

Advisory Board on Alcoholism and Drug Abuse Alaska Mental Health Board

Quarterly Board Meeting Minutes Utqiagvik, Alaska

April 17 – 19, 2018

ABADA Members Present:

Cathy Bishop - telephonic
Dr. Enlow Walker
James Duncan
Michael Kerosky
Philip Licht
Renee Schofield
Robert Coghill
Charles Gorman

AMHB Members Present:

Bree Swanson
Rebecca Petersen – telephonic
Brenda Moore-Beyers
Christopher Gunderson
Elizabeth Schultz – telephonic
Joanna Cahoon
Renee Hoffard
Sharon Clark
Charlene Tautfest - telephonic

ABADA Members Absent:

Gunnar Ebbesson - excused
Alavini Lata - excused
Lee Breinig - excused
Megyn Greider - excused
Eric Holland - excused
Joshua Mathlaw - excused

AMHB Members Absent:

Stephen Sundby - excused
Michael Horton - excused
Rachelle Stockman - excused
Marieke Heatwole - excused

Ex-Officio Members Present:

Randall Burns
Cathy Stone

Staff:

Alison Kulas, Executive Director
Pat Sidmore, Planner II
Bev Schoonover, Planner II
Teri Tibbett, Program Coordinator II
Clarena Bellinger, Admin Assistant II

Ex-Officio Members Absent:

Adam Rutherford
Cindy Murphy-Fox
Gennifer Moreau-Johnson
Sharon Fishel

Minutes Prepared by: Paula DiPaolo, Peninsula Reporting

Tuesday, April 17, 2018
CALL TO ORDER – 1:30 p.m.

Board members were asked to disclose any conflicts of interest and share with the group their reasons for joining the Boards.

ETHICS DISCLOSURES

Joanna Cahoon	Disability Law Center of Alaska receives a small state grant for developmental disabilities work.
Renee Schofield	Member of the Ketchikan Wellness Coalition, which receives state and federal monies.
Robert Coghill	Owns shares in a liquor store.
Dr. Enlow Walker	Family practice physician who bills Medicaid and other government agencies for direct patient care. Also on the advisory council for the Fairbanks Community Mental Health Center.
Bree Swanson	Works for Maniilaq Association, which receives funding from the state and federal government. Also sits on the Alaska Association on Developmental Disabilities.
Philip Licht	Executive director for Set Free Alaska, which receives funding from the state as well as through the Medicaid system. Participates in Recover Alaska and Rock Mat-Su boards.
Christopher Gunderson	CEO of Denali Family Services, which receives grants from the state and bills Medicaid. Board advisor to the Sunshine Community Health Clinic, which bills all public insurance programs.
Cathy Bishop	Clinical supervisor at Nugen’s Ranch, which receives grant funds from the state.
Michael Kerosky	Cook Inlet Tribal Council, which receives state and federal grants.

The other members of the Boards had no conflicts to declare. Guests from the audience and staff members introduced themselves. Guests included Trustees Chris Cooke and Verne Boerner, Trust staff Steve Williams and Katie Baldwin-Johnson, and Dr. Jay Butler.

WELCOM FROM NSB ACTING MAYOR DEANO OLEMAUN

Deano Olemaun welcomed Board members to Utqiagvik. He shared personal stories of how addiction has impacted his life, and he explained that they want to develop new and innovative ways to deal with the issues they are facing all across the North Slope Borough. He shared that the community has already filled the new cemetery in 23 years, when the first original cemetery took 200 years to fill. He commented that a large majority of those deaths were attributable to drug and alcohol abuse. He stated that much of their budget is spent reacting to the epidemic of substance abuse, and he would rather see the money spent to keep up with the decay of their aging infrastructure. They need to change the fight from reaction to prevention. They also struggle to deal with the significant rise in psychiatric emergencies. He believes they need earlier detection and removal of stigma that prevents people from asking for help.

Deano Olemaun stated that he does not remember when these issues brought the state and borough together quite like this. He stated that the North Slope Borough also believes their faith-based community organizations can play a vital role in prevention, treatment, and community wellness.

UPDATE – ALASKA PSYCHIATRIC INSTITUTE (API)

Randall Burns reviewed his PowerPoint presentation on API as follows:

Alaska Psychiatric Institute: The Basics

- Only 22 percent of API's budget is general funds: \$7.2 million.
- More than half of the remainder of API's budget is funded by Disproportionate Share Hospital (DSH) Medicaid funds: \$18.7 million. A total of \$20 million DHS funds are allotted to Alaska.
- The remainder of API's budget comes from Statutory Designated Program Receipts (SDPR): \$7.4 million, including Medicare, Medicaid, third-party/private payers, grants, et cetera.
- API is the largest user of the State's DSH funds.
- DHSS currently uses its other available DHS funds to pay for the Division's support for Alaska's three designated hospitals providing psychiatric evaluation and treatment services:
 - Fairbanks Memorial, 20-bed DET/mental health unit with four acute beds.
 - Providence Alaska, 7 beds, not a DET facility, and is a behavioral health triage center for the Anchorage area.
 - Bartlett Regional, 12 mental health DET beds.

