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

Committee of the Whole (COW) Chair Jerry Nankervis called the meeting to order at 6p.m.

Assemblymembers present: Jerry Nankervis, Jessie Kiehl, Maria Gladziszewski, Debbie White, Beth Weldon, Norton Gregory, and participating telephonically: Loren Jones, Mary Becker and Ken Koelsch.

Assemblymembers absent: None. [Mayor Koelsch left the meeting at 7:19p.m.]

Bartlett Regional Hospital (BRH) Boardmembers present: Brenda Knapp, Nancy Davis, Robert Storer, Cate Buley, Marshal Kendziorek, Linda Thomas, and Mark Johnson.

BRH members absent: Bob Urata and Lance Stevens.

Staff present: City Manager Rorie Watt, Deputy City Manager Mila Cosgrove, Municipal Attorney Amy Mead, Acting Clerk Beth McEwen, BRH CEO Chuck Bill, BRH CBHO Sally Anne Schneider, BRH Public Relations Officer Katie Bausler, CBJ Chief Housing Officer Scott Ciambor, Community Development Director Rob Steedle, Human Resources/Risk Management Director Dallas Hargrave, Engineering/Public Works Director Roger Healy, and Eng./PW RecycleWorks Team Michelle Elfers and Jim Penor

II. APPROVAL OF AGENDA

The agenda was approved as presented.

III. AGENDA TOPICS

A. Joint Meeting with Bartlett Regional Hospital Board of Directors

The packet contained a powerpoint slide show which BRH CEO Chuck Bill presented in detail to the COW. He touched on those issues at the Federal, State, and Local levels facing BRH which included some of the following key topics:

- The large obligation to PERS which required an extra $3 Million from their budget over the last fiscal year;
- A greater demand for long term care than there are spots available;
- Competition with the private sector as almost all their physicians are private practitioners with hospital privileges;
- Inflation will at some point stretch too far for them to catch up;
- A significant shift from alcohol recovery to opioid recovery; and
- A shift away from commercial insurance reimbursement to those of the public sector.

In his presentation, Mr. Bill stated that in looking at their financials, their "Cash on Hand" would allow them to operate for 145 days and the Days Outstanding in Accounts Receivable (AR) are at 59 days.

The typical hospital average for cash on hand is between 120 and 180 days so they are right in between that figure and the average AR days is at 60 so their 59 day number is right on target.

COW members asked about how a possible repeal of the Affordable Care Act (ACA) might affect the hospital operations and finances. Discussion took place regarding the different types of insurance reimbursements and the affect those have on the BRH budget. They also discussed the SEARHC patients, and if they were going outside of Juneau to get the services they could otherwise get at BRH and also how their insurance does or does not affect the BRH finances.

Mr. Gregory asked about how the bad debt affects the Cash on Hand figure. Mr. Bill said it is an adverse affect on the future Cash on Hand and that reflects the cash that is actually in the bank. He said that as bad debt increases or they loose funding in the payer mix, their ability to continue to contribute to that Cash on Hand is negatively impacted. Mr. Gregory said he was thinking about the homeless population who often come into BRH when they may be able to receive care elsewhere at a more appropriate time had they been housed. Mr. Bill said he anticipates that the new Housing First project will have a positive effect on that issue once it comes online.

When Mr. Bill went over the FY17 projections and the FY18 budget numbers, Mr. Kiehl pointed out that the numbers in the FY17 projection column needed to be double checked as they did not add up correctly. Mr. Bill said he would follow-up with corrected information to members after the meeting.

He then went on to talk about the recent electronic medical records implementation and the hospitalist program that began last summer. The committee discussed the challenges with respect to attracting staff, the cost of living in Juneau, and the seasonal recruitment and hiring swings between the summer and winter seasons.

Following Mr. Bill's presentation, Ms. Schneider then gave a presentation regarding the status of the Child and Adolescent Mental Health Unit (CAMHU) project.

She explained that they have looked at a variety of concepts and facilties for this project. The board has been very diligent in looking at all the possible options. She started with explaining what the different terms mean with respect to the language used.

An "Accute Unit" which is what CAMHU was originally, is a physically locked unit that deals with short term mental health immediate diagnostic emergencies such as a suicide attempt or a psychotic illness. It has a highly trained, specialized staff, including child and adolescent psychiatrists that can make that initial diagnosis. It keeps a child safe and provides a beginning diagnostic point. It does not provide follow-up care and it can be very expensive to run because of hospital requirements.

The second concept they looked at, beginning in 2016, was a residential facility. In Alaska, those are called "Residential Pyschiatric Treatment Centers" (RPTC) and is a whole different concept. It is for youth to stay an average of 3-6 months and for complex needs of children. This facility resembles more of a home and they have gyms, schools, and shared recreational areas. They have to have a way within the facility to divide up populations by gender and by age. This is longer term treatment that is reserved for children with serious and ongoing mental health issues.

The third concept they looked at and actually incorporated into the project was a "Crisis Stabilization" unit. This occurs in a community-based facility and is a place where families can be present for emergencies. They wouldn't go to the hospital, they would go to the facility that has the crisis stabilization beds. They fall under different licensing requirements so the behaviors that those types of facilities would treat include self-harm, suicidal thoughts (not actions), depression, grief, relationship break-ups and other quick onset situations that might require an eventual transfer to a psychiatric unit. What they are trying to do with a crisis stabilization bed is keep youth from ever having to go to a hospital. She said these types of programs can also develop robust aftercare. It is not just the child in treatment, but rather the child and the family and the child and their larger support system.

She gave statistics relating the state of youth health within the community as well as within Alaska to

illustrate the need for these programs. There are fewer beds in the state of Alaska to take care of youth and they are having to be sent to Anchorage and Seattle. Discussion took place regarding the average age and wait times to meet the needs of the youth in Juneau as well as the economy of scale throughout the state of Alaska and regionally within Southeast Alaska.

As they were looking at crafting the request for proposal, Ms. Schneider said they looked at all these factors to address the specific needs identified. A feasibility study was conducted by Moss Adams to look at the number to see if BRH could do a 29 bed facility, including four crisis stabilization beds. They felt the crisis stabilization beds were critical and the study determined that it was feasible with a small operating margin but it was feasible by year three that they could make a profit.

There were two solid organizations that originally indicated an interest so an RFP was developed and sent out, however at the end of the RFP cycle, no proposals were received. When the two organizations who originally indicated an interest were asked the reasons they had not responded to the RFP, the reasons provided were the inability to execute the project due to other commitments and an insufficient positive operating margin.

