TESTIMONY OF LEANNDRA ROSS,
VICE PRESIDENT FOR EXECUTIVE AND TRIBAL SERVICES
ON BEHALF OF THE SOUTHCENTRAL FOUNDATION
BEFORE THE HOUSE NATURAL RESOURCES COMMITTEE
SUBCOMMITTEE ON INDIAN AND INSULAR AFFAIRS
On the
SOUTHCENTRAL FOUNDATION LAND TRANSFER ACT, H.R. 3620

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My name is Leanndra Ross. I am the Vice President for Executive and Tribal Services at the Southcentral Foundation. I am a Tlingit and Haida and Salamatof Tribal member. I want to thank the Committee for the opportunity to testify today and for your work on behalf of Tribes, Tribal Organizations and Indian and Alaska Native people all around the country. Your work truly saves lives.

SCF is the Alaska Native Tribal health organization under the Tribal authority of Cook Inlet Region, Inc. and designated by 11 federally-recognized Tribes – the Aleut Community of St. Paul Island, Igiugig, Iliamna, Kokhanok, McGrath, Newhalen, Nikolai, Nondalton, Pedro Bay, Telida, and Takotna – to provide health care services to beneficiaries of the Indian Health Service (IHS) pursuant to a government-to-government contract with the United States under authority of the Indian Self- Determination and Education Assistance Act (ISDEAA), P.L. 93-638.SCF is a model of the benefits of self-determination and the importance of allowing Alaska Native peoples to chart their own health care journey. SCF is a two-time recipient of the Malcolm Baldrige National Quality Award for health (2011 and 2017) and one of the 10 largest employers in Alaska.

SCF, through over 2,700 employees, provides critical health services, for the physical, mental, emotional, and spiritual wellness of over 70,000 Alaska Native and American Indian people regionally and the statewide population of 129,000 people through the Alaska Native Medical Center (ANMC). This includes 55,000 people living in the Municipality of Anchorage and the Matanuska-Susitna Borough, and 15,000 residents of 55 rural Alaska Native villages. SCF offers over 85 programs including primary care, dental, behavioral health, and addiction treatment as well as co-managing the ANMC with the Alaska Native Tribal Health Consortium (ANTHC). SCF's service area encompasses over 100,000 square miles, an area the size of Wyoming. SCF has over 800,000 patient encounters annually across our system.

Today I am here to testify on H.R. 3620. This bill will transfer title to land that the Indian Health Service currently owns and on which the Southcentral Foundation now operates the Quyana Clubhouse (QCH) to the Southcentral Foundation. This bill is virtually identical to bills that Congress has considered in the last several Congresses for our sister Alaska Native health care providers the Yukon Kuskokwim Health Corporation, and the Southeast Alaska Regional Health Corporation.

This land transfer is necessary for the Southcentral Foundation to build the planned new 44,178 square foot facility, as the buildings we are using now for the QCH are some of the oldest in the Indian Health Service inventory and were never intended to provide direct services to clients. In fact, one of our spaces is an old morgue.

With the new planned facility, we will be able to expand services to Anchorage's most vulnerable individuals that experience persistent mental illness and adults with complex behavioral health and substance use needs. A key component of SCF's plans is that we will be able co-locate our Integrated Care Management Services (ICM) program services with the Quyana Clubhouse. In short, this new facility will house SCF's most intensive levels of behavioral health outpatient programming.

The QCH opened its doors in the spring of 1993 as an answer to the ongoing need for care of adult chronically mentally ill people. QCH is a day treatment program that blends integrated behavioral health and primary care services with Alaska Native tradition and structured in a nurturing therapeutic milieu environment. The program provides a safe place for people to gather, enjoy shared meals and work with their integrated care team to meet their individualized treatment goals through the provision of case management, medication management, individual and group therapy, primary care services, and health and wellness activities.

Our program provides daily transportation for our customer-owners to come to QCH and receive the care and services they need, which is sometimes just a meal and fellowship. We currently have 120 customer-owners, who are provided with services at QCH on a regular basis and in most cases a daily basis. The success of this program is evidenced by the fact that all our QCH customer-owners are housed. In a city where more than 40% of the homeless population is Alaska Native, we are proud that the services Southcentral provides have enabled our QCH customer-owners to overcome this hurdle, despite suffering from chronic persistent mental illness. We are particularly proud of the work we have done with our Alaska Native veterans.

The new building will also allow us to align and co-locate our Intensive Case Management (ICM) services with the services provided at the QCH. The Intensive Case Management Program is a community-based program which focuses on outreach, engagement, intensive community case management, individual therapy, medication management, and linkages to other critical services, such as housing, that assist individuals in increasing their level of independence and in developing a community support network.

While both programs specialize in providing services to individuals with persistent mental illness, the main difference is where an individual is at in their health care journey and the resulting level and location of intervention required to support them. Individuals supported at QCH are clinically more stable, while the ICM Customer-Owners are typically more acute from a clinical perspective and often navigate complex psychosocial factors such as food and housing insecurity. A key focus for ICM is building enough stability so the Customer-Owner can utilize all the services available at SCF, such as QCH or Outpatient Behavioral Health Services.

Integrating these two programs into one building will facilitate the provision of both community and milieu-based programming, will allow for expanded hours of operation, and will double the number of customer-owners these programs can support. The goals of this program integration include:

1) Support more individuals experiencing SPMI;
2) Reduce emergency room visits and decrease in first responder transport; and
3) Increase the number of individuals successfully housed.

The new facility that we are planning for the land that is the subject of H.R3620 will allow us to provide these services in a state-of-the-art facility, rather than old buildings, which were never intended to provide services to clients. Importantly, a new facility will allow us to provide services to more customer-owners. We know the need for the services provided at QCH and ICM is more than double what we are currently able to provide today due to space constraints.

Both programs provide services to individuals with persistent and severe mental illness, the main difference is where the customer-owner is at in their journey to recovery. ICM is a community-based program which focuses on providing linkage to care and services through case management, with a lighter touch on therapeutic intervention. While QCH is an integrated behavioral and primary care service day treatment program that provides individual and group therapeutic intervention, with a lighter touch on case management.

By having the programs at one location we will be able to improve the transition of care for the customer-owners from ICM to QCH. The referral process will shorten because staff would have the ease walking an ICM customer-owner to QCH and supporting them while they become familiar with group therapy and the other services available at QCH. Staff would also be able to meet in person for case conferences to determine what is best for their care. ICM customer-owners can then also receive their immediate primary care services as well as medicine management at the new QCH facility, rather than having to take another day and go to a primary care provider, which we have found is not likely to happen.

H.R. 3620 will make this planned goal possible by giving Southcentral Foundation ownership over the land, so that we are able to undertake all the necessary responsibilities, including environmental compliance, to build the building that we need to meet the needs of our customer-owners.

Under the legislation the Indian Health Service will have two years to effectuate the transfer. We understand that the federal government needs time to do its work, but we would ask the Committee to work with the Indian Health Service to ensure that the transfer happens faster than this. As I said, we are prepared to begin construction in 2026.

Again, thank you for the opportunity to testify today and tell you about the amazing work that Southcentral does every day. I am happy to answer any questions that you may have.