

**TESTIMONY OF LEANNDRA ROSS,  
VICE PRESIDENT FOR EXECUTIVE AND TRIBAL SERVICES  
ON BEHALF OF THE SOUTHCENTRAL FOUNDATION  
BEFORE THE SENATE COMMITTEE ON INDIAN AFFAIRS  
On the  
SOUTHCENTRAL FOUNDATION LAND TRANSFER ACT, S. 2098**

**FEBRUARY 4, 2026**

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 citizen 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 American 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 12 federally-recognized Tribes – the Aleut Community of St. Paul Island, Chitina, 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 3,000 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 155,000 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 90 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 850,000 patient encounters annually across our system.

Today I am here to testify on Southcentral Foundation Land Transfer Act. 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 Southcentral Foundation. This bill is virtually identical to bills that Congress has considered in the last several Congresses for other Alaska Native health care providers including Yukon Kuskokwim Health Corporation, and Southeast Alaska Regional Health Corporation.

This land transfer is necessary for 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 in Alaska and were never intended to provide direct services to clients. In fact, one of the spaces currently used for an arts and crafts room 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.

The QCH opened its doors in the spring of 1993 as an answer to the ongoing need for care of adults experiencing chronic mental illness. 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.

Quiana Clubhouse provides daily transportation for participants which SCF calls customer-owners because they are both the customer of SCF services and the owners of their own health. Customer-owners come to QCH and receive the care and services they need, which is sometimes just a meal and fellowship. SCF currently has 114 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 QCH customer-owners are housed. In a city where around half of the homeless population is Alaska Native, it is remarkable that with the supportive services Southcentral Foundation provides QCH customer-owners have overcome this hurdle, despite suffering from chronic persistent mental illness. Eight customer-owners participating in the program have also achieved employment in the community, with one even receiving their driving permit as well. SCF is proud to support this population some of which are Alaska Native veterans.

The new building will also allow us to align and co-locate the 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. In short, this new facility will house SCF's most intensive levels of behavioral health outpatient programming in one location.

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 helping customer-owners build enough stability so they can utilize all the services available at SCF, such as QCH or Outpatient Behavioral Health Services. Participants at QCH in a recent survey shared that 87% believe they have ownership over their own health decisions.

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 severe and persistent mental illness (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 this legislation 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 be able to provide services to more customer-owners. We know the need for the services provided at QCH is more than double what we are currently able to provide today and the space we currently have them in is at and beyond capacity.

Both programs provide services to individuals with SPMI, 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, SCF 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 transitioning 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.

This bill will allow the expansion of both programs possible by giving Southcentral Foundation ownership over the land, so that we are able to undertake all the necessary responsibilities, to build the facilities that we need to meet the needs of customer-owners.

Under the legislation the Indian Health Service will have two years to effectuate the transfer. SCF understands 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 SCF has begun planning for the design and construction of this much needed facility.

Thank you for the opportunity to testify today and tell you about the amazing work that Southcentral Foundation employees do every day to support customer-owners. I am happy to answer any questions that you may have.