In terms of implementation, BRH is looking at the following recommendations:

Reallocating $2.2 million of the original sales tax to go towards a crisis bed facility that would also have corresponding intensive outpatient services to support youth mental health.

They would like $0.6 million to help with safety spaces within Bartlett to have the right kind of facility for youth to wait for transfer.

They would also like to seek a community partner such as Juneau Youth Services (JYS). JYS has formalized their intent, through a letter that Mr. Bill received, to help work this type of program. They want to do it as a single point of entry for the community so law enforcement, families, and schools could present to JYS' crisis stabilization center and be able to seek services and be treated.

In terms of opioid addiction in our community, we have a critical need for detoxification. The Rainforest Recovery Center (RRC) facility that we have does not enable them to do actual detoxification at the facility which is occurring within the BRH at the hospital. Ms. Schneider said they do not have a single point of entry for assessment services where families can come and go into a wide variety of services whether that is residential programing, short detox, or outpatient services so there is a need for a different facility set up. She noted that in the past 2 years at the RRC, admissions of female clients between the ages 22-25 who use heroin has increased 220%. In the year 2013, they had 3 pregnant drug users and in 2017 to date, they have had 3. Opioids as a drug of choice for RRC young adult population has increased from 15% in 2015 to 40% currently. Additionally, in Southeast Alaska between 2011 and 2015, there was a 490% increase in the Hepatitis C rates in young adults between 18-29 years. That was the largest for any region in Alaska. This crisis parallels the Governor's war on opiates, supportive legislative initiatives and the Surgeon General's declaration of crisis. CBJ needs the appropriate facilities, space and professionals to treat this population wisely, otherwise there is a risk in the rise of crime, serious ongoing health issues, and even premature death.

BRH is not focusing on a "Unit" at this time, but is rather relooking at how they are focusing their attention and on what they can do for children and mental health service. This focus is on what they can do to provide a mental health base service in this community with a broader range of family involvement. BRH is committed to finding solutions and supporting the development of crisis stabilization beds with a corresponding partner. There is a unique opportunity right now with a community collaboration effort with a willing agency and they are hopeful they can pursue this.

Assembly members asked questions including what ages they were looking at when they were talking about 'youth or young adults" and also what the role of the Alaska Mental Health Trust has been in this process. Ms. Gladziszewski noted that the statistics that Ms. Schneider provided in her oral presentation were not included in the materials in the packet and asked if those could be provided in

follow-up materials from staff.

Ms. Schneider said "youth could be defined up to age 21 and not be cut off at 18. She stated that she also thought they should be looking at the group of young adults, up to age 25, as well as youth when they are considering these programs because that is the key issue. She said with respect to the Alaska Mental Health Trust, they have been involved in funding some of the previous needs assessments in looking at this over the past 10 years.

Mr. Gregory said in looking at this statewide, we are lacking mental health care across the whole spectrum but also across the whole state and he asked how Juneau could become a leader in mental health care services for our state. Ms. Schneider said that was one of the issues that the BRH board has committed to continuing to look at. They were disappointed that a partner did not come forward. At this point, she said they need to start at a level with crisis stabilization and build on those services and they need the providers to be able to help treat youth. The services they are looking at with RRC in creating a step up/step down continuum of care and they were awarded the medically assisted treatment grant that they are working on. They will have a federal visit from SAMSA at the end of April. The more spectrum of services they can build, that is how they become an expert and those are models that can be replicated in other parts of the state.

Discussion took place regarding CBJ land, the recruitment and retention of care providers and the possibility of making some of CBJ land available for workforce housing as one potential solution. Dr. Buley and others discussed the possibility of land/housing incentives for people looking at participating in the new hospitalist program. She mentioned that Juneau won't be in a leadership position in the mental health field until we have a long term stay option. She would suggest a residency program for mental health as well as medical pediatricians. It takes 5-6 years to develop that type of facility/program and would be a center for excellence.

Additional discussion focused on the dollar amounts and the uses of those monies as proposed by BRH. Mr. Kiehl had a number of questions regarding the amounts in question as well as what would be considered capital costs vs. operating costs.

Mr. Bill stated that for the crisis stabilization beds, $1 million would be capital costs and approximately $650,000 would be operating costs. He said he does have permission to distribute the letter of intent from JYS. He also stated that the $1.2 million for the RRC detox bay would be capital costs.

Mr. Jones expressed his concerns regarding the whole project in light of the possible repeal of the ACA as well as major cuts proposed to Medicaid in the near future. He said he would need to see a lot more data to be able to support this. He also questioned the accounting method being used in which the CAMHU reserve funds are being included in the calculation of the "Cash on Hand" 145 day funds.

Mr. Bill noted that the BRH board has reserved $10 million for the potential CAMHU and the "Cash on Hand" calculation, including those monies is a standard accounting practice. He said that as Mr. Jones noted, there is a lot of instability on the horizon.

Mr. Nankervis thanked the BRH members for their work and participating in this meeting.

Mr. Nankervis called for a break. The break began at 7:19 p.m. and resumed at 7:28p.m.

B. **Wellness Strategy**

Mr. Watt said that he provided the memo in the packet as an attempt to frame the question relating to an overall CBJ Wellness Strategy. The goal was to look at the big picture within the community and to provide a mechanism by which it could be addressed by the Assembly and the public alike.

In putting this together, he said he came to understand that the role of CBJ is unclear to a lot of

people in the public, and perhaps unclear to some of the social service providers and found that it would be helpful to confirm what CBJ's role is with respect to these topics. His memo was an attempt to provide some of that clarification as well as to frame the questions and to come up with a strategy for moving forward.

He noted that the historic role of CBJ has been that of a granting agency through Social Services Grants, Utility Waiver Grants and more recently with the hiring of the Chief Housing Officer, a coordination role in compiling data and helping coordinate community resources. CBJ is not a provider of Social Services and he does not see the city getting into an operational role. He said that it was good to have an opportunity to write down in one master list all the things the city has accomplished over the course of the past year with respect to these issues. He noted that at the city, we don't always understand what the non-profits do, their priorities and how they see CBJ. He said that CBJ needs to do a better job in hearing from them in a more organized manner to have a better understanding of what is going on within the community.

He said that with his memo, he also provided a "Community Wellness Ideas Proposed" list to help them frame the conversation. He said the document was not formatted in any priority order but rather just an effort to frame the discussion by including them all in one place. If the Assembly is able to consider funding for one or more of the items on the list, it is important that they are all looked at comprehensively. He is sure there are ideas that are missing and the public and the service providers need the opportunity to add to the list.

