servings of fruits and vegetables each day. Only 2 percent of children in any age or sex subgroup

consumed five or more servings per day of vegetables and fruit consumption averages 1.3 servings/day for children ages 9-14.<sup>3</sup>

- Between 1977-78 and 2000-01, milk consumption decreased by 39% in children age 6-11, while consumption of carbonated soda rose 137%.<sup>16</sup>
- Only 3.8% of elementary schools, 7.9% of middle schools and 2.1% of high schools provide daily physical education or its equivalent for the entire school year. Twenty-two percent of schools do not require students to take any physical education at all.<sup>17</sup>
- Physically active transport to and from school has declined; only one third of trips to school  $\leq$  1 mile and <3% of trips  $\leq$  2 miles are made by walking or biking. Even recess has been reduced or eliminated in some elementary schools.<sup>18</sup> 61.5% of children ages 9-13 do not participate in any organized physical activity during their non-school hours.<sup>3</sup>
- Simple, small changes in behavior such as walking an additional 2000 steps/day and eliminating 100 kcal/day from the diet, can lead to lower BMI in families.<sup>19</sup>

#### WORKSITE WELLNESS HELPS

Employer spending on health promotion and chronic disease prevention is a good investment. Programs have achieved a savings ranging from \$3-\$15 for each dollar invested and these savings are realized within the first 12-18 months.<sup>20</sup> The return on investment comes through reduced sick leave, absenteeism, a reduction in health care costs, and an average reduction in workers compensation and disability management claims costs.

#### AHA ADVOCATES

The American Heart Association has a goal of halting the annual rate of increase in obesity and overweight by 2010. To help achieve that goal, the AHA advocates for passage of legislation that increases physical activity and improves the health status of all Americans. This legislation includes:

- Fitness Integrated with Teaching Kids Act to increase quality physical and health education in schools.
- Child Nutrition Promotion and School Lunch Protection Act to update nutritional standards for foods consumed in the school environment.
- Healthy Workforce Act to increase physical activity opportunities in the workplace.

- A resolution promoting National Worksite Wellness Week (H. Con. Res. 450)
- Demonstration projects that test new strategies for reducing overweight and obesity among children and adults.

<sup>1</sup> Kenchaiah S, Evans JC, Levy D, et al. Obesity and the risk of heart failure. *New England Journal of Medicine*. August 1, 2002.

<sup>2</sup> Razinia T, Saver J, Liebeskind DS, et al. BMI and stroke discharge outcomes after ischemic stroke. *Archives of Neurology*. 2007; 64:388-391.

<sup>3</sup> American Heart Association. *Heart Disease and Stroke Statistics - 2009 Update*. Circulation. January 27, 2009.

<sup>4</sup> Trust for America's Health/Robert Wood Johnson Foundation. *Fat in Fat: How Obesity Policies Are Failing in America*. 2008.

<sup>5</sup> Peeters A, Barendregt JJ, Willekens F, et al. The Netherlands Epidemiology and Demography Compression of Morbidity Research Group. Obesity in adulthood and its consequences for life expectancy: a life-table analysis. *Annals of Internal Medicine*. January 1, 2003.

<sup>6</sup> PSC secretariat, Clinical Trial Service Unit and Epidemiological Studies Unit (CTSU), Body-mass index and cause-specific mortality in 900,000 adults: collaborative analyses of 57 prospective studies. *The Lancet*. Early online publication. March 18, 2009.

<sup>7</sup> Raghuvor G, et al. Obese kids' artery plaque similar to middle-aged adults. *AHA Scientific Sessions 2008*. Abstract 6077.

<sup>8</sup> Baker JL, Olsen LW, Sorensen T. Childhood bmi and the risk of coronary heart disease in adulthood. *New Engl J Med*. 2007;357(23):2329-2337.

<sup>9</sup> Goodell S, Ginsburg PB. High and rising health care costs: demystifying U.S. health care spending. Robert Wood Johnson Foundation Policy Brief. No. 16. October 2008. Companion report available at [www.policysynthesis.org](http://www.policysynthesis.org).

<sup>10</sup> Weight Control Information Network, <http://www.win.niddk.nih.gov/statistics/index>.

<sup>11</sup> Cox, ER, Halloran DR, Homan SM, Welliver S, Mager DE. Trends in the prevalence of chronic medication use in children: 2002-2005. *Pediatrics*. 2008. 122; e1053-e1061.

<sup>12</sup> Thorpe KE, Howard DH. The rise in spending among medicare beneficiaries: the role of chronic disease prevalence and changes in treatment intensity. *Health Affairs*. 2006; 25(5):w378-w388.

<sup>13</sup> USDA Economic Research Service. *Food Consumption (per capita) Data System*. US Department of Agriculture. December 21, 2005.

<sup>14</sup> Bulwer B. Sedentary lifestyles, physical activity, and cardiovascular disease: from research to practice. *Crit Pathw Cardiol* 2004; 3(4): 184.

<sup>15</sup> Kann L, Brener ND, Allensworth DD. Health education: results from the school health policies and programs study 2000. *Journal of School Health*. 2001; 71(7):266-278.

<sup>16</sup> Storch P, Grunbaum J, Kann L, et al. School health education profiles: surveillance for characteristics of health education among secondary schools (Profiles 2000). Atlanta, GA: CDC, 2003.

<sup>17</sup> CDC. School Health Policies and Programs Study (SHPPS) 2006. *Journal of School Health*. 2007; 27(8).

<sup>18</sup> Pate RR, Davis MG, Robinson TN, et al. Physical activity promotion in children and youth. *Circulation* 2006; 114:1214-1224.

<sup>19</sup> Rodearmel SJ, Wyatt HR, Stroebele N, Smith SM, Ogden LG, Hill JO. Small changes in dietary sugar and physical activity as an approach to preventing excessive weight gain; The America on the Move Family Study. *Pediatrics*. 2007; 120(4):e868-e879.

<sup>20</sup> Anderson, DR., Serxner SA., Gold DB., Conceptual framework, critical questions, and practical challenges in conducting research on the financial impact of worksite health promotion. *American Journal of Health Promotion*. May/June 2001, 15(5):281-295.

## SFY11 Childhood Obesity Prevention Increment

Chronic illnesses such as diabetes, high blood pressure, stroke, and cancer are among the leading causes of premature mortality in the state of Alaska. Obesity is one of the main drivers of these conditions, costing Alaskans years and quality of life as well as dollars.

- \$477 million is spent annually in Alaska to treat medical conditions associated with overweight and obesity exceeding the cost of tobacco-related medical costs of \$380 million.
  - \$33.7 million was spent on Alaska Medicaid recipients with an obesity diagnosis in SFY09; \$5.8 million of this was spent on obese Alaskans under the age of 18.
  - • In SFY09, the average (mean) Medicaid payment for an Alaskan diagnosed as obese or morbidly obese (\$18,128 per Medicaid recipient) was more than twice that of the average Medicaid client (\$8,588 per Medicaid recipient).
  - \$8-9 million is spent annually to treat medical condition associated with overweight and obesity for State of Alaska employees alone.
  - This is surely an underestimate of the true economic costs of obesity, as obesity also contributes to reduced life-expectancy, lost productivity and reduced earning potential, each of which has significant economic ramifications beyond just direct medical costs.
- 
- In the Anchorage School District study, of the students who were overweight or obese during the 1998-1999 school year, 75% were still above a normal weight in 2007-2008 school year.
- 
- Obesity, diet and physical inactivity account for an estimated 365,000 deaths in the US annually, second to only tobacco-related deaths.
  - 40% of obese children already have at least two cardiovascular risk factors such as high blood pressure or high blood cholesterol.
  - Compared to normal weight peers, obese youth have higher risk of developing type 2 diabetes, asthma, obstructive sleep apnea, orthopedic problems, nonalcoholic fatty liver disease, depression, and low self-esteem.
- 
- In Alaska, obese youth are significantly less likely to report receiving mostly A's and B's.
  - Research shows an association between obesity and lower academic abilities, lower teacher ratings of social-emotional well being, and increased absenteeism.
- 
- 66% of Alaska adults are overweight or obese.
  - There has been a 1% annual increase in adult overweight and obesity since 1991 when prevalence was below 50%.
  - • 27% of Alaska high school youth are overweight or obese.
  - • 40% of children ages 2 to 5 enrolled in the Women Infants and Children (WIC) program are overweight or obese.

# **SFY11 Childhood Obesity Prevention Increment**

## **What will \$475,000 fund?**

The requested appropriation will fund the implementation of evidence-based obesity prevention strategies identified by the Centers for Disease Control and Prevention (CDC) through the mechanisms listed below. Since adult physical activity and nutrition behaviors are established during childhood, the Alaska Obesity Prevention and Control Program believes a childhood obesity prevention initiative would have the greatest impact. The components of this initiative include the following:

Fund community-based staff in two communities to develop and sustain coalitions focused on improving the local nutrition and physical activity environment for children. Communities would be selected through a competitive application process.

Provide training to professionals who work with Alaska's children to learn the most recent evidence-based strategies to prevent and reduce obesity.

