



Summary Report of September 24-26, 2019 Board Meeting Held in Kenai, AK

Executive Summary

The Alaska Mental Health Board (AMHB) and the Advisory Board on Alcoholism and Drug Abuse (ABADA) holds combined board meetings for the purpose of promoting the effective coordination of Alaska's behavioral health services and programs. The federal block grant that Alaska receives for behavioral health services requires that one board meeting per year be hosted in a rural community. The boards share statewide updates and facilitate discussions between local behavioral health providers and also hold a public comment hearing to gather personal testimony from the community.

Kenai

Kenai is located on the northwest coast of the Kenai Peninsula, where the Kenai River meets the Cook Inlet. It is accessible via a 20-minute flight or 150-mile drive from Anchorage and shares services with the city of Soldotna, Alaska which is located 7 miles away.

Two federally recognized tribes are located within the area, the Kenaitze Indian Tribe and the Salamatof Tribe. The 2018 update from the U.S. Census Bureau estimates the population of the Kenai Peninsula Borough to be 58,533, 80 percent of whom report being White alone, and 8 percent of whom report being American Indian and Alaska Native alone. An estimated 7,778 people live in the city of Kenai, with 70.8 percent reporting to be White alone and 12.7 percent reporting to be American Indian and Alaska Native alone. The main industries include oil, natural gas, commercial fishing and tourism.

Kenai is served by an array of social services. The following entities and providers participated in the board meeting either through presentations or by hosting a site visit:

- Alaska Court System
- Central Peninsula General Hospital
- City of Kenai
- Cook Inlet Council on Alcohol and Drug Abuse (CICADA)
- Dena'ina Wellness Center
- Frontier Community Services
- Ionia, Inc.
- Kenai Peninsula Borough
- Kenai Peninsula Borough School District
- Kenai Peninsula Youth Facility
- Kenai Police Department
- Kenai Reentry Coalition
- Kenaitze Tribal Council
- Kenaitze Tribal Court
- LeeShore Center
- Love, Inc.
- Office of Children's Services (OCS)
- Peninsula Community Health Services
- Salamatof Tribe (Yaghanen Ht'ana)
- Wildwood Correctional Facility



Preparation

Planning began in April 2019 with the boards' planner contacting potential meeting venues, speakers, and social service agencies. In June, the planner traveled to Kenai to meet with the AMHB vice chair who is a resident of Soldotna. During this 1.5-day trip, the vice chair's knowledge greatly assisted in connecting with over 20 local provider agencies in both Kenai and Soldotna. This trip significantly aided in understanding the social climate, educating entities about the boards, and securing interest in the September meeting.

The meeting was advertised by posting flyers from Nikiski, located 11 miles north of Kenai, down to Homer on the southwest side of the peninsula. Flyers were left at numerous private, city and state agencies, from coffee shops and grocery stores to fire, police, and medical. In addition, the meeting was listed on online community calendars and the local newspaper serving the majority of the Kenai Peninsula published a front page article (<https://www.peninsulaclarion.com/news/state-board-to-host-meetings-on-substance-abuse-mental-health/>) advertising the meeting.

Schedule of Events

September 23	Board staff arrive in Kenai
September 24	Board meeting and community site visits
September 25	Board meeting with local and state presenters, public comment and community reception
September 26	Board meeting with local and state presenters, Statewide Suicide Prevention Council panel

Public Board Meetings

Board meetings were held at the centrally located Kenai Visitor and Cultural Center. Depending on the presentation, there were 10-30 members of the community in attendance.

Community Site Visits

The boards visited six community agencies:

- **Dena'ina Wellness Center:** Integrated medical facility offering a holistic approach to care. Services include medical, dental, behavioral health, chemical dependency, wellness, physical therapy, optometry, pharmacy support and traditional healing. The building features a gym, classroom space and wellness kitchen and is co-located with the Tyotkas Elder Center, Kenaitze Tribal Courthouse, and a range of social services and education programs.
- **The LeeShore Center:** 32-bed emergency shelter for victims of domestic violence and sexual assault and a 23-bed Transitional Living Center. Prevention efforts include K-12 outreach into the schools, a community prevention program and facilitation of a Batterers Intervention Program for male perpetrators of intimate partner violence.
- **Peninsula Community Health Services (PCHS):** PCHS is an integrated facility providing medical, dental, and behavioral health services. PCHS Behavioral Health serves individuals ages three and up experiencing mental health illness and/or co-occurring disorders. Emergency response is



available including on-call crisis clinicians, medical transport and psychiatric and psychotherapy interventions