His main goal at this meeting was to introduce the topic, frame the context for the conversation, and to get feedback from the Assembly on whether they like the framing or if they think it should be different in any way. If so, how the Assembly would like to steer the public in providing input and comment on these issues.

Mr. Nankervis thanked Mr. Watt for bringing this forward at his request. He said the Assembly has been fairly limited in their scope in looking at this. Some of these things have been in front of the Assembly before but there has been a lot of stuff going on in the background. He asked Assemblymembers to weigh in on this and if they wish to provide direction, especially in light of this coming up as they are entering into the budget cycle.

Mr. Jones expressed his concern that this is being framed as a "Wellness" plan but is not since wellness is the absence of disease. To him, the framing of a wellness plan would be a generational change such as those being worked on by the Juneau Rock and Best Start projects. He sees this as an adult rehousing plan and he was concerned that some of the ideas proposed on the memo's attachment list such as the new sobering center and the medically assisted treatment outpatient center were not even discussed by BRH during that portion of this meeting and that would be a real issue. He discussed the focus and priorities of the providers as being set by their funding agencies, such as the state, and in light of the fiscal outlook, he does not anticipate an increase in program funding for these priorities. He said with those general parameters, we have a nice laundry list but very little power as to how that laundry list gets monetized. He said he will hopefully have more specifics to discuss with the City Manager when he returns to Juneau.

Mayor Koelsch said that the discussions starting in December were helpful in bringing a lot of these issues forward. He said he felt the Assembly has listened to a lot of the public input, not only on homelessness but on a whole series of community issues. He feels the Assembly should be applauded for starting this discussion in this manner and he feels they need to continue it. He will also save his comments for when he returns to Juneau. He noted that since he was on the east coast, he would be signing off from the call shortly since at was approximately 11:30pm his time and he had an early morning engagement.

Mr. Kiehl shared Mr. Jones' concerns and he asked the City Manager with respect to Chief Housing Officer position, how well he has been able to keep that position focused on the duties the Assembly had in mind when it was created vs. how much that expertise is being used in other desperately needed ways in the community. He said that his sense was that they had created the position to work

on housing supply and we ended up with an amazing individual with tremendous expertise whose focus may have shifted some.

Mr. Watt said that was a great question. When they hired the Housing Officer, they were clear that the mission was work on housing supply, the housing action plan, and implementing housing. There has been a strong pull towards the issues that were mentioned in this memo. There are hooks to housing with the homeless population but the pull has been a lot stronger than he would have thought six months ago. He said that we do need to decide where to direct his resources. Mr. Kiehl said it feels like we have hired a fabulous triathlete only to run but we still have the desperate bicycle and swimming legs to manage and it is a wonderful challenge to have. He raised the question first because he knows that the Mental Health Trust is currently paying for a homelessness coordinator for Anchorage and he was wondering if they might be able to hear from the Mental Health Trust or the individual providing those services about what opportunities might be able to be provided for coordination of services with the capital city. Mr. Watt said they could follow-up on that.

Mr. Kiehl said with that in mind, he is interested in hearing from the City Manager as to what the path for the issues will be going forward. Mr. Watt said he was quoted in the media as mentioning to the Juneau Chamber of Commerce that if his email gets filled with 100 suggestion, it would make him very happy. He said that he does not want to prejudge what those responses will be. He said that we need to hear from the community; we have tried to explain all the things the city does and the next step is to listen and then respond accordingly.

Fundamentally, the city's role on a lot of these issues on the social services side has been as a granting agency. He said after we receive the public input, it is up to the Assembly to decide if it likes its current position or adjust the way they direct those monies.

Ms. Gladziszewski said that she appreciates the start at writing all these things down in one place but agrees with Mr. Jones that this is not really a wellness issue but rather a crime/substance abuse/homeless strategy. She said we have been a granting agency and she was speaking with the Salvation Army about becoming a low barrier shelter that they intend on opening next year. She said that they will need money to help them get that going. That is the type of thing that agencies come to the Assembly for and without having a strategy, something they receive one request at a time. She asked that once they hear back from the public, what the holding environment will be, such as a plan or some other method of delivery.

Mr. Watt said that was a good question, he anticipates reaching out to agencies such as the Homeless Coalition and others. He said he thinks the Juneau Community Foundation is interested because they have a dual role in managing the city's grant monies as well as managing the Hope Foundation. He said there are other entities in the community that traditionally have not communicated to the Assembly. He said this is his best effort to trigger that process and he had not yet identified a particular path or holding environment or plan.

Ms. White said she appreciates this snapshot on where we were as of March 14, 2017 because it is difficult to chart a course for where you want to go without understanding the picture of where you are at to begin with. This will give them something to look back on to be able to measure themselves against. While she sees some things in the memo that cause her to raise her eyebrows, she felt it is better than what they had on March 12.

Ms. Gladziszewski said that the holding environment in the past for some of these things has been in the Assembly Goals. She said one of the key topics that have been in the goals has dealt with the Housing Officer and she shared Mr. Kiehl's analogy of the triathlete.

Mr. Watt said that in some ways, he tried to frame the discussion around the Assembly's goals and that was why things such as Rock Juneau and child wellness issues weren't included since those were not included in the Assembly goals list.

Mr. Nankervis thanked the Manager for bringing this forward to begin the conversation.
Mayor Koelsch left the meeting at this point. [7:51p.m.]

Ms. Mead said there was one small Municipal Attorney portion on the top of page 2 of the Community Wellness proposal that she is getting ready to submit a proposal to the Criminal Justice Commission and she wanted to make sure that was something the Assembly would support her doing.

Ms. Mead described the proposal for a pilot program that would be administered by a contractor through her department. It would be paid for by a federal grant and the program would address recidivism rates for low level property crimes and criminal trespass. Discussion took place on how the program might operate and the Assembly members expressed their support for Ms. Mead to pursue the pilot program.

C. **Essential Public Facility**

Mr. Watt explained that there is a very rough draft ordinance in the packet along with a memo from him and another one from Ms. Mead. This is a new kind of idea for considering a variety of types of facilities including ones that they have been discussing during this meeting. It is for facilities that are designed to meet very specific public needs and often highly dependent upon location for them to be successful. He said it was briefly discussed at the close of the joint meeting with the Planning Commission in January.

The only action they are looking for at this meeting is to forward this to the Planning Commission as an amendment to Title 49. He noted that this could be controversial or not popular. He said the thrust of the ordinance would be to exempt some types of facilities from the usual zoning considerations from the Table of Permissible Uses (TPU). BRH may have a good example for this sort of thing such as buying a house and renovating the house for use as residential treatment facility. That would most likely be in a residential neighborhood where it may not be a permitted use.