An 80-Bed Hospital

- API is an 80-bed hospital with five distinct units:
 - Two adult acute units: Katmai (24 beds) and Susitna (26 beds) for a total of 50 adult acute patient beds.
 - One 10-bed unit for adolescent patients, Chilkat, ages 13 through 17.
 - One 10-bed unit for longer term adult patients, Denali, with a mix of diagnoses from TBI, autism, dementia, I/DD, and all with very difficult and complex behavioral issues.
 - One 10-bed unit for forensic patients, Taku, for defendants whose criminal trials are on hold because of concerns for their mental competence to stand trial.

History: A Range of Bed Options From 162 to Just 45 Beds

- Beginning in 1986, and over the next 14 years, there were a variety of scenarios proposed to replace the aging API.
- Most of the scenarios ended up being primarily based on the funding available and did not significantly rely on the approximately \$6 million in programming work DHSS had contracted for as it prepared its Certificate of Need (CON) for the replacement hospital.
- DHSS issued its preliminary study in February of 1992, which summarized the work of many of its consultants, and the study targeted the new API as requiring 162 beds, although a year later a final DHSS study suggested Alaska would need between 198 and 237 beds.
- DHSS early 1992 report was highly criticized by advocates and community behavioral health providers who supported a focus on more community-based services over bed capacity at API.

History: The Alyeska Accord: Finding Stakeholder Agreement on the Bed Capacity of the New API

- The Alaska Mental Health Board held a meeting at Alyeska of 42 community mental health advocates and mental health service providers in June of 1992.
- The results from this weekend meeting became known as the Alyeska Accord, a set of principles which were to guide AMHB's response to DHSS's CON application for a new API.
- Agreements reached that weekend included the decision that the central purpose of API was to provide tertiary care, and an agreement that the new API should be built at 90 beds, which shortly thereafter became 114 as follows:
 - Adolescents – 18 beds
 - Elderly – 18 beds
 - Acute Adults – 36 beds
 - Swing (complex adults) – 18 beds
 - Forensic – 0 beds (24 beds were adopted by the AMHB a month later during a regular board meeting in July of 1992).

History: From 114 Beds to 57 to 72 to 80

- Based on the Alyeska Accord, a CON for the 114 beds was submitted in August of 1993 by DHSS.
- The CON was not successful because of the \$64.9 million cost. Four years later in 1997, the DHSS Commissioner reviewed a report with five different scenarios based on funding availability, 72, 63, two 54, and one 45-bed option. Based on this report, the Commissioner selected one of the 54-bed options, which included adolescent beds.
- In 2001 with legislative-approved bonds, the re-appropriation of existing committed capital funds, and Mental Health Trust Authority funding, DHSS had the funds necessary to procure a 72-bed facility.
- The CON that was finally granted said that API should be built at 72 beds, but it could have 8 more beds if it could establish that 72 wasn't enough over a period of time. API opened with 80 beds in 2005.
- As a part of this effort to fund a new hospital, DHSS also applied for and was awarded a SAMHSA grant for \$5 million a year for three years to help fund expanded community-based treatment to support the needs created by downsizing the hospital.

Current Bed Capacity Issue

- Because of a Joint Commission requirement, API has been refurbishing for the last six months, and the unit is completed. However, because of staffing issues, the maximum beds they can staff right now is 58 beds. They will be opening the adolescent, forensics and largest adult unit and only half of their other adult unit. They are also not opening the Denali unit. They need at least another 15 new RN positions at a cost of approximately \$2.5 million.
- One of their roadblocks to recruiting is that API pays \$8 to \$12 per hour less than other hospitals. Union shifts are another issue because State employees work 7.5-hour shifts, which don't work well in a 24/7 facility. Most nurses prefer 12-hour shifts, and they haven't been successful getting the union to agree to 12-hour shifts.

API's Current Estimated Bed Capacity

- CONs have been approved for Alaska Regional Hospital and Mat-Su Regional Hospital, but because of uncertainty about Medicaid funding, construction on these new facilities has been delayed.
- The Governor's capital budget for FY'19 contains a request to remodel the Anchorage Pioneer Home to add at least six beds for complex dementia patients that have co-occurring issues that have made discharge from API almost impossible.

API's Need for Expanded Capacity

- API, since it opened, has not been able to successfully meet the psychiatric treatment needs of Alaska's communities and its residents.
- Since at least 2011, almost every community with a hospital has experienced the need to board psychiatric patients in their emergency departments awaiting evaluation and/or treatment beds at API or one of the two DET hospitals.
- With only 10 adolescent beds at API, there have been a number of very difficult occasions with adolescents in Fairbanks, Mat-Su, or Providence Anchorage emergency departments being held for as many as 14 days. This is unacceptable and one of API's most serious treatment concerns.
- The Trust has agreed to undertake a study of whether API could add another wing giving it up to 20 additional beds to meet the statewide demand for more involuntary psychiatric treatment beds, possibly including some additional adolescent beds or beds for other identified special populations.
- Alaska's application for the 1115 behavioral health waiver is what Alaska needs in order to take the pressure off API and the other DET hospitals. By creating a range of new treatment services in the 14 regional hubs envisioned by the waiver, local communities will be able to better serve their residents.

