ASSEMBLY STANDING COMMITTEE
COMMITTEE OF THE WHOLE
THE CITY AND BOROUGH OF JUNEAU, ALASKA

March 20, 2017, 6:00 PM.
Municipal Building - Assembly Chambers

Assembly Work Session - No Public Testimony.

I. ROLL CALL

II. APPROVAL OF AGENDA

III. AGENDA TOPICS

A. **Joint Meeting with Bartlett Regional Hospital Board of Directors**

B. **Wellness Strategy**

C. **Essential Public Facility**

D. **RecycleWorks Update**

IV. ADJOURNMENT

ADA accommodations available upon request: Please contact the Clerk's office 72 hours prior to any meeting so arrangements can be made to have a sign language interpreter present or an audiotape containing the Assembly's agenda made available. The Clerk's office telephone number is 586-5278, TDD 586-5351, e-mail: city.clerk@juneau.org

Bartlett Regional Hospital

Presentation for the
City and Borough of Juneau Assembly
March 20, 2017

CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

Bartlett Regional Hospital — A City and Borough of Juneau Enterprise Fund

BARTLETT REGIONAL HOSPITAL MISSION VISION VALUES

- **Mission**
- Bartlett Regional Hospital provides its community with quality, patient centered care in a sustainable manner.

- **Vision**
- Bartlett Regional Hospital will be the best community hospital in Alaska.

- **Values**
- At Bartlett Regional Hospital **WE**...**C.A.R.E.**
- **C**ourtesy.
- We act in a positive, professional and considerate manner, recognizing the impact of our actions on the care of our patients and the creation of a supportive work environment.
- **A**ccountability.
- We take responsibility for our actions and their collective outcomes; working as an effective, committed and cooperative team.
- **R**espect.
- We treat everyone with fairness and dignity by honoring diversity and promoting an atmosphere of trust and cooperation. We listen to others, valuing their skills, ideas and opinions.
- **E**xcellence.
- We choose to do our best and work with a commitment to continuous improvement. We provide high quality, professional healthcare to meet the changing needs of our community and region.

Presenters

- Chuck Bill, CEO
- Sally Anne Schneider, CBHO

Bartlett Regional Hospital Board of Directors

- Brenda Knapp, President
- Marshal Kendziorek, Vice-President
- Mark Johnson, Secretary
- Nancy Davis, Past-President
- Linda Thomas
- Bob Storer
- Dr. Cate Buley
- Dr. Bob Urata
- Lance Stevens
- Dr. Alex Malter, Chief of Medical Staff
- Maria Gladziszewski, CBJ Liaison

Agenda

1. Major Issues in Healthcare
   - In the United States
   - In Alaska
   - In Juneau
2. Bartlett's Strengths, Weaknesses, Opportunities and Threats
3. Bartlett's Financial Condition
   - Year-to-Date February 2017 (8 months)
   - Projected Fiscal 2017, 2018
4. CAMHU
5. Other Issues
6. Questions

National Healthcare Issues

- Repeal of the Affordable Care Act is front and center.
- Financial costs shifted to subscribers and States.
- Significant risk of decreased funding in most proposals.
- Expansion of shared-risk ventures (a/k/a Accountable Care Organizations “ACO” between hospitals, physicians and insurers.
- Medicare Rural Demonstration Project is signed into law but held up by Trump administration.

Alaska Healthcare Issues

- Budget deficits tied to declining oil revenues are resulting in fewer state employees reducing the % of commercially insured patients
- Difficulty funding State's share of Medicaid, anticipating 5% cuts to hospitals and 13% cuts to providers
- Expansion of Medicaid – Yes, 30,000 have enrolled
- High cost of living that leads to high medical costs
- Unhealthy lifestyles that result in chronic diseases
- Alaska has a multi-billion obligation to PERS and is shifting it to the employers

Juneau Healthcare Issues

- Inadequate senior housing Limited long term care available
- Substance abuse
- Lack of sub-specialists requiring patients travel to other metropolitan areas for care
- Limited insurer options for employers
- Difficult to recruit and retain physicians and staff

Bartlett Strengths

- A dedicated, insightful Board of Directors
- Collaboration with the City and Borough of Juneau
- Accreditation by Joint Commission
- Limited competition
- Stable medical staff
- Stable executive leadership, solid core staff
- Financially sound

Bartlett Weaknesses

- Remote location
- Stable or declining population
- Lack of hospital services and sub-specialists that “force” patients to travel to other communities for care
- Independent (“fragmented”) care delivery system
- Reliance on Rural Demonstration Project to achieve fiscal objectives
- Under-funded clinical service lines that experience financial losses

Bartlett Opportunities

- Expansion of consulting relationships with Seattle healthcare providers, i.e. Neurology, Medical Oncology, Neurosurgery.
- Medicaid expansion has reduced bad debt and Charity Care costs
- Expansion of services in Juneau to keep patients and families in SE Alaska
  - Implementation of 3D mammography and recruit a new female general surgeon.
- Joint ventures with other hospitals, health systems and other healthcare providers

Bartlett Threats

- Insurer discounts
- Increased costs that can’t be supported by declining revenues
- Non-renewal of the Medicare Rural Demonstration Project
- Reduced reimbursement by Medicaid and Medicare
- An increase in the number of self-pay patients due to high deductibles and copays
- “Spillage” of health care services from Bartlett to community (competitive) providers
- Unanticipated mandates from State of Alaska (e.g., increased contribution for PERS)

Bartlett’s Quality and Safety

- The Board reviews Bartlett’s Quality Indicators
  - Patient satisfaction
  - Hospital acquired infections
  - Sentinel events
  - We have implemented Safety huddles every morning at 10AM where all the managers meet for a couple of minutes to identify any safety issues for the day.
- Bartlett has 30+ Performance Improvement initiatives
  - Staff present the projects to the Quality Committee of the Board

Bartlett's Key Statistics

	Seven Months January 2015	Seven Months January 2017
• Bed Days		
• MedSurg	2,530	2,825
• Critical Care	542	573
• Rainforest (encounters)	2,940	2123
• Behavioral Health	1,795	1,752
• Births	208	180
• Operating Room cases	1,823	1,667
• Diagnostic Tests	8359	8,471
• Emergency room Visits	8992	9,472

Bartlett’s Key Financial Indicators

- Cash on Hand 145 days
- Days Outstanding in Accounts Receivable 59 days
- Ratio of In-Patient and Out-Patient Services 42% I/P, 58% O/P
- Full Time Equivalents (“FTE”) 440

Bartlett’s Reimbursement - Commercial

Commercial (37.2 down from 46% of Charges in 2015)

- Reimbursement per contracts
- Reimbursement paid on a fee-for-service basis

Bartlett's Reimbursement - Medicaid

Medicaid (26.6% up from15% of Charges in 2015)

- Reimbursement for in-patient services on a per-diem basis
  - Prior year Medicare Cost Report is the basis of per-diem
- Reimbursement for out-patient services is at a fixed percentage of fees.
  - Adjusted annually after preparation of the Medicare Cost Report
- Reimbursement of Bartlett's physician charges per Medicaid Fee Schedule
- Reimbursement of Behavioral Health per State of Alaska DSH calculations

Note: Bartlett staff from Registration (Patient Access) and Patient Financial Services are using new "Presumptive Eligibility" program to allow immediate determination of eligibility for Medicaid

Bartlett's Reimbursement - Medicare

Medicare (31.4% up from 26% of Charges in 2015)

- Reimbursement of in-patient services is based on the patient's discharge diagnosis as reported in a Diagnosis-Related Group ("DRG")
  - DRG reimbursement is 50% of Bartlett's charges and 80% of Bartlett's fully allocated costs
- Reimbursement of out-patient services follows CMS' protocols based on the Ambulatory Payment Classification ("APC")
- Reimbursement of Bartlett's physician charges per CMS' physician fee schedule
- Additional reimbursement for Rural Demonstration Project

Bartlett's Reimbursement - SEARHC

SEARHC (4% of Charges)