Maintain systematic collection, analysis, evaluation and reporting of obesity prevalence and related physical activity and nutrition behaviors. Provide needed technical assistance, training, and analysis to a volunteer grantee school district so they can assess and track the extent of overweight among their student population. Program evaluation is essential to determine progress and better target limited resources.

Internal capacity for obesity prevention and control within a state health department is essential for program sustainability, efficacy, and efficiency. Funding will support two FTE at the state level, whose efforts will complement the staff currently funded through American Recovery and Reinvestment Act (ARRA) to facilitate the Alaska Food Policy Council and assist in the adoption of the proposed Alaska Standards for Physical Education. State staff will plan strategic efforts, provide strong leadership, provide good fiscal management and accountability of community grants. Additionally the state staff will provide technical assistance and training for the community grantees, the public, and for professional development of partners.

Doug Wessen, Ed.S  
300 W 9<sup>th</sup> St.  
Juneau, AK 99801

My name is Doug Wessen and I live in Juneau, Alaska. I am a retired school psychologist who retired from the Juneau School District in May of 2008. I was a founding member of the Juneau Fetal Alcohol Diagnostic Clinic and served as the psychologist on the multi-disciplinary team from September 2004 until my retirement in 2008.

Today I would like to thank the committee for the additional funding provided for FASD services and parent navigators. By providing this additional funding families will be better served.

Providing treatment for women who are pregnant is a tremendous intervention in preventing FASD disorders. It is through this help, providing prevention and compassion that we as legislators, citizens, educators and service providers take an action that can make a child's life better. This in turn makes our state, communities and families and better place

Negotiating the various agencies when families make a brave and difficulty decision to have a child seen at the Diagnostic Clinics for possible fetal alcohol exposure can be overwhelming. Without the assistance of parent navigators most families become lost in the process of getting the required information. After a diagnosis parents need help in coordinating services for their children, and sometimes much need support given by the parent navigators.

Parent Navigators and Case Managers help families with children or adults with FASD disorders effectively receive services that will no doubt become overwhelming. A case manager or parent navigator works with a family much as a legislative aide would track a bill to make sure it makes it through the various committee and hearing to make effective public policy. For a family or a adult with a Fetal Alcohol Spectrum Disorder trying to figure this out on their own will easily become an exercise in frustration that leads to failure. Coordinating services within the community, school, mental health and medical needs and at time through the court system provides a guide to help the person succeed. In this way we provide the best care and services possible making the net a tighter weave so that these persons can succeed.

*“What if there were a new program that saved \$7 for every dollar spent, reduced death and destruction on our highways, helped prevent fetal alcohol syndrome in babies and healed broken families? Well... I invite you to visit one of Alaska’s therapeutic courts!”*

*Judge Jim Wanamaker (retired), Wellness Court Founder*

## **SAVING THROUGH COST AVOIDANCE**

**Therapeutic courts generate huge cost savings, and these cost savings are immediate and ongoing.**

- **Consider...** Without the Anchorage Wellness Court 76 people would be spending **at least** year in jail. At the current cost of \$46,000 a year, those **76 people currently in the therapeutic court would be costing the state about \$3,500,000 per year for jail.** This is jail cost alone and does not include costs of police, court costs, and costs to their families, nor does it consider the fact that, absent therapeutic court, these 76 would be highly likely to re-offend after release from jail, and to repeat the costly cycle several times during their lives.

***Cost avoided - \$3,500,000 per year at minimum***

- **Consider...** In a 12-month period during 2007-08, four healthy babies, **without Fetal Alcohol Syndrome (FAS)**, were born to women in the Anchorage Wellness Court. Each woman had a history of severe alcohol addiction before entering the therapeutic court and had a high likelihood of producing a FAS child were it not for the therapeutic court-ordered treatment program. According to current statistics a FAS child typically costs the public \$3.1 million over the course of a lifetime.

***Cost avoided – over \$12 million for 4 women***

- **Consider...** In 2009, at the request of the Legislature, the UAA’s Alaska’s Institute of Social and Economic Research (ISER) studied a group of programs for their potential to reduce the cost of crime. ISER reported that therapeutic courts are among the programs that ...

**Save from 2 to 7 times what they cost.**

- **Consider ...** the intangible benefits **to families, employers and community.** In the words of a Wellness Court graduate, “I got sober in the beginning for me, because I had to stay out of jail. Then it changed because I liked the effects on my kids and me. Then I did it because I wanted to live. And those healthy feelings continue to become positive actions as I contribute and participate at my kid’s schools, with their sports, at our church, in my job, in my business.”

***Cost avoided - incalculable***

# MUNICIPALITY OF ANCHORAGE



Office of the Mayor

Phone: 907-343-7100

FAX: 907-343-7180

*Mayor Dan Sullivan*

Co-Chairs and Members of the Senate and House Finance Committees  
Alaska State Legislature  
129 4<sup>th</sup> Street State Capitol, Room 3  
Juneau, Alaska 99801-1182

Dear Finance Committee Co-Chairs and Members:

Partners for Progress is requesting operational budget funding to continue therapeutic court support services. The program benefits the Anchorage Municipal Wellness Court by making it possible for indigent participants to obtain temporary housing and basic needs assistance that is essential for them to comply with court orders to gain employment and become self-sufficient. Partners' therapeutic groups are an essential part of the court-ordered therapeutic court treatment program. Statewide training benefits all of Alaska's therapeutic court teams, including the Anchorage Wellness Court.

Recent data compiled by the Institute of Social and Economic Research shows that Alaska's therapeutic courts have been rigorously evaluated and that they save the public as much as \$7.00 for every \$1.00 invested. Wellness Court is a powerful means of reducing DUI crime. Of the 229 offenders who exited the Anchorage Wellness Court in a four year period (offenders who had been selected for the program because of their record of repeat DUIs and other addiction-based crime), only 16 (7 percent) have been subsequently charged with an alcohol related traffic offense.

The Municipality of Anchorage greatly benefits from the work done by Partners for Progress. To continue this important program, legislative support for operating budget funds are necessary to sustain their therapeutic court support services. Thank you for consideration.

Sincerely,

Dan Sullivan  
Mayor



## CITY OF FAIRBANKS

Terry Strle, Mayor

800 CUSHMAN STREET

FAIRBANKS, ALASKA 99701-4615

OFFICE: 907-459-6793

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tmstrle@ci.fairbanks.ak.us

February 1, 2010

Alaska State Legislature  
120 4<sup>th</sup> Street, State Capitol, Rm. 3  
Juneau, Alaska 99801-1182

Re: In Support of Partners for Progress

Dear Legislators:

Partners for Progress has been a valuable supporter of the Fairbanks Wellness Court, providing services essential to the success of participants working to overcome their addiction and achieve law-abiding and self-sufficient lives. Through training programs, alumni group assistance and many other means, Partners has been a strong contributor to the success of the Fairbanks Wellness Court.

By supporting our Wellness Court, Partners for Progress helps reduce repeat DUI crime in our community, saving both lives and public costs. Partners' program of Therapeutic Court Support Services is very important for the health and safety of the Fairbanks community as well as for other Alaskan communities.

I strongly support Partners for Progress's request for an appropriation of \$265,000 to continue to provide statewide Therapeutic Court Support Services in the FY11 operating budget.

Sincerely,

Mayor Terry Strle

16021 Elizabeth St.  
Anchorage, Alaska 99516

March 9, 2009

Honorable Senator Donald Olson  
Juneau, Alaska

Dear Senator,

Please support the increase in funding request for the Therapeutic Court Support Services through Partners for Progress in Anchorage, Alaska. The Partners group has been an integral part in my sobriety these last 6 years. From the first time I was brought to court upon entering the Therapeutic Court program, they have been there, without fail. Since graduating from Wellness Court in 2005, Partners has been a constant support entity through our successful Anchorage Alumni Group. I do not believe we would be as successful in our sobriety without Partners. I have almost 6 years sobriety now, many friends and family members from my region, the Nome area have also gotten sober, some having completed the Wellness Court Program also. All utilize the support services of Partners for Progress.

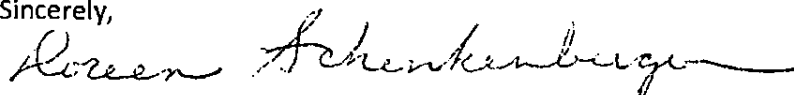
I have gotten to know quite a few people from my home town in this program and have developed wonderful, sober, relationships with them. As a Wellness Court Graduate Group, our Alumni meet twice a month, inviting Therapeutic Court participants to share our accomplishments, struggles and most important, to share our sobriety with one another. Many of us utilize support systems in our community such as church and AA, but the Alumni Group is our lifeline. It is what we have in common, it is our connection to each other that is so crucial to long term, continued sobriety.

Sobriety has allowed us to become so much more than we ever dreamed. We give back to our communities by supporting and promoting sobriety wherever we go. We are very involved with the Anchorage Therapeutic Courts, attending regularly and mentoring participants through the system. Many of us have careers now relating to substance abuse counseling, working for Native Non-Profits providing services, and working with Tribes to develop Alcohol and Juvenile Justice Programs.