API and its Forensic Population

- The Alaska Court System's demand for DHSS's forensic services has outstripped API's ability to manage the caseload assigned to its staff utilizing API's 10-bed medium security unit, Taku, to serve defendants court ordered to API for treatment.
- API sought consultation with Dr. Patrick Fox, and his report was issued in November 2016. The report offered a number of recommendations.
- In partial response to the crisis, and with the original support of the House HSS Committee and the eventual support of the House Finance Committee, the House is seeking legislative and Trust support for a feasibility study to explore the value of establishing a forensic hospital in Alaska given the various demands on API and the general needs of Alaska's mentally ill correctional population. The study would look at Alaska's needs for forensic beds in order to admit, evaluate, and treat criminal defendants with issues around the insanity defense and their competency to stand trial.

The Short List of API Current Challenges:

- Continuing demand for treatment
- Long waits for patients who are being boarded in emergency departments
- API staffing and budget concerns, including recruitment and retention
- Safety of staff and patients, additional training needs
- Current inadequate local community behavioral health programming to support patients who are discharged from API or other DET facilities

- The Governor introduced an FY'18 supplemental request for \$18 million to assist DHSS in providing greatly needed SUD treatment programs in local communities, especially withdrawal management and residential treatment programs.

Teri Tibbett suggested members of the Boards comment to the House and Senate Conference Committee in support of DSH funds and General Relief. In addition to advocating to the Conference Committee, Randall Burns encouraged members of the Boards to support the following:

- Support for the \$18 million in additional substance use disorder and disorder treatment funds that would give Alaska additional withdrawal management services, intensive outpatient sobering centers or 72-hour SUD crisis centers, and then housing assistance and support services.
- Support for the \$318,000 for the feasibility study.
- Support for API's budget given its current inadequacy, particularly around staffing/pay.
- Help solve the problem of the RN shortage so they can open up all their available beds.
- Continue working on reducing stigma of behavioral health issues.
- Funding for the supplemental monies needed for Medicaid for FY'18.

Randall Burns fielded additional questions from members of the Boards and concluded his presentation.

UPDATE ON THE STATE OPIOID RESPONSE

Dr. Jay Butler began his presentation by stating that the life expectancy in the United States has declined for two years in a row. The two drivers that are possibly the most significant for this factor are the increases in drug overdose deaths and increases nationally in suicide deaths.

Dr. Jay Butler explained that the process of the opioid response started when ABADA put together the Opioid Policy Task Force about two years ago. The numerous recommendations that resulted from that task force caused the second phase of the response, a disaster declaration in the state. This disaster declaration allowed the release of naloxone out into communities. It also created an Incident Command Structure that brought six of the departments together to frequently brief the Governor. In addition, the Office of Substance Misuse and Addiction Prevention (OSMAP) was created to coordinate departments and entities.

Dr. Jay Butler stated that the response is now moving into its third phase, which is going out into communities to determine their needs and develop a three to five-year action plan.

He explained that the response has also been:

Multifaceted: Tertiary prevention (life-saving interventions), secondary prevention (removing barriers to treatment), and primary prevention (address a preventable condition).

- Naloxone kits out to the general public and first responders
- New technology to explore – fentanyl test kits

- Addressing the stigma – social media stories of recovery, educate health care providers on recovery.
- Encourage more judicious pain management
- Drug disposal opportunities
- Working with law enforcement on interdiction
- Address both the supply and the demand side of the black market – ACEs, historical trauma, and other social ills.
- One-page handout being delivered to medical providers as a “Dear Colleague” letter that list the alternatives to prescribing opioids as well as highlighting lesser known side effects of opioids.

Multisectoral: Everyone will need to work on a multisectoral approach so there is a healthy, productive workforce in the future. The entire community will need to come together to make progress happen.

Multimolecular: The crisis is not just an opioid crisis. The issue is much broader than that.

Situation Report:

- The number of opioid-related deaths has plateaued, particularly heroin-related deaths.
- Fentanyl deaths are up significantly.
- Dramatic increase in the number of deaths related to methamphetamine, some deaths where both fentanyl and meth were present in the system.
- Counterfeit heroin may contain fentanyl because it is cost effective for the drug manufacturers.
- Reports with more extensive data will be coming out in the next few months to provide a full picture.

Dr. Jay Butler and Jeff Brown from the North Slope Police Department fielded questions from the Board members and guests. Jeff Brown explained that in the North Slope Borough, alcohol importation is a huge problem, and they have alcohol detection K9s out in the villages that have been successful. Local law enforcement also has issues with the highly restricted postal inspections, because sometimes postmasters or postal inspectors will be involved in the drug and alcohol trade, and there are constant roadblocks to law enforcement to investigate.