- Reimbursement of in-patient services is based on the patient's discharge diagnosis as reported in a Diagnosis-Related Group ("DRG")
- Reimbursement of out-patient services follows CMS' protocols based on the Ambulatory Payment Classification ("APC")
- Reimbursement of Bartlett's physician charges per CMS' physician fee schedule

Bartlett’s Reimbursement – Self Pay

Self Pay and Uninsured (1.8% down from 7% of Charges in 2015)

- Patients are responsible for paying charges, deductibles, co-pays and services not covered by insurance programs

Fiscal Year 2017 Projection

Bartlett Regional Hospital
Projected Fiscal 2017 Based on YTD December 2016

		FY17 Budget	PROJ FY2017 (3/14/2017)	FY2018 BUDGET (3/14/2017)
	Gross Patient Revenue:			
1.	Inpatient Revenue	$44,436,315	$46,865,652	$48,565,628
2.	Inpatient Ancillary Revenue	$12,972,110	$11,667,613	$11,831,402
3.	Total Inpatient Revenue	$57,408,425	$57,030,306	$60,397,030
4.	Outpatient Revenue	$77,800,361	$81,052,912	$84,529,017
5.	Total Patient Revenue - Hospital	$135,208,786	$138,083,220	$144,926,047
6.	RRC Inpatient Revenue	$3,622,148	$3,552,888	$4,065,116
8.	RRC Outpatient Revenue	$481,890	$250,688	$286,788
8.	Physician Revenue	$8,899,484	$9,036,931	$9,985,515
9	Total Gross Patient Revenue	$148,212,308	$150,923,727	$159,263,466
	Deductions from Revenue:			
10.	Inpatient Contractual Allowance	$23,006,782	$23,686,276	$27,942,785
11.	Outpatient Contractual Adj	$24,108,251	$29,953,882	$33,962,098
12.	Physician Service Contractual Adj	$3,216,163	$5,320,250	$5,403,889
13.	Other Deductions	$305,000	$237,720	$249,400
14.	Charity Care	$4,250,000	$1,393,621	$1,051,159
15.	Bad Debt Expense	$4,500,000	$3,535,290	$4,037,159
16.	Total Deductions from Revenue	$59,386,196	$64,127,038	$72,646,490
	% Contractual Adjustments / Total Gross Patient Re	*34.0%*	*39.1%*	*42.3%*
	% Bad Debt & Charity Care / Total Gross Patient Re	*5.9%*	*3.3%*	*3.2%*
	% Total Deductions / Total Gross Patient Revenue	*39.9%*	*42.3%*	*45.4%*
17.	Net Patient Revenue	$88,826,112	$86,796,688	$86,616,976
18.	Other Operating Revenue	$1,868,367	$2,015,089	$1,832,244
19.	Total Operating Revenue	$90,894,479	$88,811,777	$88,449,220
	Expenses:			
20.	Salaries, Wages & Contract Labor	$37,435,904	$41,123,879	$37,743,752
21.	Physician Wages	$3,000,000	$2,392,145	$2,500,616
22.	Employee Benefits	$19,132,496	$17,353,594	$19,222,890
		$59,568,400	$60,869,618	$59,467,258
	% Salaries and Benefits / Total Operating Revenue	65.7%	68.5%	67.2%
23.	Medical Professional Fees	$2,319,583	$3,009,388	$3,244,484
24.	Non-Medical Professional Fees	$2,623,728	$3,491,722	$2,600,781
25.	Materials & Supplies	$10,095,073	$11,892,130	$11,220,774
26.	Utilities	$1,491,960	$1,538,332	$1,626,823
27.	Maintenance & Repairs	$3,299,870	$2,637,098	$3,150,893
28.	Rentals & Leases	$715,539	$562,785	$635,106
29.	Insurance	$462,961	$519,226	5480,666
30.	Depreciation & Amortization	$8,215,657	$7,382,138	$7,566,678
31.	Interest Expense	$679,922	$419,842	$411,050
32.	Other Operating Expenses	$1,011,601	$904,621	$1,082,371
33.	Total Expenses	$90,484,294	$93,026,900	$91,486,884
34.	Income (Loss) from Operations	$210,185	-$4,215,123	-$3,037,664
	Non-Operating Revenue			
35.	Interest Income	$272,322	$248,268	$259,880
36.	Other Non-Operating Income	$2,029,024	$1,837,360	$2,141,404
37.	Rural Demonstration Stipend		$1,800,000	$900,000
38.	Total Non-Operating Revenue	$2,301,346	$3,883,628	$3,301,284
39.	Net Income (Loss)	$2,511,531	-$331,495	$263,620

Fiscal Year 2018 Budget

Bartlett Regional Hospital
Summary of Appropriations - Fiscal 2018
Updated March 14, 2017

BRH (Hospital) Budget
OVERVIEW

		FY17		FY18	
	FY16 Actuals	Amended Budget	Projected Actuals	Approved Budget	Revised Budget
EXPENSES:					
Personnel Services	$53,772,200	$55,522,000	60,869,618	$59,467,258	$0
Commodities and Services	$24,763,300	$25,326,400	24,435,144	$24,112,948	$0
Capital Outlay	$4,724,900	$7,212,800	2,300,000	$5,000,000	$0
Debt Service	$1,656,200	$1,656,700	1,657,400	$1,657,400	$0
Support to General Fund	$130,000	$340,000	340,000	$340,000	$0
Support to Capital Projects	$0	$0	$0	$0	$0
Total Expenses	**$85,046,600**	**$90,057,900**	**$89,602,162**	**$90,577,606**	**$0**
FUNDING SOURCES:					
Charges for Services	$90,281,200	$87,954,800	$88,811,800	$88,449,220	$0
State Grants	$0	$685,000	$593,800	$515,000	$0
Interest Income	$338,900	$180,300	$246,300	$260,000	$0
Support from:				$0	$0
Liquor Tax	$945,000	$945,000	$945,000	$945,000	$0
Tobacco Excise Tax	$178,000	$518,000	$518,000	$518,000	$0
Marine Passenger Fee	$61,500	$86,000	$86,000	$400,000	$0
Total Funding Sources	**$91,804,600**	**$90,369,100**	**$91,200,900**	**$91,087,220**	**$0**
FUND BALANCE:					
Fund Balance Reserve	$1,687,000	$1,687,000	$1,687,000	$1,687,000	$0
Beginning Available Fund Balance	$47,734,600	$54,492,600	$54,492,600	$56,091,338	$0
Increase (decrease) in Fund Balance	$6,758,000	$311,200	$1,598,738	$509,614	$0
End of Period Fund Balance	**$56,179,600**	**$56,490,800**	**57,778,338**	**58,287,952**	
STAFFING	**432.90**	**434.31**			

BRH's Finance Committee has approved Fiscal 2017 appropriations totaling $91,500,000

3/14/2017

Child and Adolescent Mental Health Unit Update

Bartlett Regional Hospital

March 20th, 2017

Facility Concepts Explored

Child Adolescent Mental Health Unit (CAMHU)

- A locked unit in an acute hospital that includes daily doctor visits, nursing care, school planning, and therapy over 7-10 days. Access must exist to shared recreational areas.

Residential Psychiatric Treatment Center (RPTC)

- A facility designed to treat psychiatric conditions in youth longer term in a live in setting with weekly doctor rounds, nursing care, school planning, gym, shared living spaces, and an activities center.

Crisis Stabilization

- Short term beds with intensive treatment including medication, physician oversight, diagnosis, therapy, skills training, and family involvement resolving the current crisis in a non hospital setting that more closely resembles a home environment.

2016 Updates

Youth needing out of town placement remain high for our community. Over the last three years an average of 25 youth are admitted for transfer for psychiatric care with the average length of stay doubling over the last two years.

Due to facility requirements, specialized treatment needs, and costly construction standards, focus shifted from an acute unit to a Residential Psychiatric Treatment Center that would include crisis stabilization beds in an effort to increase project sustainability and treatment options for youth.