Another family member, just this week, has asked for my help in getting sober. They are willing to move to Anchorage and enter a long term program. This is an opportunity to save another life. Please help me by supporting Partners, so I can help another family member become healthy and sober.

If I can answer any questions or help with this extremely important cause in any way, please don't hesitate to call on me. Thank you for your support and all of your hard work on behalf of our region and our wonderful state.

Sincerely,



Doreen Buffas (Schenkenberger)  
Shareholder, BSNC

dschenk@gci.net

William Perry  
Assistant District Attorney, 3<sup>rd</sup> Judicial District  
11921 Palmer Wasilla Highway, Suite 100  
Palmer, Alaska 99645

February 1, 2010

Alaska State Legislature  
120 4<sup>th</sup> Street, State Capitol, Rm. 3  
Juneau, Alaska 99801-1182

Dear Legislators:

As a prosecutor in the Palmer Courthouse, I want to express my support for funding to continue Partners for Progress's court support services.


The organization's Drivers Compliance Program makes a valuable contribution to the efficiency of the judicial system in the Matanuska-Susitna Valley. Through an agreement with the District Attorney, suitable cases of persons charged with drivers' license-related misdemeanors are referred to Partners for Progress's experienced contractor who assists them in becoming licensed drivers.

The program benefits the court system and the community by reducing the high rate of recidivism by people with this type of case. Often individuals with Driving While License Suspended (DWLS) or similar convictions have a difficult time. A conviction comes with an additional suspension of the license and extends the time for which more expensive SR22 insurance is required, making it challenging to get licensed again. Many people with license-related charges go through the court system over and over for the same type of misdemeanor.

The Drivers Compliance Program Coordinator solves the problem upfront by helping misdemeanants obtain a license without a conviction. This reduces the caseload for the courts and attorneys and allows the judicial system to focus on more serious offenders. The program also benefits the public by reducing the number of uninsured, unlicensed drivers on the road.

I understand Partners for Progress is requesting \$265,000 to fund their ongoing services statewide. On the basis of my experience with their Drivers' Compliance Program in Palmer, they have my full support.

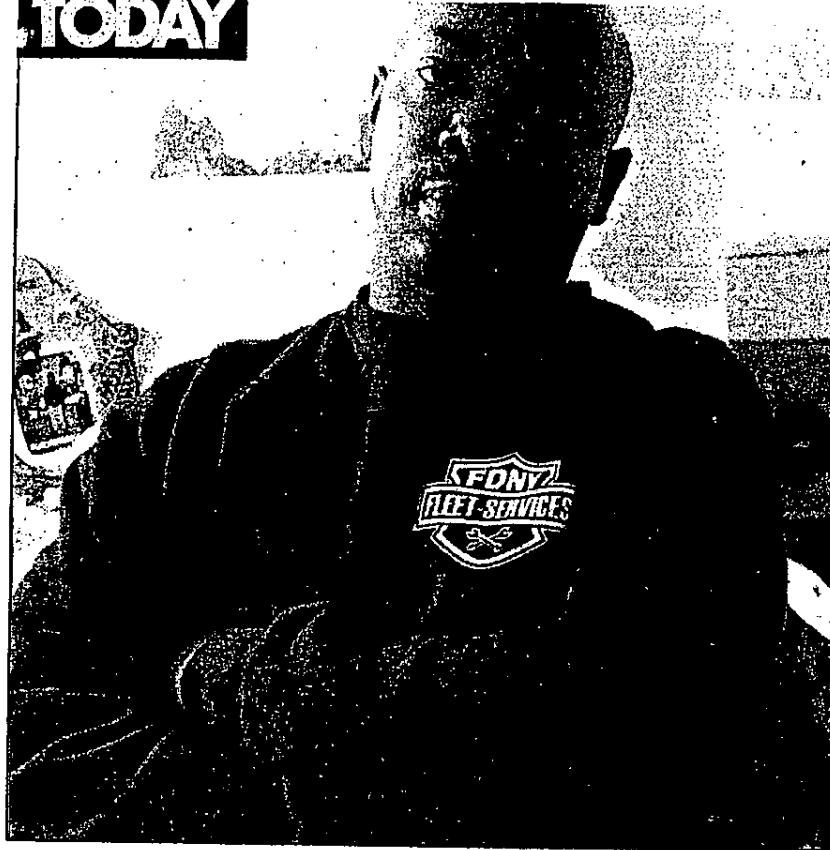
Sincerely,



W. Michael Perry

Assistant District Attorney

**TODAY**



By Jennifer S. Altman, for USA TODAY

**Choose success:** After drug court helped Damon Fuseyamore kick his crack habit, he became a mechanic for the New York Fire Department.

## Expand drug courts through public-private partnerships

When I took office as the U.S. "drug czar" in 1996, 12 drug courts existed. Today, this country supports 2,016 drug courts. This exponential increase is an enormous achievement by local, state and federal authorities. Drug courts work ("Drug courts offer offenders alternatives," News, Dec. 21).

By combining law enforcement with drug treatment programs for those in the criminal justice system, drug courts provide the best solution for non-violent offenders.

Nobody wants to be a drug addict. Addiction leads to a life of abject misery. Congress has invested in drug courts but not enough to serve millions of Americans who will keep committing crimes unless, through drug courts, they are directed toward long-term treatment and are forced to be accountable for their actions.

Our progress is impressive, but it must not stall. Our goal must be a funded drug court in every county across America in the coming 10 years.

The philanthropic and private sectors must partner with local government to take drug courts to scale. Public-private partnerships are critical to the success and future of drug courts, which are the best hope for breaking the cycle of addiction and crime.

Every dollar spent on drug courts saves as much as \$10 when compared to the high cost of incarceration. But what price can you put on getting a person — a father, a mother, a son, a daughter, an adolescent — off drugs and into recovery?

Barry R. McCaffrey, retired general  
Former Director  
Office of National Drug  
Control Policy  
Arlington, Va.

**TODAY**

## Boost accountability in U.S. drug courts

Our nation's former drug czar, retired general Barry McCaffrey, wants a concerted effort to increase drug courts ("Expand drug courts through public-private partnerships," Letters, Jan. 3).

Managed by judges and requiring frequent court appearances, drug courts are proven to reduce crime and drug abuse and save taxpayers considerable money. Unfortunately, there are not enough to go around, and increasing their numbers makes excellent sense.

Other advocates, such as Margaret Dooley-Sammul, of the think tank Drug Policy Alliance, would prefer a very different strategy. She writes that states should follow California's example and institute Proposition 36, a law that allows first- and second-time non-violent drug offenders to be treated instead of being incarcerated ("Follow California's lead," Letters, Jan. 3). But Proposition 36 prevents judges from holding offenders accountable for continuing to use drugs or flaunting their treatment obligations. Rather than repeat this failed approach, we must learn from drug courts that an essential element of effective treatment is learning to be accountable for one's misbehavior.

It is time to take drug courts to scale by increasing their numbers, enhancing their capacity and spreading their philosophy of combining treatment with accountability for all offenders.

Douglas B. Marlowe, chief  
Science, Policy & Law  
National Association of  
Drug Court Professionals  
Alexandria, Va.

## IMPROVING PUBLIC PROTECTION

The Alaska Judicial System reports that 66% of offenders who are sentenced and imprisoned under the traditional system re-offend and are re-incarcerated within three years of their release from prison. In contrast, **about two-thirds** of the graduates of therapeutic courts for drug and alcohol addiction **have not re-offended**. **“Graduates of Alaska’s therapeutic were rearrested and re-convicted far less frequently than comparable offenders who went through traditional incarceration.”**<sup>1</sup>

Over 90% of Alaska’s prisoners are eventually released. Each new crime means new public harm and public costs. Therapeutic courts protect the public by intervening in the cycle of crime and incarceration to prevent criminal offenses in the future.