Dr. Jay Butler stated that they have also put in to have Southcentral and Southeast Alaska designated as High-Intensity Drug Trafficking Areas (HIDTA). Jeff Brown stated that the North Slope Borough is also trying for that designation, which will bring in additional federal funds to assist law enforcement.

GOOD OF THE ORDER

Alison Kulas explained that Alavini Lata has had to resign from the ABADA Board. In light of this resignation, a chair-elect needs to be elected as the current chair-elect will step into the position of chair. Board members agreed to discuss this tomorrow morning.

The North Slope Borough Mayor’s office presented members of the Boards with gift bags.

RECESS

The meeting recessed at 5:11 p.m.

Wednesday, April 18, 2018 **CALL TO ORDER – 9:00 a.m.**

ABADA – ELECTION OF CHAIR

Philip Licht **MOVED** to add the officer election of the ABADA chair to today's agenda, **SECONDED** by Michael Kerosky. Hearing no objection, the motion **PASSED**.

Michael Kerosky nominated Dr. Enlow Walker, and the nomination was accepted. Hearing no other nominations, a vote was taken and Dr. Enlow Walker was elected ABADA chair effective May 1st until the October elections.

INTRODUCTION OF ALISON KULAS, EXECUTIVE DIRECTOR

Alison Kulas provided members of the Boards with some background information about herself and her ties to rural Alaska through AmeriCorps. She also worked for the State of Alaska in tobacco prevention and control, which served 220 communities across Alaska. This position led to her being a fellow with the FDA Center for Tobacco Products in Washington, D.C. She also was one of the co-chairs for the marijuana workgroup within DHSS in Alaska.

Alison Kulas stated that since her arrival in this position, she has been interested in watching the legislation coming through, and her goal would be to be a little more proactive in turning priorities of the Boards into legislation that will make a difference.

Alison Kulas engaged Board members in an exercise to understand what the Boards have had as past priorities and accomplishments. Some of the accomplishments Board members discussed are as follows:

- Opioid Task Force
- Alaska Health Workforce Coalition
- Resiliency youth development
- Criminal justice work
- Re-entry coalitions
- Prisoner re-entry
- Department of Corrections (DOC) treatment
- Site visits with DOC
- Cooperation on legislation with partners
- ACEs and connecting to the national work on trauma research
- Early Childhood Comprehensive System Steering Committee
- Trauma-informed schools
- Healthy Alaskans 2020

- Collected information on resiliency
- Volunteers of America Grandparent Network
- Housing – coordinated entry system, housing focus group, housing initiatives
- Re-entry – housing, employment, treatment
- Justice reform advocacy
- Efforts regarding marijuana legalization and use of the tax funds
- Alcohol tax reform, Title IV rewrite
- Work with Recover Alaska
- FASD Partnership
- Barriers to work for beneficiaries
- Services for veterans
- Medicaid expansion and reform
- Letters of support endorsing legislation, advocacy
- Rural outreach
- Mental health block grant
- Bring the Kids Home
- Complex Behavior Collaborative
- Increasing awareness/decreasing stigma.

Alison Kulas took notes as Board members discussed their list of accomplishments as well as continued needs for the Boards moving forward. She stated that this information will inform tomorrow’s discussion on priorities the Boards would like to set.

ALASKA MENTAL HEALTH TRUST AUTHORITY

Steve Williams, COO for the Trust, stated that the Boards are statutory advisors to the Trust, which is a valuable role because the Boards travel to communities and can advise the Trust on critical needs around the state.

Steve Williams reported that on April 11th, Legislative Audit presented their final report on the Trust to the Legislative Budget and Audit Committee in executive session. The committee accepted the draft report, and now the Trust has 20 calendar days to provide an additional written response. The additional written response will be included in the final report, which will be a public document.

Steve Williams also reported that there is draft legislation the Trustees put together trying to remedy some of the concerns anticipated being identified in the audit. The biggest issue was how to use Trust principal funds for the benefit of beneficiaries. About midway through the session, the Trustees and others decided not to push that legislation until the final audit report was made public and everyone understood what the findings were.

Steve Williams stated that the Trust creates a two-year budget funding cycle. This summer they will be generating budget recommendations for FY’20. They will be involved in webinars over the summer, which will then lead into a two-day budget workshop with key stakeholders and advisory boards. The focus of the budget funding process will be on the needs of the state based on the continuum of care for beneficiaries.

In terms of staffing at the Trust, Steve Williams reported that Heidi Wailand left, and they are actively interviewing for that position right now. That position along with Michael Baldwin will be the Trust staff working with the advisory board executive directors and department staff to update the comprehensive plan. The Trust is in the process of filling two program officer positions, and they are hoping to have the positions filled within the next month or two. They are also actively looking at early intervention and early childhood prevention initiatives. Jimael Johnson, one of the Trust's new program officers, is well versed in these areas.