Moss Adams was contracted to conduct a comprehensive feasibility study; a residential model was included in the analysis.

- The Moss Adams study concluded a Residential Psychiatric Treatment Center (RPTC) model of care could work financially.
- To determine availability of needed operational expertise, a request for Letters of Interest was released through CBJ with a due date of September 16th.

Two experienced organizations indicated interest:

- NorthStar Behavioral Health
- KVC Health Systems

A Request for Proposal (RFP) was developed, vetted, and released through CBJ to seek an experienced partner

This RFP was developed for a 29 bed residential facility including 4 crisis stabilization beds to mirror the Moss Adams analysis. The clinical program was designed to treat youth in both Southeast Alaska and other under treated populations in the state.

Benefits included:

Children and families would be treated closer to home more economically

Expertise added to our community through a partner with a proven track record for more complicated children's mental health treatment.

Reduced emergency department visits and law enforcement encounters

Community partners could more easily work together to meet the needs of children through joint ventures

The Due Date for the RFP was February 14th

At the close of the RFP cycle, no proposals were received.

Reasons provided were:

- Inability to execute the project due to other commitments
- Insufficient positive operating margin of 5% .
  A critical factor cited was the Alaskan daily bed rate.
- What can be done now…

Recommendations

The lack of response to the RFP does not negate the need for additional child and adolescent behavioral health treatment in our community. Crisis stabilization beds for youth and opioid addiction treatment for young adults are critical needs.

Bartlett therefore makes the following recommendations:

1.7 Million to develop crisis stabilization

.5 Million to develop Intensive Outpatient Programming for step down care

.6 Million for safety conversion areas in the Emergency Department and on medical floors for youth awaiting transfer from Bartlett

1.2 Million for a detox bay at Rainforest Recovery Center to consolidate and more effectively treat detox patients including the growing number of young adults

These programs could preserve the integrity of the voter's initiative to develop a facility and service for psychiatrically ill youth.

Implementation

Reallocate 2.2 million of the original sales tax funds to support CAMHU to develop Crisis Stabilization Beds and Intensive Outpatient Services to support youth mental health. Reallocate .6 Million to facility safety initiatives for “safe spaces” within Bartlett for youth requiring transfer.

Seek an experienced community partner such as Juneau Youth Services (JYS). JYS has expressed interest in running such a program and to serve as a single point of entry for youth in crisis.

Bartlett has unique resources including physicians, telemedicine, and training expertise to assist.

Implementation

Reallocate 1.2 Million to support Detox Bay construction for Rainforest Recovery Center that will provide on sight detoxification and a single point of entry for assessment and treatment.

This is a more cost effective method for detoxing patients in the community and provides substance abuse interventions during a critical clinical window.

Summary

- The need to stabilize youth in our community remains critical.
- Over the past decade, Bartlett has researched both an acute unit, residential facility, and crisis stabilization beds to meet the needs of psychiatrically ill youth.
- Bartlett's Board of Directors has conducted multiple feasibility studies and committee meetings to determine sustainable models.
- BRH has worked with multiple City departments and community stake holders to vet varied models of care.
- An expert partner was sought to run a RPTC program; no partners came forward.
- Juneau has at least one community provider interested in crisis stabilization care.
- Bartlett has unique resources to help bring this to fruition .
- Bartlett remains committed to ongoing planning to discern critical needs for youth and families and develop service lines which support healthier outcomes.

Thank you for the opportunity to make this presentation!
Questions?

City and Borough of Juneau
City & Borough Manager's Office
155 South Seward Street
Juneau, Alaska 99801
Telephone: 586-5240 Facsimile: 586-5385

TO: Deputy Mayor Nankervis, Chair of Assembly Committee of the Whole

DATE: March 13, 2017

FROM: Rorie Watt, P.E., City Manager

RE: Wellness Strategy

Attached to this memorandum is an inventory of efforts being undertaken by CBJ and community organizations to address the issues of housing, homelessness, addiction and crime and a collection of associated ideas from various sectors of town that have been suggested as partial solutions to our issues. The inventory and list are likely incomplete.

Historically, the CBJ's (non-criminal enforcement) role has been that of a grantor through the annual Social Service grants and Utility Waivers. With the recent addition of the Chief Housing Officer position, we are also now able to help in the collection of data and to assist in the communication and coordination of community efforts.

Recommendation:

1. Receive comments from the public, social service providers and the Juneau Community Foundation on their opinions on how the City could/should play a role in these issues and the components that should be included in a more cohesive "Wellness Strategy."

2. Review the CBJ's role in these issues and update or maintain as you see fit.

Rorie Watt
City Manager
3/14/17

City and Borough of Juneau
Addressing Community Wellness

Over the last twelve months, the community's vision of our housing, health and social services issues has rapidly evolved. The Assembly has been asked to deal with problems ranging from heroin and opioid abuse, crime and blighted properties, to housing and homelessness. To address these concerns in the future and to improve our community wellness (an umbrella term for these issues), CBJ should develop and agree upon a cohesive strategy moving forward.

Background

For the most part, the Assembly and CBJ staff have tried to address wellness concerns as they have arisen. Here is a partial list of activities in those areas since January 1, 2016:

Substance Abuse

- Recent actions taken to assist with substance abuse issues, including
    - Bartlett Regional Hospital hiring a Chief Behavioral Health Officer to add capacity and improve program coordination;
    - Identification of Rainforest Recovery Center model as needing re-evaluation;
        - Can RRC be utilized to expand services to provide addiction treatment; and
        - If so, how best to provide sleep-off services in the community?
    - Community education and efforts for needle disposal; and
    - Bartlett Regional Hospital application for and receipt of Medically Assisted Treatment (MAT) grant

Crime & Safety

- Juneau Police Department Community Outreach on Crime & Prevention Strategies;
    - Crisis Intervention Team (mental health crisis)
    - Geographic policing
    - Offender policing
    - Increased drug enforcement
    - Drug dog
    - Consolidation with AST
    - Reconvening SEACAD
    - DARE teaching in elementary schools and SRO outreach in middle and high school
    - Stop Heroin, Start Talking participation
    - Partnership with State Health Department for Naloxone (heroin antidote)
    - Prescription drop off box
- Bergmann Hotel Code Compliance Issues & JPD Health and Safety Outreach;

- Managing changes from SB 91, particularly sentencing reform and the lack of pre-trial services or social services when people commit crimes but don't get jailed.
- The Municipal Attorney is working on a proposal for a pilot program to be submitted to the Criminal Justice Commission for grant funding. The program would be aimed at reducing recidivism for low to moderate risk offenders committing property crimes. The program would allow for deferred prosecution or deferred sentencing and envisions a process whereby the offender receives cognitive behavioral therapy and works on achieving some measurable positive goal agreed upon by the offender and program manager.

Housing

- Resolution to Adopt Housing Action Plan
- Hiring Chief Housing Officer
- Sale of 2nd and Franklin Parking Lot;
- Completion of Renninger Subdivision and future sale of the remaining 3 lots;
- Pederson Hill Subdivision preliminary plat approved by Planning Commission;
- $1.5 million in funding for Housing First Permanent Supportive Housing and $1.8 million in bridge financing;
- Looking at utilizing CBJ Bonding Capacity to help finance workforce housing and Senior Housing/Assisted
- Mobile Home Loan Down Payment Assistance Program and Accessory Apartment Grant program; and others.

Homelessness

- Participation in Project Homeless Connect, January 28, 2017;
- Street Outreach homeless surveys, December 1, 2017 (Glory Hole, Zach Gordon Youth Center staff)
- Brainstorming sessions with the following ideas presented:
    - More outreach, more downtown police presence;
    - low-barrier emergency shelter, a warming station (below 25 degrees shelter);
    - downtown winter campground;
    - no camping ordinance;
    - 24-hour bathrooms, mobile shower units; and
    - Long-term: Rapid Re-housing program development and Phase II of Housing First Permanent Supportive Housing. (additional 20 units)

Despite great efforts in these areas, the approach to addressing these issues often feels disjointed and reactionary. It is hard to gauge the real impact of these efforts or to determine if resources would be better suited pursuing other activities.