\*\*\*\*\*

Recent information provided to the Alaska Highway Safety Office shows that therapeutic courts are especially effective in reducing substance-related vehicular incidents (primarily **DUIs**).<sup>2</sup>

### **Anchorage Wellness Court (data for 5 years)**

Number of participants who exited program (10/04 –10/09):       **298**  
Percent subsequently charged with substance-related vehicular incidents: **8%**

### **Bethel Therapeutic Court (data for 5 years)**

Number of participants who exited program (10/04– 10/09):       **74**  
Percent subsequently charged with substance related vehicular incidents: **18%**

### **Juneau Therapeutic Court (data for 4 years and 3 months)**

Number of participants who exited program (7/05 – 10/09):       **45**  
Percent subsequently charged with substance-related vehicular incidents: **(less than 1%)**

### **Ketchikan Therapeutic Court (data for 4 years and 5 months)**

Number of participants who exited the program (5/01 – 10/09):       **23**  
Percent subsequently charged with substance-related vehicular incidents: **(1%)**

### **Fairbanks Wellness Court (data for 2 years and 2 months)**

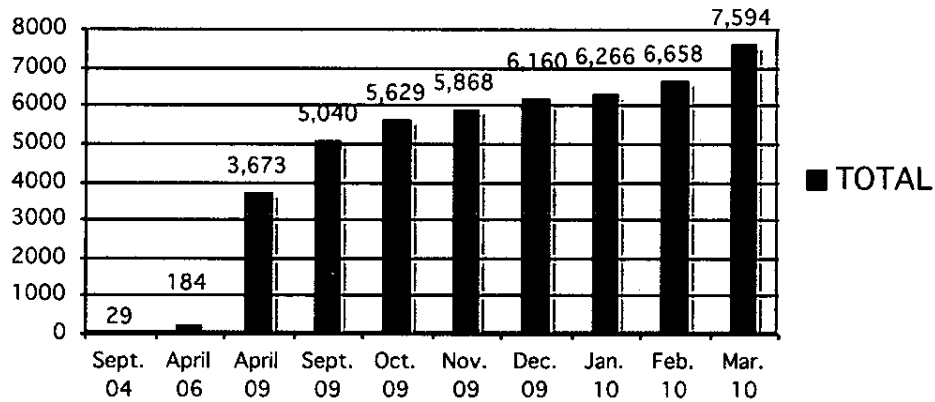
Number of participants who exited the program (9/07 – 10/09):       **15**  
Percent subsequently charged with substance-related vehicular incidents: **(less than 1%)**

<sup>1</sup> Alaska Judicial Council, “Recidivism in Alaska’s Felony Therapeutic Courts,” February 2007 and “Criminal Recidivism in Alaska,” January 2007.

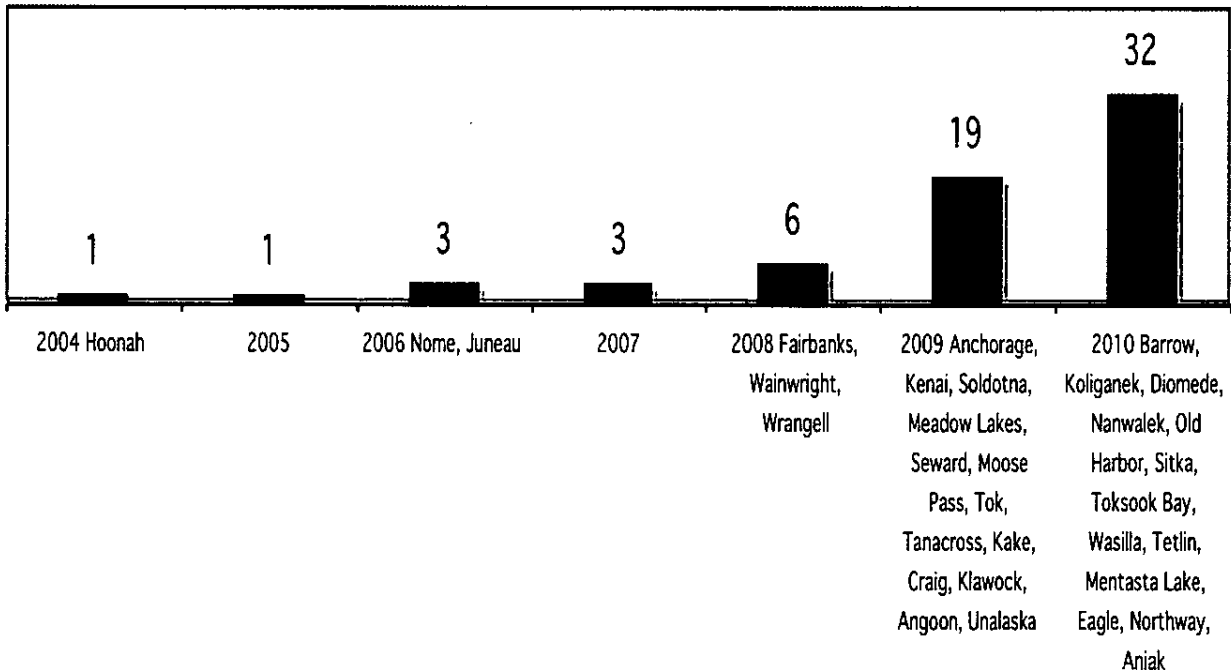
<sup>2</sup> Alaska Court System, “Annual Evaluation”, report to the Alaska Highway Safety Office, Nov. 6, 2009

## Imagination Library Enrollments (# of Children)

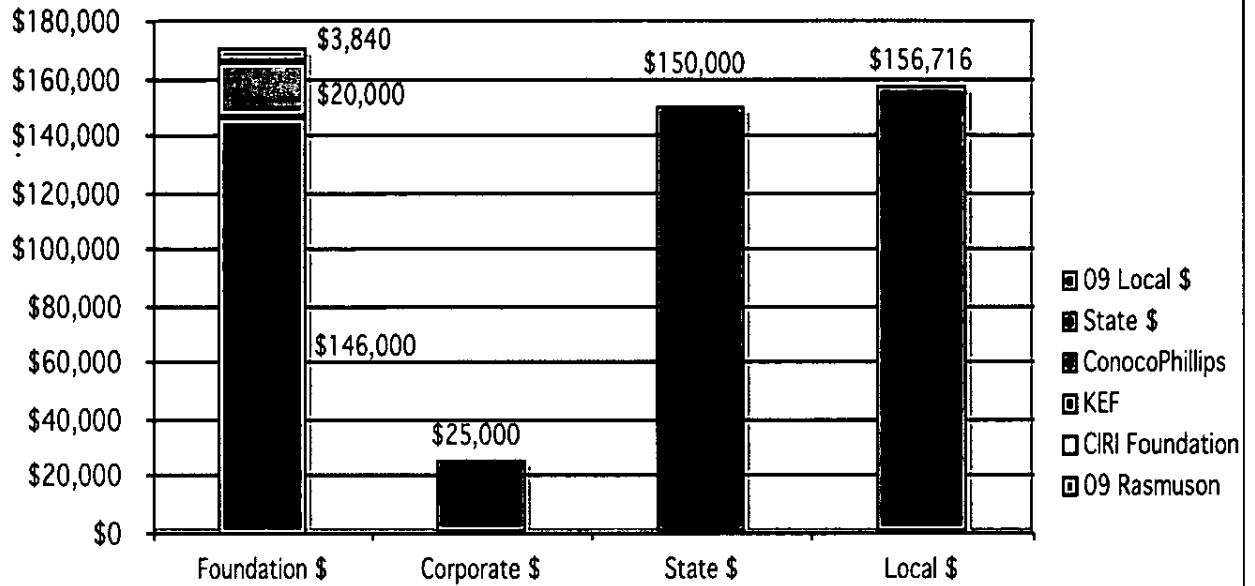
Affiliate	Apr 09	Sept 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10
Anchorage		834	1,105	1,304	1,514	1,600	1,818	2,340
Fairbanks	2,738	2,824	2,951	2,962	2,986	2,974	2,957	2,942
Juneau	800	977	1,003	1,000	1,024	1,029	1,038	1,056
Kenai		--	106	105	104	120	213	198
Koliganek								17
Kuskokwim								31
Mat-Su		44	70	82	88	88	166	502
Nome	135	160	160	158	171	174	171	184
Old Harbor							15	15
Seward		112	145	165	175	175	176	181
Tok		54	51	55	61	65	65	92
Unalaska		35	38	37	37	41	39	36
<b>Total</b>	<b>3,673</b>	<b>5,040</b>	<b>5,629</b>	<b>5,868</b>	<b>6,160</b>	<b>6,266</b>	<b>6,658</b>	<b>7,594</b>



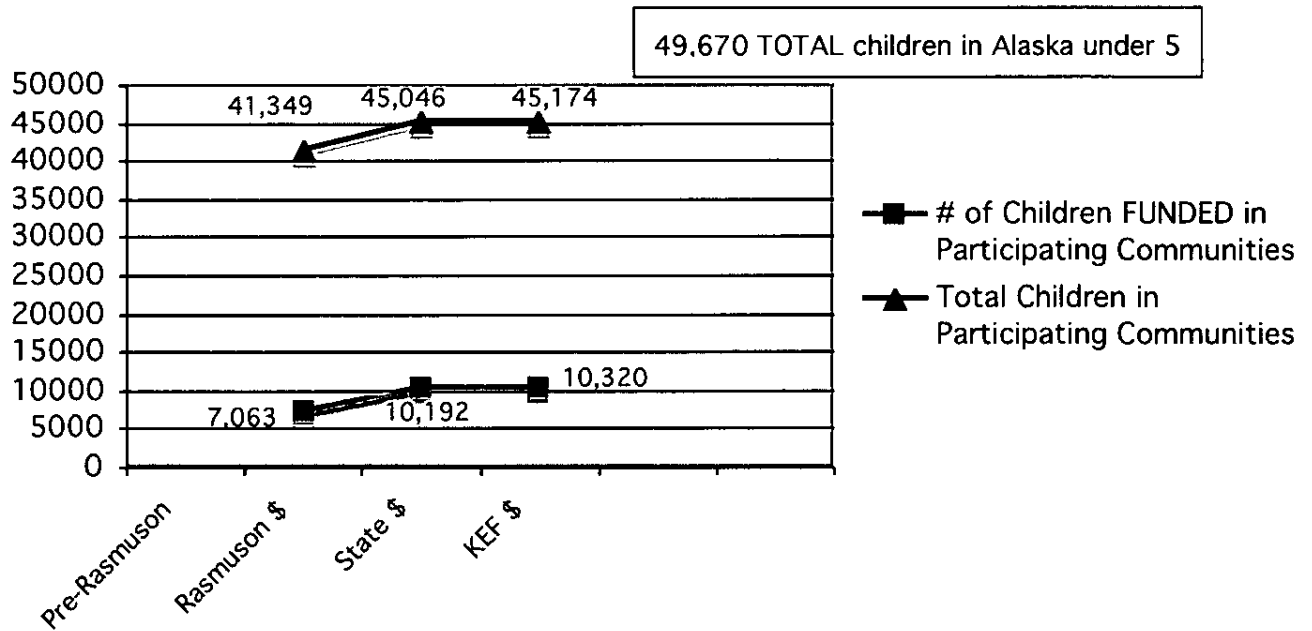
## Communities Adding Imagination Libraries