- **Central Peninsula General Hospital (CPH):** Facility includes Serenity House residential treatment program, Adult intensive outpatient and outpatient treatment including a medical clinic, Diamond Willow Transitional Living facility, and a 6-bed Care Transitions detoxification facility.
- **Wildwood Correctional Facility:** Wildwood Correctional Center is a medium custody long term sentenced facility with 264 beds for adult males. The Wildwood Pretrial facility has 115 beds for males and females. The Wildwood Transitional Program complex houses 94 prisoners. It is the base for the Work Release Program, Special Pet Obedience Training and the Public Service Projects program.
- **Kenai Peninsula Youth Facility:** 10-bed facility houses juvenile offenders who meet the criteria for detention and are being held pending court actions such as arraignment, status, detention, adjudication and disposition hearings, or evidentiary and trial proceedings. Services provided to residents focus on advancing educational goals, physical and mental health, life skills education, substance abuse education, and other groups and activities designed to increase self-awareness, promote healthy lifestyle choices, and to foster good decision-making abilities.

In addition to the above, some board members also visited Ionia, Inc. located in Kasilof, Alaska as well as the Tyotkas Elder Center on the Dena'ina Wellness Center campus. Board members felt all sites employed dedicated staff who appear committed to their work.

Public Comment and Community Reception

A public comment hearing was held at the Kenai Senior Center. The boards heard comments for over two hours from a total of 17 local community members and 5 phone calls received from around the state.

Comments from the local community included:

- Negative experiences with the Alcohol Safety Action Program (ASAP) through the Veteran's Administration.
- Lack of trauma-informed training, training for complex behaviors, and training in general for the local behavioral health workforce.
- Community members dealing with complex and/or co-occurring conditions being referred in circles around the community rather than receiving services needed. One speaker felt this happens due a lack of adequately trained providers.
- Need for intensive case management, especially for people with brain injuries. Several speakers shared that the Kenai Peninsula has a high rate of individuals with brain injuries who are not receiving the services they need. One provider advocated for case management services for individuals who do not meet the threshold for Medicaid waiver services.
- Waitlists of 3-6 months for services are contributing to unmanaged behaviors escalating and children and adults being sent to North Star Behavioral Health Hospital, Alaska Psychiatric Institute or out of state.



- A local private college showcased their opportunities for degreed behavioral health programs especially aimed toward Alaska Natives from villages around the state. The college provides free counseling services to students, and shared that 50-60 percent of students take advantage of these services while attending the college.
- Concerns regarding the lack of housing and transportation. There is no public transportation in Kenai and transportation that is available is very expensive.
- Experiences while detained at the Wildwood Pretrial facility, specifically as a woman, including a lengthy and burdensome process to obtain an assessment, and a request for state assistance to increase access to services.
- Concerns regarding how matters of Workers' Compensation are handled including litigation, privacy laws such as HIPAA and 42 CFR Part 2, and associated stigma.
- Concerns regarding potential miscommunication regarding a memorandum of agreement between the State of Alaska Office of Children's Services and the local emergency shelter, and a request to help resolve it.
- The need to educate the community and beneficiaries about peer support specialists and how their services can help.
- The importance of talking about suicide and supporting one another.
- Silos between local agencies are burdensome, especially when an individual has a dual-diagnosis.
- A request for funding to be allocated so that a state (not contracted) employee can serve as a statewide peer support director.
- Concerns that the origins of some mental health issues might be chemicals in the environment, specifically compounds in the soil.
- A plea to look into custody rights for biological grandparents, specifically when children are placed out of state.
- A comment submitted after the formal hearing regarding research on posttraumatic stress disorder (PTSD) and its association with neuroinflammation and the potential efficacy of cannabidiol (CBD) in alleviating symptoms. The individual expressed concern that the Veteran's Administration is not embracing potential therapeutic applications of CBD and other supplements such as omega-3 fatty acids.