Role of CBJ & Agencies in Housing, Health and Social Services (Wellness)

The start of many citizen questions is "What is the City doing about _____?"
Below is a quick summary of CBJ involvement and community partner roles in these areas.

City and Borough of Juneau:

In December 2000, CBJ disestablished the Health and Social Services (HSS) department (Ordinance 2000-51). The Juneau Recovery Hospital, now known as Rainforest Recovery Center, was absorbed by Bartlett Regional Hospital. The mental health services division function were

absorbed by Juneau Alliance for Mental Health, Inc. That left the CBJ with two HSS programs that are still administered today: *Social Service Advisory Block Grants & Utility Waiver Program* (currently administered by the Juneau Community Foundation) and *The Teen Health Center.*

Recent funding from the SSABG has included Bartlett/Rainforest Recovery Center, Juneau Youth Services, Juneau Homeless Medical Respite Care program, SAIL, Inc., Housing First Permanent Supportive Housing. Other funding requests have been made directly to the Assembly.

The Capital Improvement Program (CIP) is another option for funding for capital project and facility improvements.

CBJ also participates in the development of CBJ Policy and code and provides staff to engage with community partners on these issues. (JPD, CDD, Chief Housing Officer, staff to Affordable Housing Commission, etc.)

Community Partners

Because the CBJ general government is not a direct service or housing provider, community partners play a substantial role in identifying community issues, providing expertise and best practice information, calculating need, and devising and implementing housing, service, and wellness programs for the benefit of the community.

Examples of these organizations include Bartlett Regional Hospital, Central Council Tlingit Haida Indian Tribes of Alaska (CCTHITA), the 40+ organizations that form the Juneau Coalition on Housing and Homelessness, the Juneau Re-Entry Coalition, and many more.

An increasingly important agency is the Juneau Community Foundation that administers the CBJ Social Services Advisory Block Grant as well as the Hope Endowment Fund that provides annual dollars to nonprofit organizations and government agencies in the following wellness areas: *Homelessness, Suicide Prevention, Substance Abuse, Mental Health, Hospice, and Relief for Victims of Violence* – many of the same issues being brought directly to the Assembly. Subsequently, as part of the grant-making process, the JCF has established a Professional Advisory Committee that is gaining expertise on community wellness issues and providing counsel on annual grant requests.

To effectively address community wellness concerns it requires clear communication, collaboration, and efficient use of funds in what are often complex, multi-layered issues.

Moving Forward

Already, based on recent discussions, many immediate, short-term, and long-term wellness ideas have come to the Assembly. (Attached list)

Some questions that likely should be considered as the community continues to work on wellness issues include:

1. How to develop and agree upon a comprehensive wellness strategy utilizing CBJ and partner resources in the community?
2. How best to engage with community partners and utilize their expertise in CBJ decision-making processes?

3. How to provide timely information to the Assembly when approached on wellness issues and funding requests?
4. How to utilize data and performance metrics to gauge success in these areas?
5. Although CBJ no longer directly provides social services, other than the Teen Health Center, is a more involved role – one of coordination and convening in the areas of wellness more appropriate? The general public does look to CBJ for guidance and resources.

Plan to Address Homelessness

In some instances, enhanced coordination would help greatly. For example, for long-term planning on homelessness for the community, engaging with the Juneau Coalition on Housing and Homelessness can provide most of the essential data and expertise. For example, data on persons experiencing homelessness, inventory of housing and services targeting the homeless that are available in Juneau, and adopting a ten-year plan to end homelessness for development of future programs and projects would help. This is in-line with an Implementing Action in the Comprehensive Plan. [1]

Health and Wellness Needs Assessment

For broader health and wellness initiatives, communities have assembled Community Health Needs Assessments that provide data and funding direction. The Mat-Su Health Foundation has provided this evaluation and implementation planning since 2013 and is a community example. There are also have been local efforts that perhaps need to be re-visited such as the Healthy Alaskans 20/20 efforts, 2005 & 2009 United Way Compass II indicator reports, and other wellness tracking efforts have taken place in the community.

[1] ***Policy 4.1*** TO FACILITATE THE PROVISION AND MAINTENANCE OF SAFE, SANITARY, AND AFFORDABLE HOUSING FOR CBJ RESIDENTS.

4.1 - IA8 The CBJ government should participate with other local agencies in the federal program to prepare and adopt a "Ten Year Plan to End Homelessness" in the City and Borough of Juneau.

Community Wellness Ideas Proposed – March 2017

Focus Area #1: Homelessness

Providing Appropriate Options for Persons Experiencing Homelessness

1. **Street Outreach (Navigators):** Continue to invest and support the development of the street outreach team (Glory Hole, St. Vincent DePaul, AWARE, and Zach Gordon Youth Center) that engage with clients on the street and work to get people into housing and services immediately.
2. **Rapid Re-Housing Program**: Consider provision of new grant funding for a Rapid Re-Housing program that provides financial assistance and services to prevent individuals and families from becoming homeless and to quickly re-house and stabilize them if they are homeless. Grant funds would be used to build capacity, provide immediate rental assistance or, in some cases, travel funds if a person has appropriate accommodation in another location.
3. **Year-Round Campground:** Consider provision of year round camping space near downtown. Consider range of locations that are not in avalanche hazard areas. Provide funds for supervision, cleaning, port-a-potties, etc. Note that there are likely zoning problems with most locations and that some options may require code amendments.
4. **Low-Barrier Shelter:** Consider CBJ support for low barrier sheltering available when temperature drops below 25 degrees. Low barrier means that there are few rules (barriers) for people who want to use the shelter. As an example, inebriation would not disqualify a person from entry. Salvation Army has recently begun this service.
5. **Bathrooms:** Consider provision of additional 24-hour restroom facilities for downtown.

Focus Area #2: Public/Non-Profit Facility Planning

Consider Public or Non-Profit Infrastructure and program Improvements

Discuss whether CBJ should financially support a variety of social infrastructure ideas. Below is a list of ideas that have been publicly proposed -- in no particular order. Consider these ideas during the budget cycle (April – June). Potential future capital projects include:

1. **Juneau Housing First Collaborative Phase II:** Phase I that includes 32 beds is due to open June 2017. Phase II would provide an additional 20 beds.
2. **Permanent Year Round Campground Infrastructure** – Thane Campground is typically open from 4/15 – 10/15, and is near an avalanche hazard area. Further study needed to understand the avalanche risk of this site. Moreover, a year round campground would need heating source(s), additional funding, and additional

management. CBJ staff who manage the campground have become increasingly uncomfortable in performing those duties.

3. **New Sobering Center (on or off BRH Campus):** Currently "Sleep Off" is housed in the Rainforest Recovery Center. BRH Staff would like to consider relocation of this function to better provide treatment services at RRC.
4. **Medically Assisted Treatment Outpatient Center**: A new facility that could provide treatment for people with opioid addiction.
5. **Child Adolescent Mental Health Unit (CAMU) –** BRH Staff and Board will update the Assembly on this project at the 3/20 Committee of the Whole. The Board has updated ideas on how to differently serve youth in crisis.

Focus Area #3: Housing Projects & Public Funds

Work on Long Range Housing Shortage and Implement Housing Action Plan

1. **Continue Implementation of the Housing Action Plan**
2. **Pederson Hill Development**:
    a. Determine how to proceed with the project
    b. Partnerships, phasing and funding, lot disposal method
3. **Analyze housing finance ideas for projects that have asked for CBJ Involvement:**
    a. PDG Proposals for Renninger Lots
    b. Senior Citizens Support Services, Inc – Riverview Senior Community
    c. Additional funding for Accessory Apartment Grant Program
4. **CBJ Land Disposals:**
    a. Continue to dispose land in accordance with the Assembly adopted Land Management Plan
    b. Monitor progress of Parks & Rec master plan. Address the question of whether some of the lands in Parks status may be candidates for disposal for housing.
5. **Monitor Real Estate Market and Vacancy Rates**

City and Borough of Juneau
City & Borough Manager's Office
155 South Seward Street
Juneau, Alaska 99801
Telephone: 586-5240 Facsimile: 586-5385

TO: Deputy Mayor Nankervis, Chair of Assembly Committee of the Whole

DATE: March 17, 2017

FROM: Rorie Watt, P.E., City Manager

RE: Essential Public Facilities

Attached is a conceptual draft of an Ordinance that would amend CBJ Title 49 and provide a process for considering Essential Public Facilities.