## SOURCES OF FUNDS & DOLLARS LEVERAGED



## NUMBERS OF CHILDREN FUNDED vs TOTAL CHILDREN





**Micky Arison**

NET WORTH : \$4.5 Billion

Owner: Carnival, Princess and Holland America Cruise Lines  
Miami Heat Basketball Team

FROM : SEATRADE INSIDER - MIAMI

**Arison: Alaska tax-cut proposal 'a great first step' 3/23/2010**

Micky Arison, CEO of Carnival Cruise Line, called Alaska Gov. Sean Parnell's proposal to cut the head tax by 25% 'a great first step in turning around the situation in Alaska and very encouraging. If approved by lawmakers for the 2010 season, **the tax cut may be passed along this year to customers in the form of an on-board credit** ', Arison told analysts today. However, a lower head tax will not affect pricing in Alaska this summer, and it will take time for the state's cruise business to recover, Arison added. Because of the industry's long lead time, recovery could stretch beyond the period it took for cruise demand to falter following the 2006 citizens' ballot initiative that instituted the head tax and a raft of other levies and regulations. **Voters and backers of the initiative 'have no skin in the game and no understanding of our business,' Arison said.** When nothing happened for a year or two after the legislation, many said the industry was bluffing by warning higher costs would hurt sales. The cruise business is down by 140,000 berths, or about 17%, in Alaska this year. 2011 deployments are already set. But recovery constitutes more than a return of capacity, Arison said. 'Our cruise-tour business has been really highly impacted, too.' The Carnival chairman is hopeful the governor's proposal will pass but would not be pinned to analyst questions about potential future moves. **The only thing the cruise industry has agreed to do in exchange is drop its lawsuit against the state, Arison said.** He voiced his appreciation to Parnell for devoting the time to travel to Miami last week and learn about the industry. **'It's the first time I've ever met a governor of Alaska,' Arison said.** The Carnival chief noted the industry also learned about some 'political realities' of Alaska thanks to the visit.

**\*An "on-board credit" means distributing 2010 Alaska taxes as drink chips.**

## **Carnival soars past 1stQ outlook as pricing rebounds**

**March 23, 2010**

Buoyed by a stronger than expected rebound in pricing, Carnival Cruises turned in a 22-cent per share profit in the first quarter, well ahead of Wall Street's 14-cent per share consensus. **The company also said booking volumes are up, fueling price increases, especially in the summer season. Carnival owner and CEO Micky Arison described the sales season as 'robust.'**

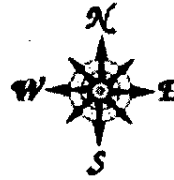
Carnival earned a first quarter profit of \$175m on revenues of \$3.1bn, compared to the year-ago profit of \$260m, or 33 cents per share, on revenues of \$2.9 bn.

Results in the recent quarter were stronger than the company's December guidance thanks to better than expected net revenue yields and lower than expected unit costs. The first quarter included a previously announced 5-cent gain from the sale of P&O Cruises' Artemis. **'We were very encouraged by our results as pricing continued to rebound off last year's lows and we returned to top line revenue growth after a challenging 2009,' Arison said. During the quarter, the booking environment continued to improve for Carnival's North American brands and stronger than expected pricing was achieved on close-in bookings, he said. Arison added that significant cost savings continue to be realized worldwide, though the strength of its performance was masked by rising fuel prices, to the tune of 22 cents per share compared to the prior year. Carnival said that since the start of the calendar year, booking volumes for the remaining three quarters are running ahead of the prior year with prices significantly higher than 2009's discounted levels. \*** At this time, cumulative advance bookings for the remainder of the year are in line with last year at higher prices. **Arison noted, 'We have enjoyed a very robust sales season, setting booking records during the quarter. These 'wave season' bookings were fueled by attractive pricing in the marketplace and pent-up demand from those who postponed vacations last year.' As a result, he said pricing continues to increase, particularly for the peak summer season. Carnival expects revenue yields for the remaining three quarters of the year to increase approximately 3% to 4% in constant dollars compared to last year. 'Vacationers should take advantage of the current low rates now as prices are going up,'**

**\*Cruise ticket prices to Alaska are up 21% in 2010 compared to 2009**

**For further information on cruise pricing and fair Alaska taxes, contact:**

**Chip Thoma, President    Responsible Cruising in Alaska    586-2117**



### Responsible Cruising in Alaska

TO: (S) Finance Sub-Committee on Commerce  
FR: Chip Thoma. President, RCA *CT*  
RE: **Alaska Travel Industry Association (ATIA) Funding**  
DATE: February 9, 2010

Senators - The subcommittee meets today and Thursday Feb. 11 on the operating budget for the Department of Commerce, Community and Economic Development. One increment is the Department's relationship with the Alaska Travel Industry Association (ATIA). ATIA received \$9 million dollars from the state GF in FY10, as the only "Qualified Trade Association" that advertises for travelers to Alaska. This state GF outlay should be more closely scrutinized.

What was previously a 50% ATIA - 50% state GF match in 2006 has now been replaced by a 25% ATIA -75% state share. The ATIA reported \$2.7 in Marketing Income raised from their members last year, while the state contributed \$9 million GF; a total \$11.7 ATIA budget for FY10. Much of this funding goes to produce and purchase Alaska travel ads for cable TV networks and regional markets.

**Two major groups travel to Alaska : 1 million cruise passengers, and 600,000 by air, also known as 'independent travelers.'** Many travel marketing questions can be asked before considering a ATIA funding level for FY11:

- How many air tourists actually travel to Alaska as a direct result of ATIA advertising? Can that be verified? And by whom?
- How much did ATIA spend per tourist to convince them to travel here in 2009? Is it over \$100 per tourist?
- What level of ATIA emphasis and funding should go to **independent travelers**; those who fly here, rent cars and hotel rooms, eat in restaurants, and spend 5 times more daily than cruise visitors? More than 50% of total funding? 75%?
- Why did only the independent, air-traveler numbers decline in 2009?
- Who gets the millions in yearly advertising dollars that ATIA buys? Are these sole- source contracts for TV, radio and print ads?
- What media firm now schedules and buys the cable TV ads, and what is their history of travel marketing success? What are they paid by ATIA?
- How many yearly responses does ATIA get from these various media buys? What percentage comes from each media type - TV, radio & print?

**After a review of ATIA materials, I have a few comments on expenditures that may elicit more questions by the Finance sub-committee:**

The cruise lines claim to spend \$70 million dollars a year in advertising for Alaska cruises. They do an excellent job, and we know for certain that 1 million cruise passengers traveled to Alaska on their full ships in 2008 and 2009. The basic marketing expenditure is \$70 per cruise ship passenger.

ATIA claims 85,000 visitors visit Alaska each year from their efforts, based on their 'conversion factor' estimate of 16% of the 534,000 directly contacted by ATIA each year. However, there is no certainty (like the number of Alaska cruise or air passengers), that those 85,000 projected ATIA visitors actually visited Alaska last summer. In fact, 2009 Railbelt visitor numbers for air travelers were down 10-15%, and in all related sectors; cars, hotels and purchases. ATIA lost ground and 2009 numbers, a big failure with this top-priority Alaska travel group.

ATIA also employs a "future conversion factor," 34% of those directly contacted from year 1. ATIA claims in 4 future, subsequent years another 97,000 travel north, inspired by that first year of ATIA direct contact. This appears to be creative-accounting nonsense, as conversion / multiplier rates do not appear quantifiable by any standard measure. Such "trickle-down advertising" is hopeful speculation at best. To achieve the math, ATIA is contacting the same folks, over and over, and adding big percentages of visitors each year. That is obviously not the case. Something is very wrong with ATIA's visitor numbers and calculations.