Some examples might include a year-round campground in the old mill site, a sobering center, a warming shelter, etc... all of those meet this type of category. As Ms. Mead's memo indicates, this is an approach taken in Washington state and the draft ordinance is modeled after that. It is an idea and worth considering. He expects many opinions to be expressed about it because it would essentially exempt the city from a process that a lot of applicants don't get to be exempted from. That said, the purpose would be to provide services that a lot of people are not lining up to provide. Mr. Watt said he would be looking for Assembly approval to forward this to the Planning Commission for review and recommendation by the commission and staff.

Mr. Nankervis asked Ms. Mead if she wanted to add anything before turning this over to the Assembly for questions. Ms. Mead said she would like to clarify that the only exemption these would get would be with respect to siting and location. Otherwise, it follows a fairly similar process to the Conditional Use Permit. That is a piece that this draft is nowhere close to solving. CDD would need to flesh out such things as identifying what types of conditions the Planning Commission would look at, what should they be imposing and what are the documents that would need to be submitted. She said that it is a very specific exemption to the siting piece of the commission process.

Mr. Jones said that he understands all the topics that have been touched on in the draft ordinance and in the memos. His question has to do with whether or not this concept would be used in the future for other things such as composting sites, landfills, jails and would those facilities be eligible for this?

Ms. Mead explained that the last example for jails already exists. The ordinance envisions a process for the Assembly and Planning Commission to determine the criteria for being considered "an essential public facility" (EPF) were met.

Additional discussion took place regarding the TPU; what would qualify as an EPF and how this would depart from the current process from neighborhood zoning planning. Mr. Kiehl, Ms.

Gladziszewski, and Mr. Jones all expressed similar concerns with this ordinance and the process by which it would be implemented according to the draft ordinance.

Ms. Mead and Mr. Watt both stated that this draft ordinance was a starting spot with which to begin to frame the discussion and it could be modified from its current form into anything the Assembly and Planning Commission feels is best.

Mr. Nankervis said that since he was not hearing any objections to review and work by the Planning Commission, they forward this draft ordinance to the Planning Commission for review and recommendation. Mr. Jones asked that if they did take that course that the Assembly should set a timeframe by which they would expect to hear a recommendation back at the Assembly. Mr. Watt explained that both staff and the Planning Commission currently have a lot on their plate and rather than just the Title 49 subcommittee review, this would likely be something that the whole Planning Commission would take part in. Mr. Nankervis asked if Mr. Jones would be comfortable with the Assembly getting updates on the Planning Commission's workload and where this fits within that workload. Mr. Jones said that would be fine. Ms. Gladziszewski said this project may take some time.

Mr. Watt said that there had been a TPU change that was coming forward on the sobering center and he was thinking about where they are right now vs. where they started last summer. Last summer, the community was very concerned about overdose deaths from opiates and BRH felt like they could possibly serve the community better if sobering moved out of RRC. The question of where sobering could go became an exercise of updating the TPU which took a while through traditional means. He said there were not going to be practical options in the community for consideration so in January, he decided to go down this path to explore this idea. By sending this to the commission, they are taking that sobering center TPU issue and shelving it. Ms. Gladziszewski asked if the sobering center TPU part was not moving anymore. Mr. Watt said it has been forwarded by the Commission to the Assembly but in January, he stopped it and said let's hold onto it and bring back this different kind of idea.

D. **RecycleWorks Update**

Michele Elfers gave a presentation regarding the RecycleWorks program. Her presentation was focused on the Assembly goal to ensure that Juneau has a functioning, local, solid waste disposal option in the future. She concentrated on the RecycleWorks program and how that diverts waste from the landfill and how that may contribute to the Assembly's goal.

Ms. Elfers said there are three main issues that were the focus of her presentation that are somewhat time sensitive:

1) In the last two weeks, CBJ found out that the waste collection certificate of public convenience and necessity is being proposed to be transferred from Arrow Refuse to Waste Connections;

2) There is a place in the program budget where their expenditures will start to exceed their revenues; and

3) Alaska Brewery has requested to purchase some of the Engineering/Public Works lots in Lemon Creek that currently house the Household Hazardous Waste (HHW) Facility and the Water Utility.

She presented a timeline spanning from 1992 when Tonsgard offered to sell the landfill to CBJ to a projected end date of the landfill in approximately 2036. In 2015, when she became the project manager for RecycleWorks, they produced a solid waste action report which outlined the steps they would take to focus on the diversion of waste from the landfill, which included expansion of the recycling services.

With respect of where they are today is that the request to the RCA for transfer our waste collection

certificate is currently under the public comment period which ends on March 28. If all goes through, the certificate will be transferred at the end of August to Waste Collections. Waste Collections is a large, publicly traded company that owns landfills in the lower 48 and operate waste collection services around Alaska already.

Ms. Gladziszewski and Mr. Jones asked about the sale of the waste collection and transfer of the certification and the timing of public comment period. Ms. Elfers said that CBJ just learned about it during the previous week and the comment period is less than 30 days and will end on March 28.

Ms. Elfers said with respect to the budget, they spent a few years building their fund balance so that they could make some major capital expenditures. Some of the recent capital expenditures included the purchase of a new baler and drop boxes located around the community. They also bought the streets division out of the Lemon Creek Public Works shop area by building a covered salt storage structure at the Public Works 7-mile shop in order to remove it from the HHW facility premises. They are also looking at making some additional capital expenditure to take care of sharps, marine flares and medical waste locally.

The value of the sale of the recycled materials has gone down significantly while at the same time, all the contract costs have all been rising significantly across the board. For FY18, they have been told that there will be a 300% increase in the junk vehicle contract. They have another contractor that has also told them that they will have a 300% increase and while that contact is for a much smaller dollar value, it is still significant. The HHW contract has gone up 25% in the past year, shipping has increased and it is just getting more expensive to do business.

Ms. Weldon asked how much effort is spent trying to find owners of junk vehicles. She said that in the RecycleWorks program contracts with Skookum Recycling for the junk vehicle program and the vehicle owner has to sign a responsibility form. She said that JPD has a separate program that deals with abandoned cars and they try to go out and find the vehicle's owners abut they are not always successful.

Ms. Weldon said that she thought that BRH had its own solution for handling medical waste. Ms. Elfers said they do not.