At the joint meeting between the Assembly and the Planning Commission in January, I suggested that this type of approach may be worth further consideration and that we would bring back a conceptual draft.

The purpose of such an Ordinance would be to provide a means to allow difficult to locate public facilities that are very dependent on location and are designed to meet very specific public needs that fall under Alaska Statutes Title 47.

It is appropriate to consider this idea at this time, in the context of the ideas posed in the Wellness Strategy, and because the Assembly received a draft Ordinance from the Commission on Sobering Centers (which takes a different approach).

Recommendation:

Forward this Ordinance to the Planning Commission for consideration and comment.

CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

Law Department
City & Borough of Juneau

MEMORANDUM

TO: Rorie Watt, City Manager

FROM: Amy Gurton Mead, Municipal Attorney

DATE: March 17, 2017

SUBJECT: Essential Public Facilities

Rorie,

You asked me whether there was any process used in the planning and zoning world to address the siting of projects or development where the project or development is providing a public service by a governmental entity that is dependent on location or otherwise traditionally difficult to site.

We researched that question and found that in Washington (and a few other states), there is identified a very particular type of use called "essential public facilities," designed to address the situation you described and which follows a very specific process.

Washington state law requires its counties and cities to provide a process for siting essential public facilities. (http://app.leg.wa.gov/wac/default.aspx?cite=365-196-550; see subsection (4) requiring each city and county to include in their comprehensive plans a process for identifying and siting essential public facilities and prohibiting them from precluding the siting of such things.)

Here are links to a few examples of comprehensive plans in Washington and the approach taken:
Cheney Comprehensive Plan
City of Gig Harbor
Jefferson County

Please note that the draft ordinance is very rough. If the Commission (or Assembly) approves of the concept, the ordinance would need thorough vetting by CDD staff and Law to more thoroughly flesh out the process and also a review to determine whether any other sections of Title 49 will need amending as a result.

Presented by: The Manager
Introduced:
Drafted by: A. G. Mead

ORDINANCE OF THE CITY AND BOROUGH OF JUNEAU, ALASKA

Serial No. 2017-____

An Ordinance Amending the Land Use Code Relating to Essential Public Facilities

BE IT ENACTED BY THE ASSEMBLY OF THE CITY AND BOROUGH OF JUNEAU, ALASKA:

Section 1. Classification. This ordinance is of a general and permanent nature and shall become a part of the City and Borough of Juneau Municipal Code.

Section 2. Amendment of Chapter. Chapter 49.15 Permits, is amended by adding a new Article to read:

Article IX. Essential Public Facilities

49.15.900 Purpose.

The purpose of this article is to provide a process to site essential public facilities that are typically difficult to site or where the provision of the service is substantially connected and dependent upon its location. This chapter establishes the process and criteria the department will use in making a decision on an application for an essential public facility.

49.15.910 Determination of applicability.

(a) If the proposed facility has been determined to be eligible as an essential public facility by the assembly by resolution or as provided by this section, the proposed facility shall be reviewed following the procedures identified in this chapter.

(b) The manager may request in writing that a proposed facility be reviewed through the essential public facilities siting process. The manager's request shall address the criteria in subsection (c) of this section.

(c) The director shall review the request and approve it if the criteria in subsections (c)(1) and (2) of this section are met. If approved, the application shall be submitted to the commission for its consideration.

(1) The facility or site will be used to provide a service to benefit the health, safety, and welfare of the public and will be delivered by a government agency or private or nonprofit organization under contract to or with substantial funding from a government agency.

(2) The facility is a type difficult to site because of one or more of the following:

(A) The facility needs a type of site of which there are few sites;

(B) The facility can locate only near another public facility;

(C) The facility has or is generally perceived by the public to have significant adverse impacts that make it difficult to site; or

(D) There is need for the facility in a particular location.

49.15.920 Application Process.

(a) Applications, on a form specified by the director, and site plans for all essential public facilities shall be submitted to the commission for its consideration. Other submittal requirements?

(b) After accepting the application, the director shall schedule it for a hearing before the commission and shall give notice to the developer and the public in accordance with section 49.15.230.

(c) The director shall forward the application to the planning commission together with a report setting forth the director's recommendation for approval or denial, with or without conditions together with the reasons therefor.

(d) Copies of the application or the relevant portions thereof shall be transmitted to interested agencies as specified on a list maintained by the director for that purpose. Referral agencies shall be invited to respond within 15 days unless an extension is requested and granted in writing for good cause by the director.

49.15.930 Decision criteria.

(a) At the hearing on the essential public facility, the planning commission shall review the proposal to consider:

(1) Whether the development as proposed is consistent with the goals and policies of the City and Borough's Comprehensive Plan; and

(2) Whether the application is complete. Whether this is necessary depends on what the application requires….

(b) The commission may approve an application for a proposed essential public facility, with or without conditions. Conditions may include one or more of the following:

(1) *Landslide and avalanche areas.* Development in landslide and avalanche areas, designated on the landslide and avalanche area maps dated September 9, 1987, consisting of sheets 1—8, as the same may be amended from time to time by assembly ordinance, shall minimize the risk to life and property.

(2) *Habitat.* Development in the following areas may be required to minimize environmental impact:

(A) Developments within 330 feet of an eagle's nest located on private land; and

(B) Developments in wetlands and intertidal areas.

(3) *Sound.* Conditions may be imposed to discourage production of more than 65 dBa at the property line during the day or 55 dBa at night.

(4) *Traffic mitigation.* Conditions may be imposed on development to mitigate existing or potential traffic problems on arterial or collector streets.

(5) *Water access.* Conditions may be imposed to require dedication of public access easements to streams, lake shores and tidewater.

(6) *Screening.* The commission may require construction of fencing or plantings to screen the development or portions thereof from public view.

(7) *Lot size or development size.* Conditions may be imposed to limit lot size, the acreage to be developed or the total size of the development.

(8) *Drainage.* Conditions may be imposed to improve on and off-site drainage over and above the minimum requirements of this title.

(9) *Lighting*. Conditions may be imposed to control the type and extent of illumination.

Section __. Effective Date. This ordinance shall be effective 30 days after its adoption.

Adopted this _____ day of _____, 2017.

_____
Kendell D. Koelsch, Mayor

Attest:

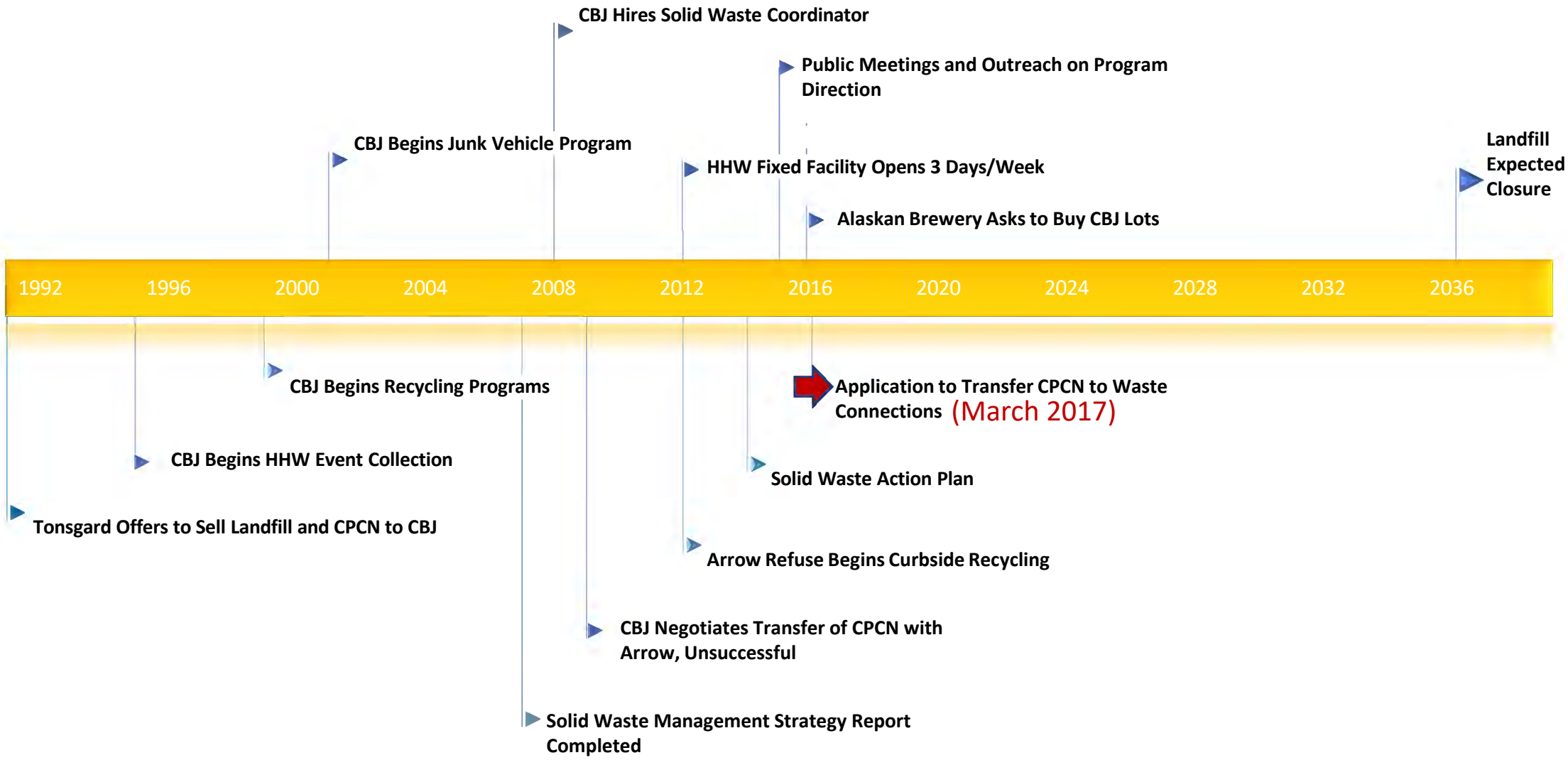
_____
Laurie J. Sica, Municipal Clerk

Assembly Goal 2017: Ensure that Juneau has a functioning local solid waste disposal option into the future.

The CBJ RecycleWorks Program protects the health and safety of our community and environment and aims to maximize diversion of wastes from the landfill.

Waste Management in Juneau

Major Events Timeline



Capitol Landfill is an Asset to our Community

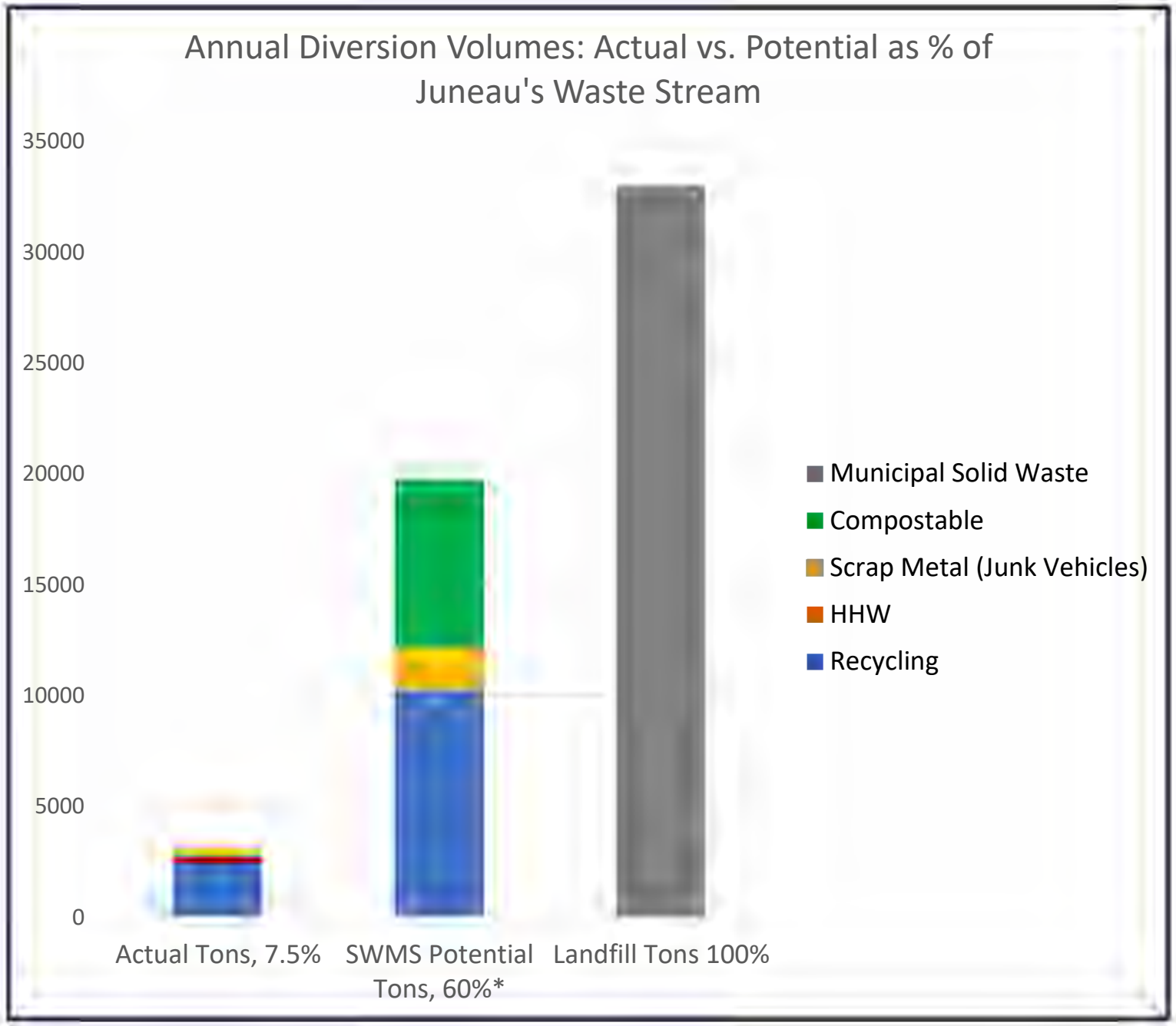
From Capitol Landfill Juneau:

"Every 100 tons of recycling that we divert from the landfill keeps our landfill open another day for materials that are not reusable."

If Juneau diverted 60% of waste from the landfill for two years, we would extend its life another year.

From the Mat-Su Borough landfill:

"Waste kept from the landfill generates savings of just over $0.25 a pound. This is the cost of a pound of trash over a 5 year period. Five years is the lifespan of a landfill cell. The longer we keep that cell open through space saving measures, the more we save."
https://www.matsugov.us/recycling



* Based on Solid Waste Management Strategy Report 2008, waste composition model.

Public Health and Safety Benefits of the Program and Waste Diversion

Junk Vehicle Program

- Prevents Public Health and Safety Hazards by keeping junk vehicles from being abandoned on public and private property.
- Diverts waste from the landfill to prolong its life.
- Communities without the program spend more money removing abandoned cars from streets and properties.

Recycling

- Diverts waste from the landfill to prolong its life.
- Reduces Green House Gas Emissions.