The ATIA visitor estimates and conversion percentages are calculated by their own survey and poll results, available in 2008 reports on-line at the ATIA web-site. From reading those, the ATIA conversion numbers are often based on 300 airport interviews a year of Alaska travelers, conducted and analyzed by the GMA Research Corp. of Bellevue, Washington, an ATIA contractor. Other ATIA visitor reports are completed by the McDowell Group.

**Questionable Lobbying Activities**

I understand there are actually three income streams for the ATIA. One is the \$9 million state share, another \$2.7 million in ATIA Marketing Income, and the third is called Association Income. This latter category is not reviewed by the Legislature, yet represents a significant amount - over \$550,000 - most raised from ATIA membership dues, along with interest and dividend income. This Association Income is separate and in addition to reported Marketing Income.

ATIA Association Income is used to hire lobbyists in Juneau and for municipal activities with other groups, notably the Alaska Cruise Association (ACA). In past years, the ATIA and ACA have coordinated their state lobby and community efforts. This 2009 summer they both co-sponsored three state Tourism Summits. These had the agenda to:

- Oppose the one-halibut limit on guided sport fishing, a major cruise ship excursion that pays large monetary commissions to the cruise lines;
- Oppose the state cruise passenger tax, which pays for cruise-related capital projects in 12 ports throughout the state;
- Criticize the legislature for "hoarding" cruise tax monies, which was never the case; and
- Support cruise lines and the ACA filing a federal lawsuit against the state cruise passenger tax, which did occur in September, 2009.

I find it disingenuous that a group can work so closely with the Miami cruise industry, oppose state cruise taxes and regulations, promote hysterical Tourism Summits, then request continued funding and even a dedicated, corporate tax-credit. The ATIA is cruise-centric for monetary reasons, They should focus instead on independent travelers that visit the Bush and Railbelt by air and rental cars; very desired tourists who spend more documented revenue than others..

**Because ATIA is a state-subsidized entity**, it is important they come before Finance committees each year to disclose their expenses, report their success, and request a proper funding level. Alaskans expect this of all such entities that receive more than 50% state funding – and ATIA is no exception.

ATIA Association Income should not be "off-the-books" for legislative review. That half-million income stream is available to ATIA for questionable lobbying activities in Juneau and throughout the state. Additionally, ATIA has its own PAC for political contributions, and should not have one as a state-subsidized group. ATIA should also submit to a Legislative Finance audit of their activities and funding sources since 2007. Thus far there has been little legislative review.

The ATIA wants you to compare their marketing efforts to those of Hawaii, the other 'long-distance' US travel destination. However, the state Hawaiian Tourism Authority guides Hawaii's sole industry and income – there is no comparison.

**Until these funding, lobby and audit issues are resolved, please return the ATIA budget to 2007 levels; a 50-50% match of ATIA and state GF funds.**

Thank you for your consideration of these comments. Chip Thoma

RCA - Box 21884 Juneau, AK 99802 (907) 586-2117 [chipt@alaska.net](mailto:chipt@alaska.net)



# *Mending the Net*

## **The Alaska Suicide Prevention Summit**

**January 11-13, 2010  
Anchorage, Alaska**

**Presented by**

**The Alaska Native Tribal Health Consortium and  
The Statewide Suicide Prevention Council**

**In partnership with**

**Alaska Mental Health Board  
Advisory Board on Alcoholism and Drug Abuse  
Alaska Division of Behavioral Health  
Alaska Mental Health Trust Authority  
Alaska Commission on Aging**

My name is Sherri Wes and I live in Juneau. I am the mother of an 18-year-old daughter, Brooke, who I adopted when she was 13. When I adopted Brooke I knew she had multiple diagnoses, but it was not until she received the diagnoses of having an FASD that everything began to make sense.

The first time I spoke to Brooke over the phone I hung up crying because I just knew she was meant to be my daughter. Brooke is a charming, caring young adult. She has a way of soothing babies and loves to help the elderly. She looks absolutely normal, and until you know her well she seems that way too. However, every day is a struggle for her. She has a totally non-logical mind and she is stuck in a logical world.

When Brooke moved in with me it was obvious that her mind did not work like other children her age. It was as if her brain was made of Swiss cheese – there seemed to be gaps and holes in it. Despite my training in special education and trauma therapy, I just could not figure out how all the pieces that worked and those that did not work fit together into a pattern.

It was not until she was diagnosed last year by the Juneau FASD clinic that all the pieces finally fit. My daughter's biological mother drank when she was pregnant. Basically all the holes in Brooke's Swiss cheese brain were caused by the fact that the alcohol had damaged her brain. The symptoms of this damage are many and include:

a lack of self-motivation, an inability to organize thoughts or physical space, an inability to plan ahead or set priorities, impulsiveness, poor judgment, she cannot generalize, she is unable to see cause and effect, she has learning disabilities, she cannot handle money, she has difficulties with concepts of time, she is hyperactive, has memory deficits, immature social behavior, and she is excessively friendly even to strangers. ALL of these make her extremely vulnerable and open to victimization.

Currently, despite all these disabilities, I have been fighting to get her **any** services because like many adults with an FASD she "falls through the cracks". Even though in important areas she functions below those receiving services for developmental disabilities her IQ is too high to receive services. With the structure and support I provide for her she is able to function but she would be totally unable to live independently without that high level of support.

I have seen Brooke totally exhausted at the end of a day from trying to navigate in our alien world. She simply cannot do it on her own. She most likely will never be able to without extensive supports. The damage to her brain is permanent.

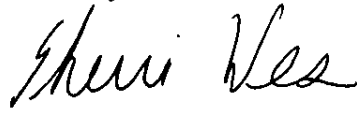
I love my daughter more than I thought I could ever love anyone, and I fear for her future. I want to thank all of you for the additional funding added to the budget for services for those with an FASD. I want to thank you not just because these services could be so important to Brooke in helping her live an independent life in the community, but also because the children with an FASD that follow Brooke will not have to struggle the way she has.

Brooke also wants to thank you, which is why she is allowing me to tell her story.

Sherri Wes • 4875 Steelhead St • Juneau, AK 99801 • (907) 523-5255 • hope.sww@gmail.com

Please feel free to contact me at any time in the future. I would love to discuss in more detail the difficulties that those with an FASD and their families face, including the lack of supportive housing for adults with an FASD.

Sincerely,

A handwritten signature in cursive script that reads "Sherri Wes".

Sherri Wes



Sherri Wes • 4875 Steelhead St • Juneau, AK 99801 • (907) 523-5255 • [hope.sww@gmail.com](mailto:hope.sww@gmail.com)

# Teens With FASD: What Makes Them Tick?

© 2004 Teresa Kellerman

The teen years are difficult for most families, for the teens as well as the parents. Caught between the innocence of childhood and the accountability of responsible adulthood, teens want to be independent and desire to be treated like grown ups but are far from being in control of their behavior, much less their lives. Having raised three teenagers, I can personally attest to the myriad challenges that parents of teens face. Having raised my son John with Fetal Alcohol Syndrome (FAS) through infancy, childhood, and the teenage years, I can proudly say I have earned my "Ph E" (Parent having experience) in FAS. I have witnessed more tantrums, outbursts, impulsivity, hyperactivity, and inappropriate social behaviors than I care to remember, and they were most challenging during John's teen years. I found myself often asking "Why does he *do* this?" Of course, I constantly reminded myself that he has FAS, but I really wanted to understand the difficult behaviors in an effort to help him and everyone else survive those difficult years.

Parents of teens with Fetal Alcohol Spectrum Disorders (FASD) sometimes feel like they are living with an explosive bundle of emotions that may go off at any moment. Sometimes it is hard to predict their behavior, and even more difficult to understand it. Some describe the teen years as a return to the "terrible twos" and for parents of teens with FASD, the challenges are even greater (Streissguth, 1997).

One of the key strategies I have discovered to successfully parenting a teenager with FASD is to understand how the brain functions, both in healthy individuals and in those affected prenatally by alcohol. During the teen years, the brain is undergoing tremendous transformation. Let's look at what research shows us about the development of the teenage brain in general and the function (or dysfunction) of the brains of children and teens with FASD.

There is a pruning of brain cells that takes place during the last trimester of pregnancy, and again during puberty and the teen years. Prenatal alcohol can kill brain cells and may have a significant effect on this pruning process. (Gogtay et al., 2004) In healthy individuals, the pruning process during pregnancy causes a loss of brain cells and during adolescence a loss of brain cell connections that results in 15% less gray matter of the brain (Wallis, 2004).

How do we know this? Scientists use sophisticated electronic instruments to look at the brain and how it works. An MRI (magnetic resonance imaging) is a laboratory tool that shows brain structure. An fMRI (functional magnetic resonance imaging) measures and maps brain function (Wikipedia, 2004). It is helpful to understand the connection between the brain and behavior and to examine recent findings from researchers who use brain imaging and other methods to discover how the brain works.