Chris Cooke, Trustee, added that the organizational changes within the Trust include having one CEO, Mike Abbott, overseeing both the Trust Land Office and the program office. This has been a very positive change, and Mike Abbott has already made a big impact in the six months he's been with the Trust.

Board members thanked Trustees for attending their meeting, and they look forward to working together for the continued support of their beneficiaries.

NORTH SLOPE SCHOOLS

Brian Freeman, coordinator of grants, foundations, and partnerships for North Slope School District, introduced himself to members of the Boards, shared a story of the borough being impacted by suicide attempts, and discussed suicide prevention efforts in the district. In 2010 there was a leadership camp funded by Arctic Slope Regional Corporation (ASRC) in conjunction with the mayor's office and the borough using the SOS model. As a follow-up, Arctic Slope Native Association (ASNA) worked with the district on ASIST. They also determined that Safe Talk was going to be used as a unified training for everybody across the Slope. They also started to hold one-week to three-week-long intensives at the Ilisagvik College supported by a variety of grants that included suicide prevention. He stated that all of the schools have school counselors, and the school district partners with many organizations within the borough including ASNA, the hospital, behavioral health, public health, Arctic Women in Crisis, DEED, Ilisagvik College, Department of Labor and Workforce Development, and ASRC.

Brian Freeman stated that more mental health and drug and alcohol services are needed on the North Slope.

Lori Roth, director of student services for the school district, stated that interagency collaboration is high on their priority list. One of their struggles on the Slope is a high level of turnover, but she works hard to ensure the school counselors have interagency linkages to support students. They are currently in conversations with Integrated Behavioral Health to allow clinicians to regularly come into the schools. School counselors are requested to go into each classroom weekly to do guidance lessons to maintain connections with students. She also encourages the counselors to take lunch or bus duty to observe students and be available to them.

Lori Roth explained that another situation they deal with is getting services in place when students return to the district after being in residential treatment. When the student returns, they are put in an alternative placement to get a feel for how the student is doing and allow the district time to receive all the discharge records. During that time, they also engage in planning, doing

behavioral assessments, and completing IEPs. Once they have finished in this placement, the students are carefully re-integrated back in with their peers. The biggest stumbling block is the district not being made aware of when a student is returning to the district.

Lori Roth stated that they contract outside for school-wide PBIS services, and they kick off the beginning of every year with training on the ASIST model and Safe Talk during the new hire in-service. The counselors and others that attend the training are able to use it for CEUs as well.

Lori explained that Safe Talk is a four-hour training for the identification of students and peers who might have suicidal ideations ages 15 and up. There is also at least one community training. They have seen a lot of success with this program over the last two years.

When asked what the Boards could do to advocate for the school district, Lori Roth and Brian Freeman shared the following:

- More people for behavioral health
- Pipeline for additional training, mandatory trainings
- Universities to increase their output of candidates
- A system of notification of students returning from outside residential treatment centers
- Ongoing support for the suicide initiatives, address post-vention
- Mental health in the schools because students' needs are getting greater and greater, and it's getting harder for school districts to meet those needs.

NATIONAL ALLIANCE FOR MENTAL ILLNESS

Joe Dingman and Dorcas Stein presented to the Boards. Dorcas Stein stated that they first formed NAMI Barrow in 2002 with public service announcements and healing circles. NAMI Barrow was instrumental in securing funding from the North Slope Assembly for a group home. Although the NAMI national bylaws restrict them from going into the villages, there is a lot of need out there, and they try to teleconference with families who need help in trying to learn to cope with mental illness.

Joe Dingman stated that their main focus at NAMI Barrow right now is family support. Dorcas Stein noted that there are many people from their region who are homeless in Anchorage that cannot return to the region because there is no housing available, and the existing group home only has six beds and is full. Joe Dingman stated that their goal is to have every other Saturday be a family support type group.

Joe Dingman stated that they have seven people on their website that are members. He noted that their main funding support comes from Arctic Slope Regional Corporation.

Dorcas Stein stated that there is no homeless shelter for men, but homeless women are able to go to Arctic Women in Crisis. Joe Dingman noted that many of the homeless men move to Anchorage because the winters are warmer. Housing in general is very limited, let alone supported housing. Much of the housing in Utqiagvik is taken up by contractors hired by the North Slope Borough. They noted that it's even worse in the villages with often 12 to 20 people living in one house.

SITE VISITS

The Boards recessed to attend community site visits.

PUBLIC TESTIMONY

Public testimony was heard, and a full transcript was prepared.

RECESS

The meeting recessed at 6:49 p.m.

Thursday, April 18, 2018

CALL TO ORDER – ROLL CALL – 9:00 a.m.

DEBRIEF FROM VISITS

Arctic Women in Crisis/Child Advocacy Center (CAC)

- Fairly new 28-bed facility.
- Currently has two vacancies but normally is full to capacity.
- Can only house women and children, but they have funding to put men in a hotel temporarily until they can find someplace for them.
- The shelter has a big kitchen, but is not completely handicapped accessible.
- Has a debugging box for suitcases when people arrive.
- The shelter would like to have a counselor, but there is no funding for one.
- A major issue is that they are getting ready to shut down the CAC. CAC is run through the police department.