Mr. Kiehl asked if they have tried to rebid those contracts that are having such large increases. Ms. Elfers stated that for the HHW contract, they did just rebid it last spring when they were told the contract costs would go up. The rebid received four proposals and three of the proposals were pretty much on par with costs and so they realized that the costs of doing business itself had gone up. She said that in the end, it was a good decision to rebid because they were having several problems with the contractor and she thinks they will get a better level of service with the new contract. They are currently considering rebidding the junk vehicle contract and she hopes it does not turn out to be a 300% increase in the costs but they have just learned about this so they still need to go through that process. In the FY18 proposed budget, they did include funding for that increase because they have not yet had the time to go through that process.

Mr. Kiehl asked if they have looked at what the difference in cost might be if we decided to do it ourselves rather than do it through a contract. Ms. Elfers said they have not yet done that but that there would be value to do that type of review.. She said it would be likely that they would need to look at finding land and possibly equipment to do that.

Ms. Elfers explained the staff time and resources currently budgeted as well as projected budgeting for FY18 and also gave an overview of the user rates and how those are generated and collected. One of the slides she presented showed comparisons for Juneau's user rates for motor vehicle registration rates as they stack up against other communities across Alaska. She said they have looked around the state to find comparable rates and it is difficult to find programs like ours that have a separate rate that they assess to residents for recycling and HHW. She said that most of the time, since most communities own their own landfill, their rates are tied up with collection fees and are all one rate.

She then turned the conversation to the discussion of the request from Alaska Brewing Company to purchase some of the CBJ water utility and salt box lots and if they were to sell those lots, the RecycleWorks, HHW, and junk vehicles programs would need to be relocated. She gave an overview of the pros and cons of four potential sites they are considering should they decide to go through with this option. They are looking at consolidating programs for user convenience and operational efficiencies. She said they have discovered that the more easily accessible the sites are to the public, the more waste streams are diverted from the landfill.

The four sites are:

1) Valley Shop, on Barrett Avenue
2) Channel Construction Property, Anka Street
3) Lemon Creek, Old Gravel Pit
4) Capital Disposal Landfill, Lemon Creek

She discussed the four possible locations.

Option 1 - would only work for one of the two programs: Water Utility or HHW but not both. She said it would likely work best for Water Utility rather than HHW.

Option 2 - Channel Construction Property, Anka Street is 5.5 acres located next to Skookum Recycle where the junk vehicles program operates. Part of the agreement would include an option to buy the 1 acre next door to the property for sale.

Option 3 - Lemon Creek, Old Gravel Pit. This site would cost quite a bit to develop an access road with utilities.

Option 4 - Capital Disposal Landfill, Lemon Creek. This would require a long term contract for 10 years where CBJ would not own the property. The new baler is currently in that building and the building is the old incinerator location but it leaks and is somewhat falling apart and would have to be rebuilt. Mr. Watt said that with option 4, for the purposes of the capital investment, both parties would want a long-term contract.

Mr. Jones asked about the ACS land across from Anka and whether that was still a possibility. Mr. Watt said that ACS is not interested in moving its facility.

Ms. Elfers suggested that they may want to forward discussion of the land sell to the Assembly Lands Committee and to refer the other topics relating to rates and finances to the Assembly Finance Committee.

Mr. Kiehl asked with respect to the possible sale of the Waste Management certificate currently undergoing the 21-day public comment period if the City Manager or others see any opportunities for the city to comment. Mr. Watt said that he and Ms. Elfers had a phone conversation with the Waste Connections representative. They were excited about the business opportunity but were unable to give much detail about what they envisioned on their operation moving forward. He said they spoke broadly about wanting being a community partner but didn't have details.

He said that the issues that would be of most concern to us over the transfer of the certificate would be 1) the cost of the sale of the certificate which is confidential but it would be an impact to our ratepayers; and 2) having the RCA hold a public meeting in Juneau so that our users and ratepayers have an opportunity to ask questions and learn more. He said that if we are going to request that meeting or request knowledge about the value of the certificate, the clock is ticking.

Additional discussion took place regarding the history of the Assembly possibly acquiring the certificate back in the 1990-2000's which resulted in no action by the Assembly to pursue he certificate. A myriad of topics including the possibility of mandatory trash service, recycling, and other topics were discussed at length when that was looked at previously. Those negotiations were

terminated because it did not appear to be economically feasible. Conceptually having more local control of the issue is appealing but whether it is economically possibly in terms of a value on the certificate, Mr. Watt does not know whether it is practicable to enter into negotiations. He would characterize this as a big topic.

Ms. Gladziszewski gave an overview of the 2008 waste study history and why the Assembly did not pursue the certificate since it would have cost millions of dollars at that time and while she doesn't know the amount of the sale of the certificate for the present transaction, that was the reason the city did not pursue the certificate 10 years ago.

Mr. Gregory asked what happens when 2036 comes and the landfill closes down. He said that he really despises that there is a landfill in the middle of Lemon Creek. He said it would seem that the city may be in a better negotiating room at that time with respect to zoning of the next landfill. He spoke to what other communities in southeast are doing and there has to be a long term option in the future that is a better, more economical, and hopefully more environmentally responsible way to deal with our rubbish.

Ms. Elfers said that if nothing else changes and the landfill closes, we will likely end up shipping our waste out of town. She said that may happen before the landfill closes but by not having that certificate, we don't control where the waste goes. If we wanted to build a new landfill, find the land and pay for it as a community, it would be wise to only do that under some sort of agreement with the owner of the certificate to ensure that waste was directed to where they wanted it to go. We don't have assurance that shipping would be cheaper.

Additional discussion took place regarding the RCA certificates and how they are managed. Mr. Watt also addressed the question about year 2036 and how not having a local landfill would be very expensive. He said that some of that heavier demolition/construction would be difficult to dispose of without a landfill. There is value of maintaining a landfill for the next generation and today we do not want to use any more of that volume than we need to.

Mr. Kiehl expressed his concerns and said he felt it would be appropriate to request the RCA have a public meeting in Juneau and to hear about the rates as relates to this pending certificate transfer. Discussion then took place regarding the form of the public notice from the RCA and the Assembly asked the Manager to request the RCA hold a public hearing on this matter in Juneau. Ms. Elfers said she did speak with the RCA and they would be agreeable to hold a hearing on this matter. Mr. Penor stated that the RCA could be sent a letter asking for a public hearing to be held regarding this certificate sale.

Ms. Elfers then answered a number of questions from members about her presentation and she and Mr. Watt talked about the possible next steps for the Assembly with respect to the three questions posed at the beginning of the presentation.