**Executive Functions:** The concept of executive functioning refers to deliberate actions that require the ability to hold and manipulate information (working memory) and to focus on one task at a time (attention). The term generally refers to cognitive functions of our brain used in planning ahead and guiding our behavior to efficiently and effectively achieve a goal. The prefrontal cortex part of our brain controls these executive functions, which include self-motivation, organization of thoughts, ability to plan ahead, setting priorities, suppression of impulses, decision-making and judgment, and the ability to weigh the consequences of our actions (Chun, 1999). Executive functioning is impacted by the pruning process in adolescence (Wallis, 2004). For teens with FASD, the impact of brain-cell pruning is even greater, as prenatal alcohol exposure causes impairment of the executive functions. In fact, individuals exposed to alcohol prenatally who have mild physical symptoms have similar deficits of executive functioning when compared to children with full Fetal Alcohol Syndrome (Kodituwakku et al., 1995).

**Memory:** A New York cab driver, who has to remember locations and streets and directions, is likely to have an MRI that shows an unusually large hippocampus, a brain structure involved in memory (Wallis, 2004). The hippocampus is one of the areas of the brain that is affected by prenatal exposure to alcohol. My son John's short term memory is so impaired that he may lose an important thought if he is required to wait to express it for longer than two minutes. This results in constant interruptions when he has the frequent need to tell me something important. And it means that he may forget a task within minutes of a simple assignment. He also forgets rules and the consequences that may result in the infraction of those rules. He requires constant cues to perform daily tasks such as taking medication or saying "excuse me" prior to an interruption.

**Social Cues:** Being able to read other people's facial expressions is a skill that uses the amygdala and the frontal lobes (Baird et al., 1999), both areas of the brain that are vulnerable to damage from

prenatal alcohol exposure (Mattson & Riley, 2001). Someone with FASD may confuse an expression of fear as anger or hostility. This could lead to inappropriate reactions that could result in negative consequences. If John engages an attractive store clerk in friendly conversation and she responds with a smile, he may misinterpret this as flirtation or romantic interest. Because John is not good at reading social cues, he must have someone responsible with him at all times in social situations.

**Risk Taking:** A person who is immature or young is likely to engage in risky decision making and high-risk behavior when with other immature or young people. A person whose decision-making skills are already impaired by prenatal alcohol exposure may be even more likely to engage in risky decision making, even in adulthood (Streissguth, 1997). John does not seem to be capable of weighing the pros and cons of making a decision, and frequently miscalculates his odds of having a successful outcome because of thinking "maybe this time I won't get caught" or "maybe this time it will work out okay." John's risky decision-making behavior could result in harm to himself or others, such as injury, assault, arrest, abuse, or death.

**Behavioral Difficulties:** The behavior problems observed in children who are prenatally exposed to alcohol are related to deficient skills in both the cognitive and emotion-based executive functions (Mattson et al., 1999). It is becoming increasingly apparent through recent research that deficits in social behavior are related to prenatal alcohol exposure (Kelly et al., 2000). Because of difficulties with social behaviors, many families that have children with FASD find they must give up social outings such as family reunions or church picnics because the challenges of monitoring the child or teen take away any pleasure to be derived from attending social functions. Even getting away for an evening or a weekend without the children is difficult, as there is a shortage of respite providers who are trained and willing to care for children or teens with FASD.

**Attachment Disorders:** Parents of children with FASD report that they have difficulty with healthy bonding and attachment. The children seem to form social attachments quickly, and break them just as easily. They tend to be inappropriately friendly and do not have a good sense of "stranger danger." It has been assumed in the field of social sciences that attachment disorders result primarily from poor parenting and lack of proper bonding in the early months of a child's life outside the womb (Bowlby, 1980; Rutter & O'Connor, 1999). However, deficits in attachment behavior are seen in both alcohol-exposed humans and animals, suggesting that these changes are primarily the result of the prenatal exposure to alcohol rather than maternal behavior (Kelly et al., 2000). It took many years for John and I to form a health parent-child bond, in spite of his growing up from infancy in our nurturing, stable family. John will bond quickly and easily to an interesting stranger, although the attachment is superficial. This places John at risk of becoming involved in unhealthy relationships or being drawn into high-risk groups.

The human brain is not fully mature until age 25 (Wallis, 2004). This is about the age that parents report that they begin to see their adult children with FASD settle down and reach their emotional and social potential. Parents of typical teens are advised to provide structure, help with organizing their time and scheduling, monitor their social relationships, and guide them through decision making. Parents of teens with FASD know that these strategies are even more crucial in helping their children safely make it to adulthood, and throughout their lifetime.

It is critical to understand the neurological aspects of FASD in order to implement effective strategies. Because of the nature of FASD and the brain damage caused by prenatal exposure to alcohol, many affected individuals have such difficulty controlling their impulses and have such poor judgment, that most will require close supervision or at least frequent monitoring well past their teen years. Having come to a reasonable understanding of the behaviors observed in teens with FASD, parents must then come to terms with the possibility of facing a period of never-ending adolescence. The "terrible teens" could last into the "terrible twenties." That prospect would strike terror in the heart of any parent. However, I have discovered, as have other parents of teens with FASD, that sometime before the age of 30 our young adult children seem to mellow out emotionally and socially. Their cognitive abilities may not improve with age, but their emotional behavior and social skills appear to finally become tolerable and this allows them to engage in social and employment relationships with limited success. Their ultimate success will be fragile and will depend on continued guidance and close monitoring that might require a one-on-one mentor or job coach and the presence of an "external brain" in social situations. An "external brain" is a concept coined first by FASD expert Sterling Clarren and later made popular by FASD speaker Susan Doctor.

In adulthood, prenatal alcohol exposure is related to high risk situations such as getting into trouble with the law, exhibiting inappropriate sexual behavior, having clinical depression, suicide ideation and attempt, and inability to properly care for children (Streissguth et al., 1996). These findings suggest

that there may be fundamental problems related to alcohol exposure in the social domain of brain function (Kelly et al., 2000). Because I am acutely aware of these secondary high-risk situations, I have made great efforts to ensure that John is protected from the painful consequences that befall most adults with FASD.

Another key to successfully navigating through the teen years to adulthood for individuals with FASD is *their* having a good understanding of how and why their brain functions as it does and accepting the reality of life with FASD. This has helped my son and many other young adults with FASD to accept the presence of an "external brain" in their lives. This measure will ensure their health and safety in a world that can be full of risks for people who have normal adult appearance and intelligence but have child-level decision-making capacity.

It would be prudent to add a third key of understanding, which is the accepting attitude of others in the community, including extended family members, neighbors, teachers, medical professionals, care providers, and others who might have an opportunity to interact with the teen or young adult who has FASD. As author Dian Smith (1991) wrote, "Parents' accepting attitudes can help children learn to be open and tolerant. Parents can explain unfamiliar behavior or physical handicaps and show children that the appropriate response to differences should be interest rather than revulsion." If those who learn about FASD take an interest in understanding alcohol-affected individuals, and help children and others to understand and accept the unusual and sometimes inappropriate behaviors of those who might be affected by alcohol exposure, the community will become a FASD-friendly environment for John and others like him.

As I take a bow for successfully navigating John from his "terrible twos" through his "terrible teen" years, I realize that I have used well all three of these keys. I educated myself about the neurological aspects of FASD, I helped John understand his own behavior, and I have enlightened every person in John's life who would listen about the nature of his disability. Now that he has emerged from the teen years and is more than halfway through his twenties, he is a mellow, well-mannered, relatively mature young man. In one week he will be moving out of the family home into an apartment he has chosen, to live with a roommate who is a friend of his, to be cared for by agency-hired individuals who will be trained by me in FASD issues. I have finally figured out what makes teenagers with FASD tick, but my task is not done. I will continue to help John survive his adult years by training his new caregivers and I will continue to assist parents and professionals who care for children and adults with FASD through articles, workshops, and web projects.

One project I will pursue is an educational program for teens and young adults with FASD to help them understand themselves in hopes of their finding the same satisfying success that John and I now enjoy. I don't know where the project will end, but I know when it began – with the publication of a chapter I wrote entitled "Broken Beaks and Wobbly Wings" (Kleinfeld, 2000). I'll share my final words from that piece. "We might not be able to strengthen those wings, but we can strengthen the safety nets, and we can encourage our young to fly tandem, with mentors and coaches, who can accompany them as they discover all that life's expansive horizons have to offer."