Additionally, citizens calling in from around the state brought up the following:

- Concerns regarding matters of Workers' Compensation and handling of personal health information for staff employed at the Alaska Psychiatric Institute (API).
- The prevalence of citizens suffering from both traumatic brain injury and mental health issues and ideas for how to better support these individuals.
- A request for more resources in small villages to help individuals struggling with alcohol. One idea was for a 1-800 call-in for Alcoholics Anonymous (AA) meetings.



What We Learned: State of the Community in Regard to Substance Misuse and Mental Health

The city of Kenai vice mayor and city manager opened the meeting, followed by the mayor of the Kenai Peninsula Borough. They made the following points regarding how substance misuse is affecting Kenai:

- Substance misuse in the city of Kenai is a significant contributor to community-wide issues including homelessness, theft, domestic violence, and overdose mortalities.
- The number of needles found discarded and reported to police has risen dramatically over the last 10 years, with the most significant increase occurring over the last two years.
- The drug overdose mortality rate on the Kenai Peninsula is higher than the average for the rest of Alaska and the United States.
- Substance misuse affects everyone and requires a collaborative community approach. The best way to succeed in addressing substance misuse is to gain awareness through collective dialogue, and structure solutions that lead to action.
- The impacts of substance misuse that the City is able to quantify effectively are limited to law enforcement statistics, which demonstrates the need for a greater focus on health and wellness as a community priority across all sectors.

The chief tribal officer from the Salamatof Tribe stated that issues facing their people include mental health, addiction, and high incarceration rates. He added that American education has greatly impacted their people, and shared a quote from one of the leaders of a boarding school, “We instill in them a pronounced distaste for the Native life so that they will be humiliated when they are reminded of their origin. When they graduate from our institutions, the children have lost everything Native except their blood.” He noted that this part of their history continues to impact them today. In the last few years they have reinvigorated the tribe and are trying to reestablish their culture. They are working to reestablish clans and focus on education, and a new Head Start facility is in the planning stages.

The police department reported that in the last five years, the department saw a 20 percent increase in alcohol and drug-related calls and almost double the number of mental health calls during the same time period. The speaker felt confident stating that almost all crime in Kenai is fueled by drugs, alcohol, and mental health. He stated that people are stealing to feed addictions, and people who are mentally ill are committing crimes they don't mean to commit.

The State of Alaska Office of Children's Services (OCS) provided a summary of 2019 data relating to the Kenai area. 58.7 percent of screened-in Protective Service Reports (PSRs) were related to drugs and alcohol, and approximately 19.2 percent involved domestic violence. OCS reported 100 open cases in Kenai involving a total of 183 children.

What We Learned: Successes in the Community in Regard to Substance Misuse and Mental Health

To address issues of mental health and substance misuse, the Kenaitze Indian Tribe established a joint jurisdiction Henu Wellness Court with the State of Alaska in 2017. The court is one of two joint jurisdiction



felony drug courts in the United States and the only joint jurisdiction drug court in Alaska. Six people have graduated since 2018, and none have reoffended. The court is based on Dena'ina values of restorative justice and includes wrap-around services for housing, transportation, behavioral health, and family services. A representative from the Kenaitze Tribal Council reported they have identified trauma as the main cause for substance misuse and violence among their society, and it is important for all governments to come together in a united effort to deal with the behavioral health and the opioid crisis.

OCS identified multiple programs in their community providing positive support for their families:

- Detox
- Sober living
- Medication-Assisted Treatment (MAT)
- Greater access to Medicaid funding to cover treatment cost
- Community advocacy groups
- 12-Step community
- Faith-based programs
- Expansion of telemedicine
- Increased opportunities for social connection and support.

CICADA echoed the value of telemedicine expansion, being thankful for a grant received from the Alaska Mental Health Trust Authority which enables them to deliver distance services.

The Kenai Peninsula Borough School District (KPBSD) mental health counselor shared that the district has a liaison to help students who are homeless or couch surfing. This individual assists students in obtaining public assistance. The speaker spoke highly of the Youth Mental Health First-Aid program available on the peninsula as well as the suicide prevention program, Sources of Strength. The district is also finding success using the Fourth R program to teach students about healthy relationships. KPBSD is one of three Project AWARE (Advancing Wellness and Resilience in Education) sites that placed mental health counselors in schools. KPBSD found enough benefit from these positions that they will continue to fund them internally at the conclusion of the grant.