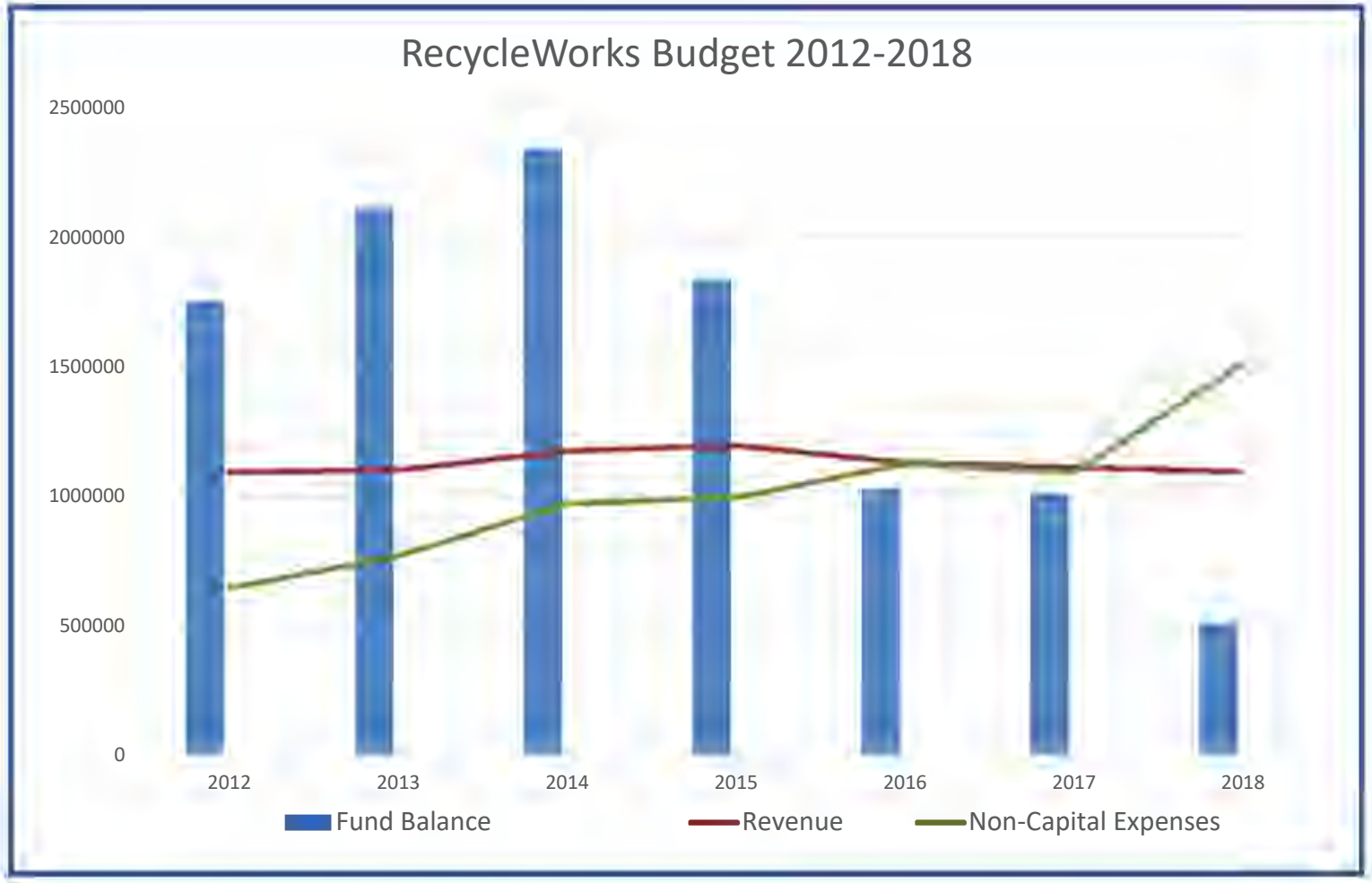
Household Hazardous Waste Program

- Prevents Public Health and Safety Hazards in the community.
- Diverts waste from the landfill including toxic, corrosive, acidic wastes.
- May reduce CBJ's liability in site contamination events.

Composting Potential

- Potential to divert waste from the landfill.
- Recycled locally and creates a marketable product.
- CBJ is not currently composting.

RecycleWorks Costs Increasing and Revenue Decreasing



Material Sales (Revenue)

On average, material values fell 40% since FY 14. Recyclable Materials are market commodities; prices rise and fall with international market trends. Metal prices and mixed paper are rising slightly this year.

Contract Cost (57% of FY17 O&M budget)

On average, costs rose 25%-40% since FY 15.
Junk Vehicle will increase 300% in FY18.
RecycleWorks manages 7 major contracts for service, shipping, disposal and recycling.

Staff Cost (18% of FY17 O&M budget)

FY 17 budget added the appropriate allocation for Director and admin, .25 FTE for supervisor and .25 FTE for operator of drop box program. FY 18 budget proposes to increase operator by .75 FTE.

Capital Expenditures FY 15 - FY 18

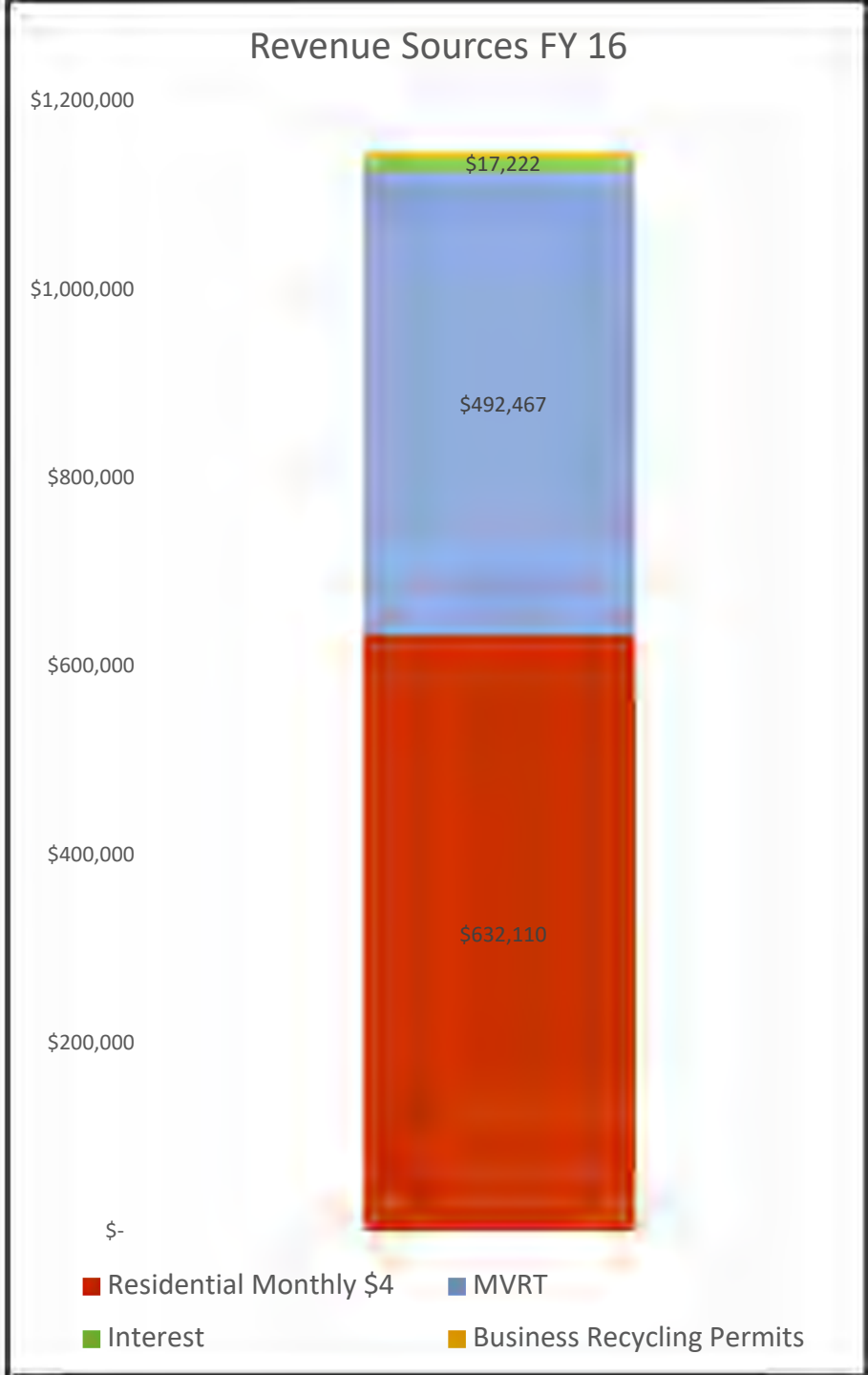
FY15	$ 700,000	New Baler Purchased to Allow Expansion of Recycling Programs - Drop Boxes, Schools, Commercial
FY16	$ 850,000	RecycleWorks buys Streets out of HHW building by constructing sand/salt storage structure at 7 mile
FY17	$ 63,000	Drop Box Containers located around community to increase access and convenience for recycling
FY18	$ 105,000	Add'l Drop Boxes and Partial Funding for a Burn Box to incinerate marine flares, medical waste and pharmaceuticals