## References

- Baird, A.A., Gruber, S.A., Fein, D.A., Maas, L.C., Steingard, R.J., Renshaw, P.F., Cohen, B.M., Yurgelun-Todd, D.A. (1999, February). Functional magnetic resonance imaging of facial affect recognition in children and adolescents. Journal of the American Academy of Child and Adolescent Psychiatry, 38, 195.
- Bowlby, J. (1980). Loss. Attachment and Loss:3. New York: Basic Books.
- Chun, M.M. & Phelps, E.A. (1999, September). Memory deficits for implicit contextual information in amnesic subjects with hippocampal damage. Nature Neuroscience, 2, 9, 844-847.
- Gogtay, N., Giedd, J.N., Lusk, L., Hayashi, K.M., Greenstein, D., Vaituzis, A.C., Nugent, T.F., Herman, D.H., Clasen, L.S., Toga, A.W., Rapoport, J.L., & Thompson, P.M. (2004) From the Cover: Dynamic mapping of human cortical development during childhood through early adulthood. Proc Natl Acad Sci U S A, 2004 May 25;101(21), 8174-8179.
- Kelly, S.A.; Day, N.; and Streissguth, A.P. (2000). Effects of prenatal alcohol exposure on social behavior in humans and other species. Neurotoxicology and Teratology, 22, 143-149.
- Kleinfeld, J. (2000). Fantastic Antone Grows Up. Fairbanks: University of Alaska Press.
- Kodituwakku, P., Handmaker, N, Cutler, S., Weathersby, K. & Handmaker, S. (1995). Specific impairments in self-regulation in children exposed to alcohol prenatally. Alcoholism: Clinical & Experimental Research, 19, 6, 1998-2012.
- Mattson, S.N., Goodman, A.M., Caine, C., Delis, D.C., & Riley, E.P. (1999). Executive functioning in children with heavy prenatal alcohol exposure. Alcoholism: Clinical and Experimental Research, 23, 1808-1815.
- Mattson, S.N., Schoenfeld, A.M. & Riley, E.P. (2001) Teratogenic Effects of Alcohol on Brain and Behavior. Alcohol Research & Health, 25:3, 185-191.
- Rutter, M. & O'Connor, T. (1999). Implications of attachment theory for child care policies. In J. Cassidy & P.R. Shaver, (Eds.), Handbook of Attachment: Theory and Clinical Applications, New York: The Guilford Press.
- Smith, D. G. (1991). Parents' guide to raising kids in a changing world: Preschool through teen years. New York: Prentice Hall.
- Streissguth, A., Barr, H. M., Kogan, J. & Bookstein, F. L. (1996). Understanding the occurrence of secondary disabilities in clients with Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). (Grant No. R04/CCR008515, Centers for Disease Control and Prevention). Seattle, WA: University of Washington School of Medicines, Department of Psychiatry and Behavioral Sciences.
- Streissguth, A. (1997). Fetal Alcohol Syndrome: A Guide for Families and Communities. Baltimore: Paul H. Brooks Publishing Co.
- Wallis, C. (2004, May 10) What Makes Teens Tick. Time Magazine:163, 56-65.
- Wikipedia (2004, April 6) Functional Magnetic Resonance Imaging. Retrieved May 25, 2004 from the World Wide Web: <http://en.wikipedia.org/wiki/FMRI>

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Fasstar Enterprises

FAS Community Resource Center

**Public Testimony to Senate Finance Committee supporting the Serve Alaska Commission: 3/24/10**

I am the Executive Director and Founder of SAGA, a 25-year-old non-profit. I am here on my own time and want to ask your support for AmeriCorps and the Serve Alaska Commission. SAGA was Alaska's first AmeriCorps program in 1994, and since then we have had 1,500 young adults, ages 16-25, complete terms of National Service through our Serve Alaska Youth Corps, Alaska Service Corps, and Young Alaskans Building Affordable Housing. Our recruitment efforts target young Alaskans from rural communities to be AmeriCorps Members who spend 3-9 months providing service that improves lives, lands, and communities in Alaska (SAGA's mission). They come from Barrow to Metlakatla, and Little Diomedes to Eagle. Two hundred and forty of them have constructed 14 affordable homes, 2 in Fairbanks, 5 in Sitka, and 7 in Juneau for Native Housing Authorities – while earning their GEDs or HS Diplomas. Others serve in teams to improve our public lands and to complete vital public safety projects – while learning valuable life and leadership skills. Our AmeriCorps Members receive a monthly living stipend, health insurance, and an education award of up to \$5,000. Ninety percent of them transition from the program into employment, education or training programs, or full time service (including military).

We are currently piloting a weatherization program with an AmeriCorps crew in partnership with THRHA and RurAL CAP to make homes more energy efficient and prepare young people for construction and green job opportunities. We are also working with the Veterans Green Jobs Alliance to start a Veterans Green Corps program in Alaska in 2011. Both these programs require expanding AmeriCorps in Alaska which largely depends on a fully funded Serve Alaska Commission that can support the expansion efforts.

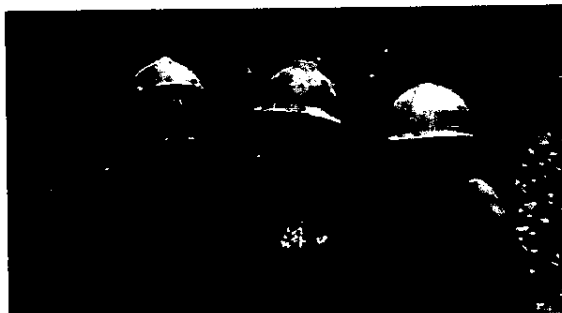
Through its programs, the Serve Alaska Commission has a unique ability to provide a high return on the state's investment. SAGA alone receives \$650,000 each year from the Commission. We in turn leverage an additional \$650,000 from public and private sources, and as a result complete \$2 million worth of service projects with our AmeriCorps Members that directly benefit over \$300,000 Alaskans. That is a better than 4 to 1 return on the dollar. I hope you will consider the commission's request of \$125,000 -- the return on that investment through improved lives, lands, and communities – priceless.



Thank you for your consideration.

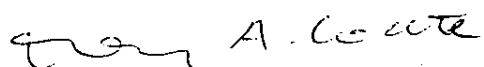
Respectfully,

*Joe Parrish*  
Joe Parrish

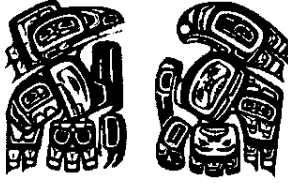


My name is Emily Coate and I teach parenting classes at the Juneau Family Health and Birth center in collaboration with Tlingit and Haida Central Council and AEYC. Since September, 76 parents have participated in the classes and with each series, the numbers grow. With more families living further from extended family there is a greater need now more than ever to provide parents with support and techniques to raise healthy, happy children. I am asking you to fund Best Beginnings to help us work together to implement Parents as Teachers in Juneau. This mentoring program would further support the parents in our community through education and individualized attention so that they can raise the future generation of Alaskans to the best of their abilities.

Thank you

Emily A. Coate

Central Council  
**Tlingit and Haida**



Indian Tribes of Alaska

CENTRAL COUNCIL  
tlingit and haida indian tribes of alaska  
ANDREW P. HOPE BUILDING  
320 West Willoughby Avenue • Suite 300  
Juneau, Alaska 99801-1726

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# **Juneau Alaska Native Youth Suicide Prevention Coalition**

**Grant Administrator:** Alaska State Department of Health and Social Services,  
Division of Behavioral Health, Prevention and Early Intervention

**Grantee:** Central Council of the Tlingit and Haida Indian Tribes of Alaska

**Fiscal Year:** July 1, 2010 - June 30, 2011

## **BUDGET REQUEST**

**Juneau Alaska Native Youth Suicide Prevention Coalition**

Page 1 of 2

## Budget Request

Budget Category	FTE	Grant	Total	ON-SITE (INDIRECT COSTS)	OFF-SITE (INDIRECT COSTS)
<b>Personnel Services</b>					
Administrative Assistant	.5	\$15,484	\$15,484	\$15,484	
Alaska Native Youth Counselor for YDAHS	.5	\$25,000	\$25,000		\$25,000
Fringe Benefits @ 30%		\$12,145	\$12,145	\$4,645	\$7,500
<b>Travel</b>					
"Healing Our Community", Peacemaking Circle, from Kake. 2 People, 4 trips (Air/Hotel/Per Diem)		\$3,912	\$3,912		\$3,912
AK Substance Abuse Coordinator; 4 trips to Juneau (Air/Hotel/ Daily)		\$2,400	\$2,400		\$2,400
Facility Expenses, Site Rental		\$3,000	\$3,000	\$1,500	\$1,500
Supplies / Printing		\$6,500	\$6,500	\$6,500	
<b>Professional Services</b>					
Technical Strategic Planning Manual with Data Analysis		\$9,000	\$9,000		\$9,000
Coordinator Salary; Contract with Juneau School District		\$50,400	\$50,400		\$50,400
Fringe Benefits @ 16%		\$9,600	\$9,600		\$9,600
Community Evaluation White Bison Inc.		\$2,000	\$2,000		\$2,000
2 Days Training "Coalition as Clans" with White Bison Inc.		\$15,000	\$15,000		\$15,000
Printing and Advertising Prevention Materials		\$12,000	\$12,000		\$12,000
<b>Direct Costs</b>		<b>166,441</b>	<b>166,441</b>	<b>\$28,129</b>	<b>\$138,312</b>
Indirect Costs On-Site 32.85%				\$9,240	
Indirect Costs Off-Site 15.89%					\$21,977
<b>DIRECT COSTS SUBTOTAL:</b>					<b>\$166,441</b>
<b>INDIRECT COSTS:</b>					<b>\$31,218</b>
<b>PROJECT TOTAL:</b>					<b>\$197,659</b>

  
 Signature

3/2/10  
 Date

End Page  
of Central  
Council Packet  
Tlinget & Haida