Group Home – Hope Community Resources

- The residents take great pride in their home.
- It would be in the community's best interest to expand it to 12 beds rather than 6.
- Several of the residents have jobs as well as responsibilities at the house.
- It is staffed 24 hours a day, and there is a house manager.
- Very positive thing for the community.
- Very family-oriented feel, and the setting was very person-centered.

Intergenerational Arctic Ministries (IAM) Briefing

- Peer-driven program based on Stephen's Ministries as the foundation, and it is targeting the whole North Slope region.
- Has raised a considerable amount of money.
- Huge impact of having ASRC there at the briefing. Also nice to hear about all of ASRC's benevolence work.
- Appreciated hearing about some of the tools IAM is using with sponsors similar to the 12-Step program as well as listening to people.
- Would be a good program to replicate in the Interior.

Board members engaged in a conversation regarding some of the difficulties inherent with ministry-based peer counseling services. Board members were pleased that the rollout of this program will be phased and that they are being thoughtful about all the details. Alison Kulas mentioned that IAM has also put in for funding from the Trust. She stated that the Boards can advise the Trust on recommendations for guidelines or safeguards to put in place for this project. The Boards then discussed the pros and cons of advocating for or advising on individual projects.

Overall Impressions:

- Surprised at the lack of behavioral health services for the size of the community.
- It's unique that the borough has health powers, and there tends to be major upheaval that comes with each election. Community is very political. Borough doesn't bill Medicaid for anything. It's a challenge for non-profits coming in and competing because the borough pays staff more than the non-profits.
- There could be advocacy for the CAC shutting down because the kids who need to be investigated would be shipped to Fairbanks or Anchorage. During public testimony they heard opinions that the CAC shutting down does not have to do with funding, but rather the borough not seeing the inherent value of it. It would be good to have the police chief come and talk to the Boards to get his perspective, because there may be extenuating circumstances the Boards are unaware of.
- Collaboration in the community has improved since the last time they were there.

Alison Kulas informed the Boards that there are two health departments in the state, North Slope Borough and the Municipality of Anchorage. The State of Alaska covers all of the other public health services across the state as well as the regional health corporations. She noted that some of the political transitions they are seeing in this community are the same as in Anchorage, but it's maybe a little more apparent when it's a smaller community. She stated that if they are to talk again with the chief of police, it would be good to ask about the sustainability of the programs.

INTEGRATED BEHAVIORAL HEALTH PROGRAMS

Trinidad Ruiz, the acting program manager for Integrated Behavioral Health Programs, introduced Fay Callam, Liz Madsen, and Kelly Elbert. She stated that Integrated Behavioral Health is under the North Slope Borough, and they provide mental health and substance abuse services. They have two traveling psychiatrists that come up every other week and are available by telephone if needed, which has really helped with emergency crisis. Services they provide at Integrated Behavioral Health include:

- Individual counseling
- Psychotherapy services for individuals, families and couples
- Psychiatric services
- Psychiatric services for involuntary commitments under Title 47. Patients are allowed to be housed at the hospital in inpatient beds on an interim basis while they await transfer.

Trinidad Ruiz stated that they have had difficulties with the shortages of beds since API has been going through their construction. They send clients to Fairbanks Memorial Hospital, API, and Bartlett Regional Hospital.

Trinidad Ruiz stated that they recently revamped their outpatient substance abuse program. They worked with the State and initiated the Matrix model system for adults, outpatient level 1. For the first time they have also incorporated an adolescent program, and they are hoping to increase their enrollment in that.

In addition to providing services in Utqiagvik, they provide services to Point Lay, Wainwright, Atkasuk, Nuiqsut, and Kaktovik, often by videoconference. Trinidad also noted that the borough and assembly have been generous in offering a treatment scholarship program that will pay for clients to receive residential services for substance abuse after other monetary sources have been exhausted. They have contracts with two inpatient substance abuse programs out of state, and they are in the process of contracting with other agencies so they can offer a variety of programs.

Trinidad Ruiz stated they also have a 27-week domestic violence program under the Duluth model for men.

Trinidad Ruiz stated that barriers they face are staff turnover and lack of housing for staff, lack of housing for clients, licensed providers don't want to come to rural areas, they are five weeks out scheduling for mental health services, and substance abuse assessments are two to three weeks out. She stated that they are trying to develop a six-bed sober living support home for men.

Trinidad Ruiz stated that as part of their requirement to apply for the state grant for FY'19, they have to start billing Medicaid, which they have never done before.

Fay Callam, licensed clinical social worker, stated that she leads the services at the Gathering Place, which is a day treatment program serving people who are severely mentally ill and may have co-occurring issues. They have approximately 23 clients who are offered services for case management, comprehensive community support services, and psychotherapy where needed. The staff work to develop a close, trusting relationship with clients, and they also work with clients' families. They aim to connect people to a community resource to promote independent living as long as possible. They also have reminders for clients to get them to whatever appointments they are scheduled for. They attend closely to the clients' activities of daily living (ADLs), and they provide transportation. Staff also keep abreast of cultural or community events and taking clients to them. Clients are also coached in keeping house, doing laundry, and cooking lunch, and their hours are from 8:30 until 4:30.