The KPBSD Sources of Strength coordinator shared background on their program, explaining it exists due to a grant the district received 4 years ago from the Alaska Department of Education and Early Development (DEED). The grant funded two social-emotional counselors in their alternative schools, who, using data and the Youth Risk Behavior Survey, identified particular needs of that student population. Shortly thereafter, the Alaska Statewide Suicide Prevention Council/DEED released a Suicide Awareness, Prevention and Postvention grant, which the district received and used to begin the Sources of Strength program. The program has trained over 500 students, positioning students to become peer-leaders of suicide prevention in their schools and community. The boards heard compelling support of this program from students and an adult mentor.



What We Learned: Unmet Needs and Areas Needing Improvement in Regard to Substance Misuse and Mental Health

The four topics discussed most frequently included:

1. Transportation
2. Housing
3. Cooperation and communication between local agencies
4. Workforce

Transportation & Housing

The need for reliable and affordable transportation was clearly voiced from medical providers, child welfare, and reentry workers/advocates as was the need for affordable housing, including homes for sober living.

Aside from the LeeShore Center which is specifically an emergency shelter for victims of domestic violence and sexual assault, there is no shelter for the general homeless community on the peninsula. There was recently a shelter development meeting, and one of the top priorities is to identify a place for supportive housing. It was expressed that educating the city and borough governments as to the needs of the community is important because the homeless are an invisible population, with most individuals living in the woods.

Silos between Social Service Agencies and Providers

Most speakers voiced the need for more cooperation and communication between local agencies. The police department voiced a concern that individuals end up housed in jail where they do not belong and those individuals would be best served by the community. Some speakers felt silos between agencies were related to perceived competition due to limited funding as well as residual negative feelings toward past employees. A suggestion was that agencies educate the community on their outcomes, so those become the focus rather than old grudges. Another suggestion was that agencies accept integrated assessments conducted outside their own agency so that clients can receive timely treatment.

Workforce

An additional voiced need was for clinical workforce development and employment opportunities for clients as well as the need for psychiatry services. There are only two full-time psychiatric providers on the peninsula and it is difficult to get an appointment for a psychiatric assessment. To meet the need, agencies are relying on general practitioners to provide psychiatry.

The KPBSD counselor stated that students dealing with mental health issues are not receiving adequate treatment because there are not enough services in the community. Counselors from the community are brought into the school to work with youth who have substance use issues, but the students are not receiving the help they need when school is not in session. The counselor felt mental health issues are not seen as a



very serious issue in their community and people are left without help or services until they escalate to a critical crisis stage.

In addition to the above, OCS shared numerous services that would improve outcomes for families:

- Culturally competent treatment services incorporating community-based values, traditions, and customs
- Long-term residential substance abuse treatment programs where children and parents remain connected
- Systems of care that recognize the impact of trauma on family functioning and recovery
- Comprehensive mental health services for children, parents, and the family
- Wrap-around services for chronically mentally ill adults
- Integrated treatment for those experiencing co-occurring disorders
- Parenting education and skills trainings
- Affordable assessment and treatment services
- Employment opportunities
- When serving a family holistically, the focus is on the parents' recovery, the child's well-being, and the family's recovery and well-being as a whole

What We Learned: Issues of Policy in Regard to Substance Misuse and Mental Health

The police department provided an example how the law sometimes prevents them from doing what is best for a disabled individual in crisis. Officers must determine whether or not the person is gravely disabled or suffering from mental illness and whether they are likely to cause serious physical harm to self or others. If the person doesn't meet the standard, the officer tries to offer them some help and referrals and then releases them.

Follow-Up

Regarding information heard during public comment, board members felt it was clear that there is much opportunity on the peninsula for the boards' assistance and it was suggested that the boards reach out to the Alaska Division of Workers' Compensation, Ombudsman's office, Division of Behavioral Health and Office of Children's Services.

Thank you notes were sent directly to all participating agencies and speakers. In addition to the above, board members reached out to the Alaska Training Cooperative and the Division of Professional Licensing and also connected with community members individually, sharing knowledge about statewide initiatives, such as peer support certification development and legislative advocacy efforts and to others in the state to share information about practices that are working.