CBJ Program User Rates

- *Rates are established under CBJ Code Chapter 36.12 and 69.30*
- *$4 fee established 2004*

Residential Recycling and HHW	$4	Monthly	Per Unit Residence
Motor Vehicle Registration Tax (MVRT)	$22	Annual	Non Commercial Passenger
Business Recycling*	$100	Annual	HHW fees by Material and lb.

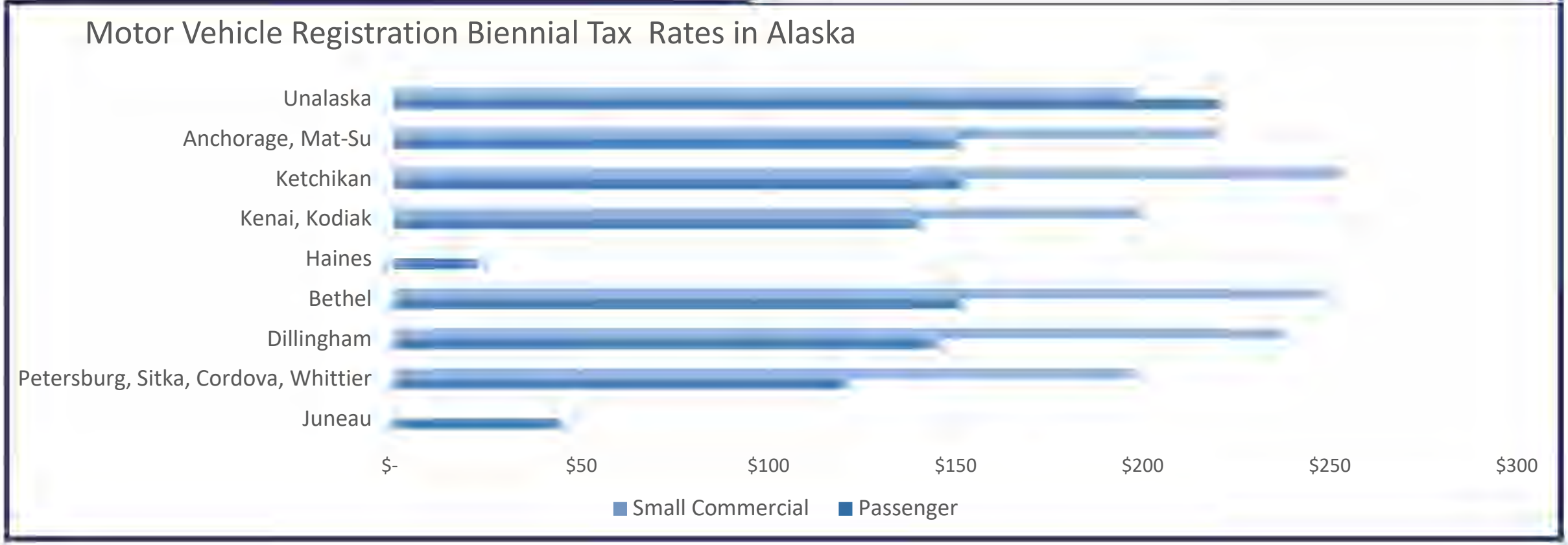
*700 commercial water and wastewater accounts are billed monthly at commercial rates. RecycleWorks processes about 20-40 voluntary business recycling permits per year program and averages $2000-$4000 in annual permit fee revenue.



Comparable Program User Rates

Program Rates for Recycling and HHW Programs

City	Monthly Fee
Juneau	$4
Ketchikan and Borough	$18



**Small Commercial is 5001 lbs to 12,000 lbs and Tour Buses (tour bus excluded from Anchorage and Mat Su).*

Alaskan Brewing Company (AKB) would like to expand west and purchase CBJ Water Utility and Salt Box Lots.

Water Utility – Relocation of Water Uses

- Water Shop, Equipment Storage, SCADA system and offices are located here.
- The public does not access these buildings for any programs.
- AKB is currently leasing space in one of the buildings.

RecycleWorks – HHW Public Program Relocation

Opportunity for the Consolidation of Programs

- New location could be a One Stop Drop Off for HHW, Recycling, Composting and Scrap Metal (Junk Vehicles).
- Public has proved that **convenience = increased program usage and increased diversion from landfill** with higher volumes brought to the HHW fixed facility and the wild success of the drop box program.
- Potential for operational efficiencies and lower O&M costs, staff can work between programs. Currently we have 3 programs under three contracts in three locations and offsite offices.

4 Locations Considered

1. Valley Shop, Barrett Avenue

2 acres, 6000 SF Building
Constructed 1974

Pros

- CBJ owns the land.

Cons

- Space is tight; either Water Utility or HHW could fit here with minimal building upgrades.
- Collocating Water Utility and RecycleWorks HHW would require building additions.
- Less convenient location may reduce volumes received at HHW.
- Consolidated RecycleWorks is not possible on this site, baling of recycling could happen here with a new covered structure, but not main public drop off for recycling. Junk Vehicles and Composting would be elsewhere.

2. Channel Construction Property, Anka Street

5.5 acres, $3.3M sale price
7500 SF Building

Pros

- Site can accommodate consolidated RecycleWorks programs, assumes Water Utility moves to Valley Shop.
- Convenient location for public, little change to existing public access and adjacent to Junk Vehicle contract operation.
- Land sale may include option to buy adjacent 1 acre property with Junk Vehicle operation when ready to sell in a few years.
- Much of the site is paved already.

Cons

- Site can accommodate a pilot composting program only or a junk vehicle program (without purchasing adjacent site).
- Covered structure for Recycling would need to be built.

3. Lemon Creek, old Gravel Pit

3-6 acres, undeveloped

Pros

- Site can accommodate consolidated RecycleWorks programs and has room for full composting program, assumes Water Utility moves to Valley Shop.
- Location convenient and accessible at edge of developed Lemon Creek areas.

Cons

- Requires access road and utilities to be constructed,
- May affect future land use potential.
- Opportunity Cost for development of land.

4. Capital Disposal Landfill, Lemon Creek

Waste Management (WM) proposes building a new recycling and HHW building at landfill and operating programs under a 10 year contract.

Pros

- Site can accommodate consolidated RecycleWorks programs, assumes Water Utility moves to Valley Shop.
- Convenient location, public accustomed to recycling at landfill.

Cons

- At end of 10 year contract, CBJ would not own the facility.

Does maximizing diversion from the landfill meet the Assembly goal to

'Ensure that Juneau has a functioning local solid waste disposal option into the future?'

If yes, the next steps for consideration are:

1. Go to the Lands Committee with information on Alaskan Brewery land sale and potential relocation and consolidation of programs.
2. Go to the Finance Committee with analysis on program costs and user rate revenue required to sustain the program.