MOTION by Mr. Jones to move the potential sale of land to the brewery be referred to the Assembly Lands Committee and the discussion related to the costs of operational items be referred to the Assembly Finance Committee with the discussion on possible relocation and consolidation expenses to be worked out at the Lands Committee to then be brought forward to the Assembly Finance Committee. *Hearing no objection, the motion passed.*

IV. ADJOURNMENT

There being no further business to come before the body, Mr. Nankervis adjourned the meeting at 9:20 p.m.

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:

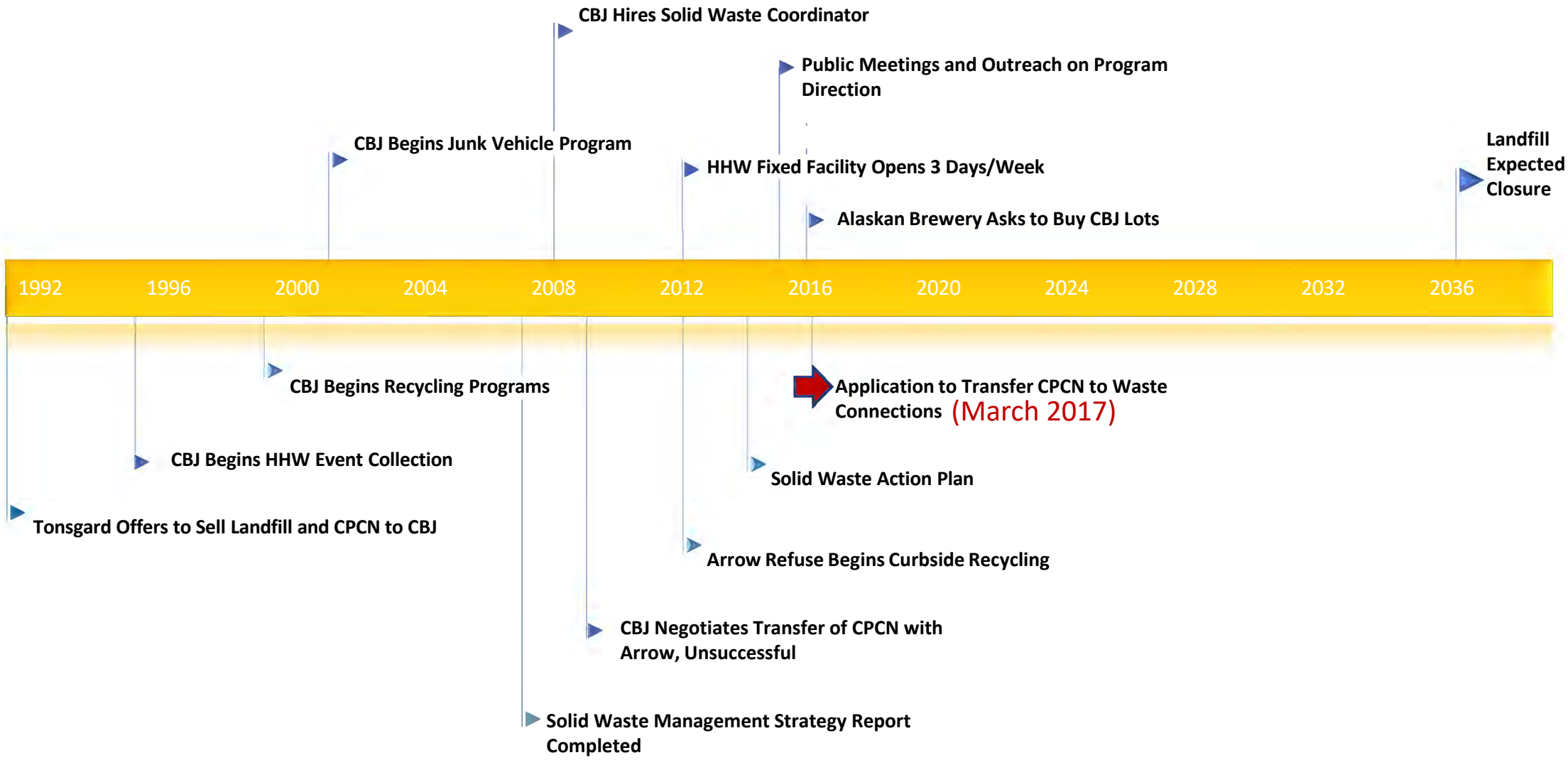
_____
Laurie J. Sica, Municipal Clerk

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

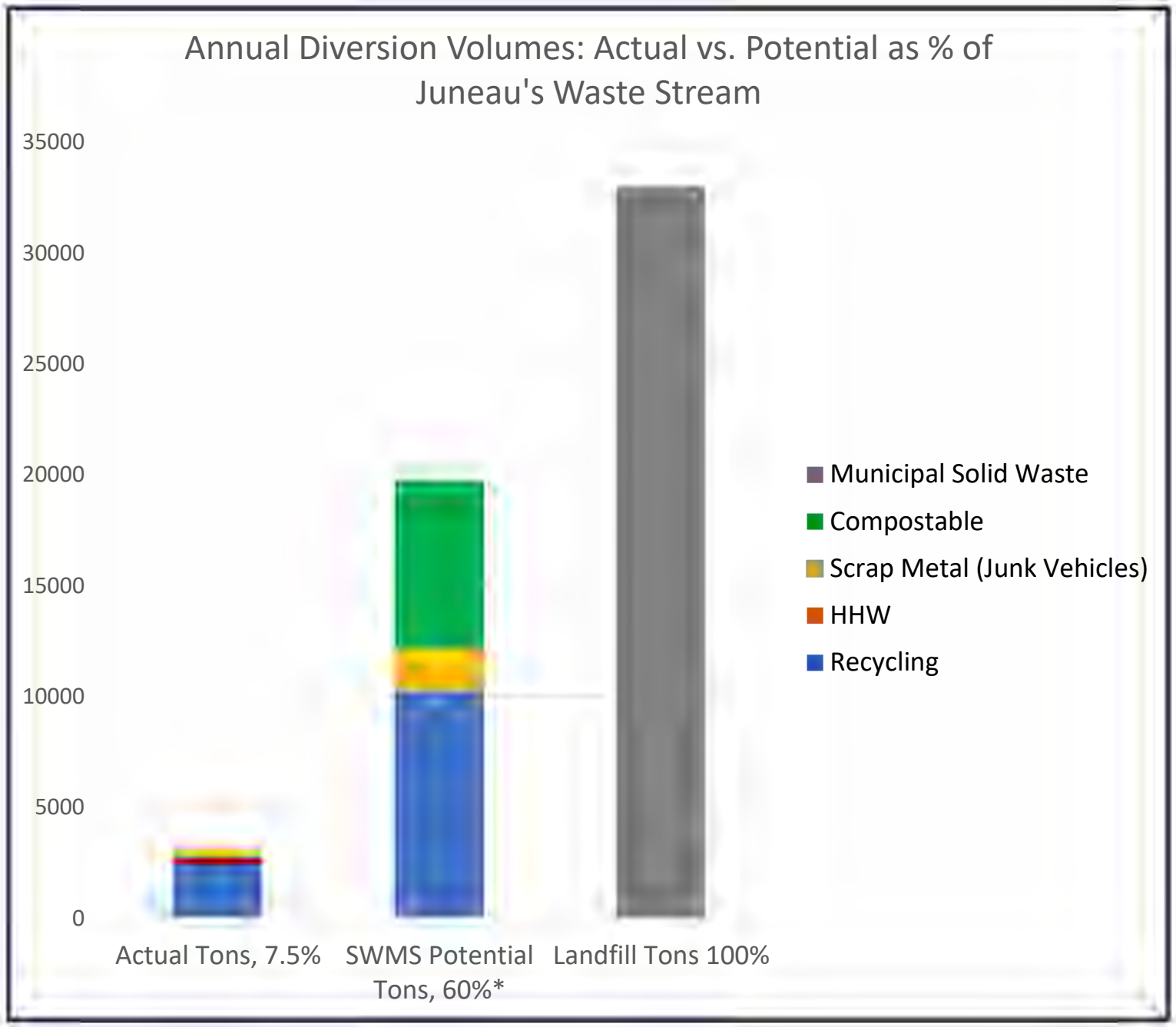
From Capitol Landfill Juneau:

"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.

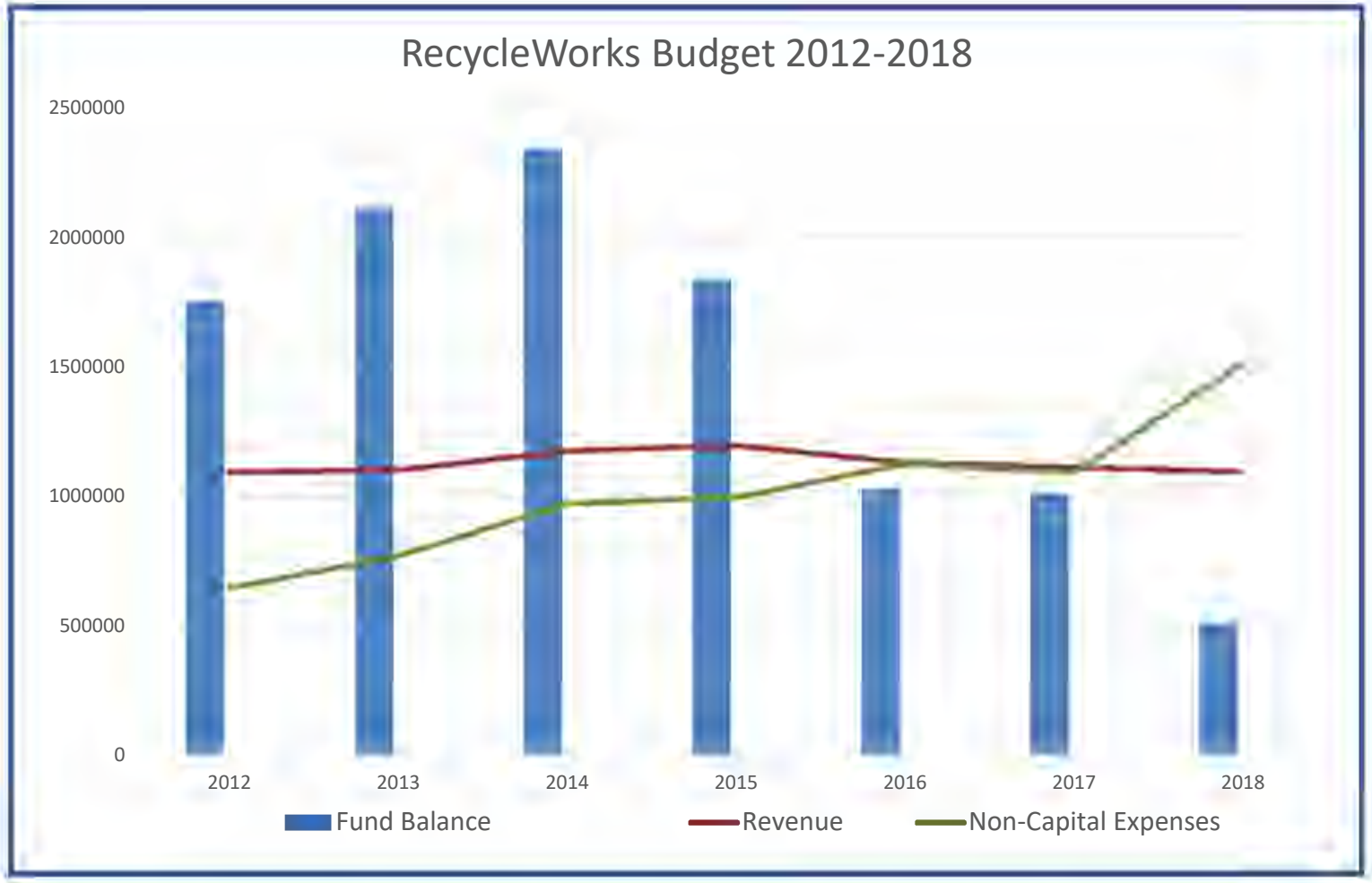
Household Hazardous Waste Program

- 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

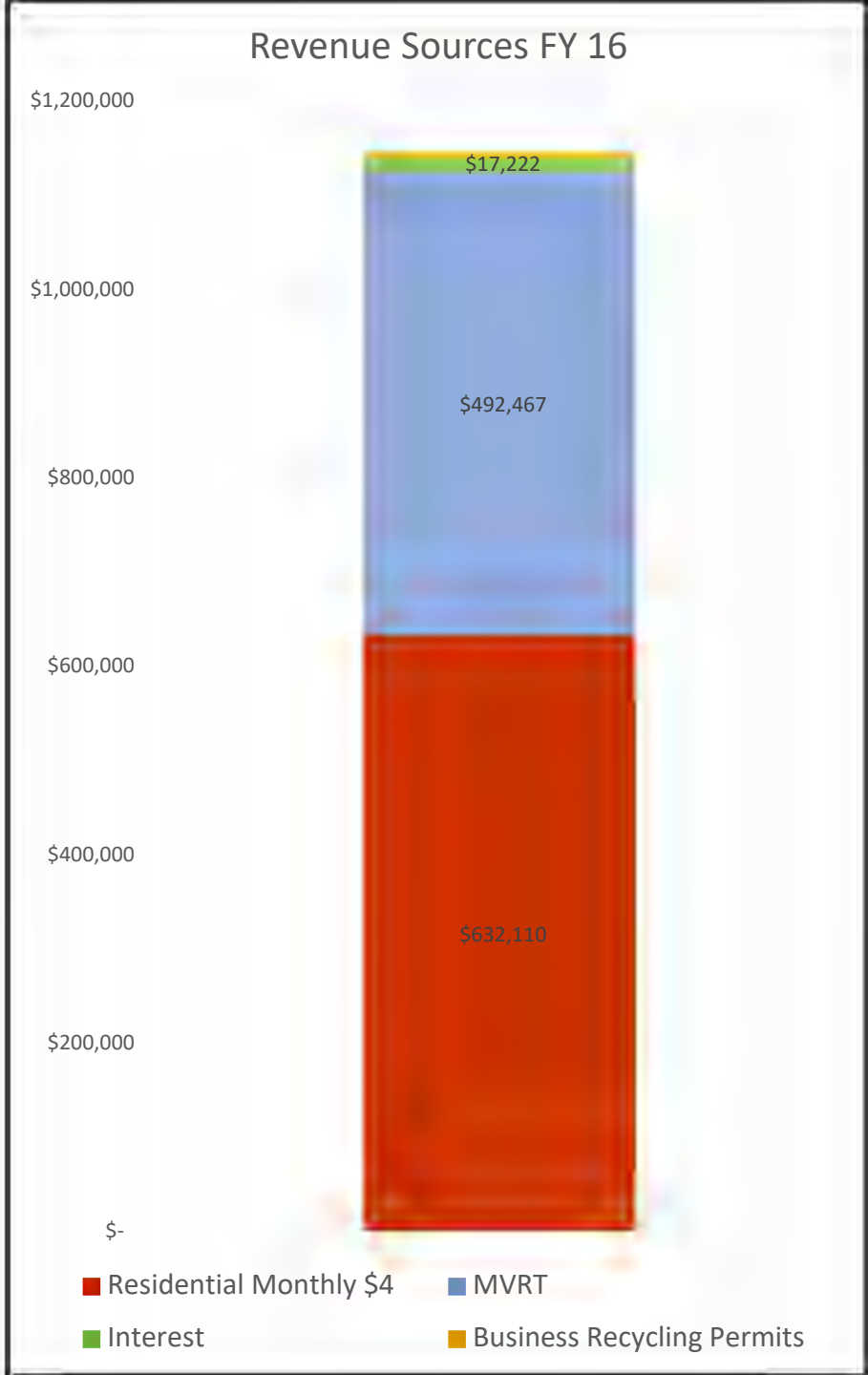
FY15	$ 700,000	New Baler Purchased to Allow Expansion of Recycling Programs - Drop Boxes, Schools, Commercial
FY16	$ 850,000	RecycleWorks buys Streets out of HHW building by constructing sand/salt storage structure at 7 mile