Fay Callam stated that eligibility is for people who are severely mentally ill age 21 and over. The program is also CARF accredited.

Liz Madsen, program manager at Children and Youth Services (CYS), stated that they are a 14-bed facility with 20 full-time staff, which includes a full-time case manager. They also have their own on-site clinician to do all the assessments and treatment plans, and they work with the treatment team, including the client advocates. They accept youth from 0 to 18 for anything

from domestic violence placements to their own suicidal ideation and substance abuse issues. Their population is currently at 10.

Liz Madsen stated that they received a grant from the State for two full-time family reunification specialists, and they have already hired one full time that was previously a case manager from the Office of Children's Services.

Kelly Elbert, the compliance officer over behavioral health programs at the health department re-emphasized their CARF accreditation. They are CARF accredited through May of 2020 specifically with their Community Integration Program with Gathering Place, their crisis intervention with the psychiatric emergency services, mental health and substance abuse outpatient services, and their residential treatment at CYS.

When asked what the Boards could advocate for, the following suggestions were made:

- Housing
- Detox center, residential center, treatment center, transitional housing
- SHARP 3
- The hospital is not receptive to being involved in mental health.

The group fielded questions from Board members and concluded their presentation.

PUBLIC HEALTH UPDATE

Rosie Habeich, director of the North Slope Borough Health Department, opened her presentation speaking as a family member who has seen the treatment of mental illness in her family throughout her life. She stated that short stays for stabilization would not have been effective for her family members.

Rosie Habeich stated that on the North Slope, they have almost a 50 percent denial rate of Medicaid applicants. This 28-page application is difficult for the population of the North Slope to complete. She stated that because of the high denial rates, that will affect doing business having to bill Medicaid as opposed to receiving grants. She also struggles with the concept of paying someone to do Medicaid billing as opposed to that money going out in services to clients.

Rosie Habeich stated that psychiatric beds are very important for crisis management, and sometimes people wait for days for a bed to open up, and the pressure put on entities to turn people out of beds to make room for new people causes people to go into crisis when released. She also noted that they are seeing psychosis at a much younger rate, not just in Utqiagvik, but nationally. She stated that in addition to needing more beds, more money needs to be put towards prevention and education.

Rosie Habeich stated that they are using the Matrix model for substance use disorder outpatient treatment, and they have that program in full swing for both adolescents and adults. She is pleased that the State is encouraging this training statewide so that the statewide system of care is more cohesive and staff are trained using the same model. The North Slope Borough is also trying to build capacity by opening trainings up to community members in the villages. They are

also building capacity by partnering with Ilisagvik College to train people to become PCA providers with an Anchorage-based, consumer-driven PCA provider sponsoring them.

Rosie Habeich talked about the Intergenerational Arctic Ministries and the benefits of the listening way in the villages to deal with crisis management, debriefing, and supporting one another. Often because of inclement weather or lack of available staffing, villagers need to rely on one another, and building the capacity in the villages using the faith-based organizations is essential because their faith belief system is so entwined in villagers' cultural values.

Rosie Habeich then explained the hierarchy within the North Slope Borough Health Department by stating that they have ten programs and are a grantee of the State for public health nursing; Women, Infants and Children; Integrated Behavioral Health; the Gathering Place; support the Hope Community Resources group home; AWIC; a level 2/3 shelter for kids placed at CYS; and they also have a public health officer that is veterinarian because of rabies. The Health Department also has a senior program that includes 36 units of elder housing and a 14-bed assisted living home operated by Arctic Slope Native Association. She also mentioned that they are the only municipality in the state of Alaska that operates the Community Health Aide Program. Most of those programs are run by tribal organizations.

Rosie Habeich stated that she would appreciate support from the boards for IAM and more beds and fielded questions from the Boards and concluded her presentation.

STAFF UPDATE

Alison Kulas stated that she has heard from Board members that they would like to be more informed about the work of staff through more frequent reporting.

Early Childhood

Pat Sidmore stated that the Trust has really begun to tap into early childhood to focus on prevention and intervention. To build off that, he and Alison Kulas were at the Infant and Early Childhood Mental Health Conference, which is now joined with DBH's Youth Mental Health Conference, and he believes it's really become more mainstreamed in the sense that intervention needs to be happening early with children. The 1115 waiver now has a component to be able to serve young children and infants. He stated that the current data is showing that by age 8, one third of Alaskan children have had a report of harm to OCS, although all reports of harm may not be substantiated.

Pat Sidmore reported that he has a seat on the Governor's Early Childhood Coordinating Council (ECCC) and is the data coordinator for that group. He is working with a Public Health intern right now to develop the data to a website to tell the story of what's positive for children prenatally until the age of 8, and highlight those things that build successful children and families. He stated that this work is also building off some of the work they have been doing around ACEs.