FY17	$ 63,000	Drop Box Containers located around community to increase access 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.

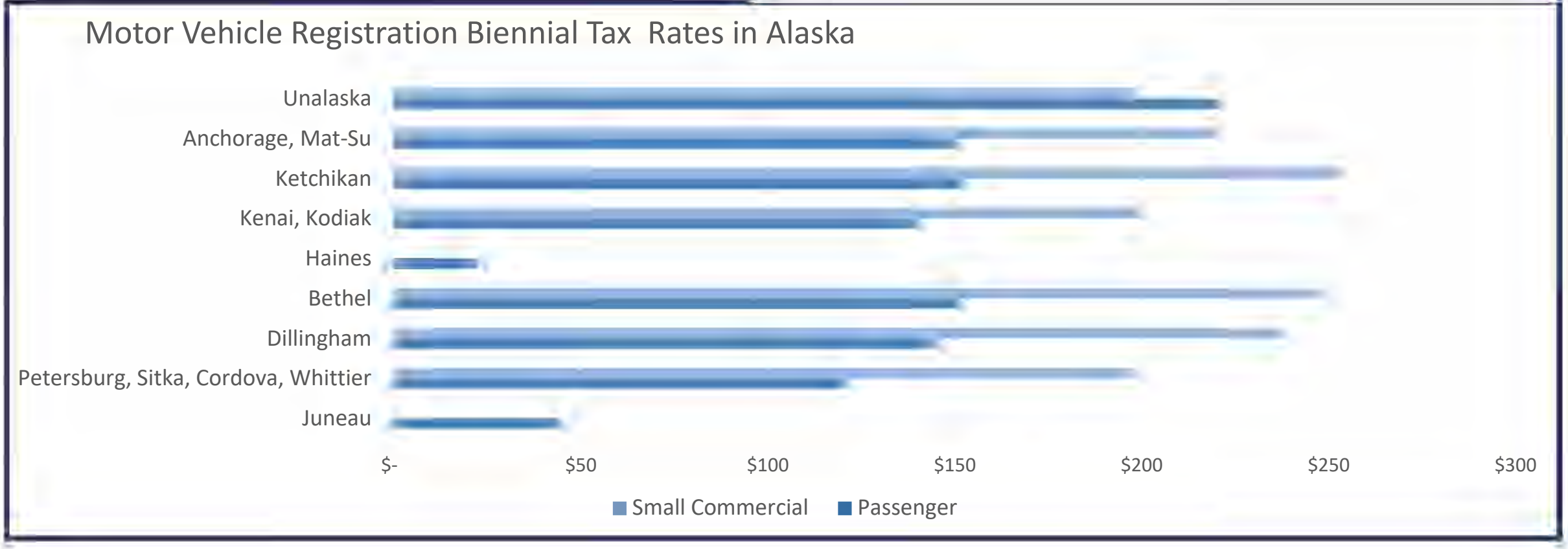
*700 commercial water and wastewater accounts are billed monthly at commercial rates. RecycleWorks processes about 20-40 voluntary business recycling permits per year program and averages $2000-$4000 in annual permit fee revenue.



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.