Pat Sidmore reported that they attended a presentation by Walter Gilliam from Yale discussing that the age a child is most likely to get expelled from school in the United States is age 4, and at

a rate of 20 times higher than K through 12. He stated they have been working with thread, the Department of Education and Early Development, and the Association for the Education of Young Children (AEYC) to work on a survey to determine the stress that childcare workers and preschool teachers are under. Research shows that children are not likely to be expelled if the teacher isn't under stress.

Trauma-Informed Schools

Pat Sidmore stated that they are working with Sharon Fishel on trauma-informed schools. The Boards convened the Department of Education and the Association of Alaska School Boards as well as other partners to develop a framework for trauma-informed schools for Alaska. He stated that there is a national framework coming out, and Pat will be attending an upcoming meeting on behalf of the Department of Education. He stated that Alaska has created a draft framework that may come out to the public within a few weeks.

Pat Sidmore reported that they helped put together a pilot on trauma-informed schools in Juneau funded by the Trust, DBH, the Boards, and a community foundation using the Collaborative for Learning Educational Achievement and Resilience (CLEAR) model for three elementary schools for three years. After receiving a three-hour training at the beginning of the year that the school staff requests, the consultant comes back to the school every month for two days to assist teachers if the consultant is invited into their classroom. He stated that the initial research on this model is about a nine percent increase in reading scores as well as decreases in absenteeism.

Pat Sidmore stated that he continues to flesh out the white paper on trauma-informed care.

Board members and staff discussed the effect of schools doing ALICE drills while being trauma-informed schools and the effects the ALICE drills have on trauma-affected students.

Medicaid Reform

Bev Schoonover stated that it was great that the Department allowed the Boards to be a part of the 1115 waiver consultations and planning meetings. They were able to offer suggestions and ideas for the 1115 and were able to organize and attend the public comment periods as well as edit the final format.

Bev Schoonover stated that included in the waiver application were the target populations of substance use, severely emotionally disturbed, transitional-aged youth, substance use disorder adults to age 64, and adults 18 to 64 with severe mental illness. She stated that the waiver application has been submitted, and negotiations are happening between the State and Centers for Medicare and Medicaid Services (CMS).

Bev Schoonover stated that DBH wants to provide funding to an Administrative Services Organization (ASO) to handle all of the administrative services for all of the behavioral health services in the state, including API. DBH is currently working on an RFP. The Boards have provided suggestions and feedback into this process as well. She stated that there is going to be some sort of advisory board or consumer board associated with the ASO, and there may be opportunities for these Boards to comment on that.

Medicaid Work Requirements/Medicaid Funding

Bev Schoonover stated that staff has been following the new legislation regarding Medicaid work requirements as well as Medicaid funding bills.

Incident Command Structure/OSMAP

Bev Schoonover stated that after Kate Burkhart's departure, she took over as a temporary statewide interagency liaison for the Incident Command Structure, which is being led by Public Health. Alison Kulas has now taken over that role. Bev stated that she has also been working with the Office of Substance Misuse and Prevention by attending some community meetings they have held as well as providing guidance on the statewide strategic plan. She noted that Pat Sidmore, Alison Kulas, and Gunnar Ebbesen will be participating in that group to create the opioid strategic plan. Alison Kulas added that OSMAP is also developing some public education materials and PSAs and do more stories of recovery. She stated that she will request suggestions and opinions of Board members regarding those materials.

API

Bev Schoonover stated that she and Alison Kulas are working with the Trust, Faith Meyers, and Dorrance Collins on specific recommendations for a statewide grievance policy for psychiatric facilities. The Boards' staff will also be involved in the API workgroup and hope to be a part of the forensic feasibility study.

Opioid Research Symposium

Bev Schoonover reported that she attended the Alaska Native Tribal Health Consortium Opioid Research Symposium for Alaska Natives. It consisted of elders, doctors, and researchers and was a four-day conference. The purpose was to generate which research questions could be presented to the National Institute of Health to receive funding for a variety of projects they are interested in.

Other Activities

- Researching and writing for legislative activities
- Following the Trust resource management activities
- Following issues with the Division of Juvenile Justice.

Alaska FASD Partnership

Teri Tibbett stated that she works year round with the Alaska FASD Partnership, which is a statewide advocacy organization that meets monthly. They are currently working on a five-year strategic plan for addressing FASD in the state of Alaska. This effort is being lead by the Governor's Council on Disabilities and Special Education (GCDSE) in partnership with all the FASD partners in the state. Teri stated that she is the chair of two of the workgroups under this effort. The areas the five-year strategic plan is addressing include:

- Primary prevention of FASDs
- Screening and diagnosis of FASD
- Early childhood and education
- Systems transformation and navigation - Teri Tibbett, chair
- Community outreach and engagement – Teri Tibbett, chair
- Workforce development.

Criminal Justice Reform

Teri Tibbett stated that in the criminal justice reform effort, there have been a lot of things happening to better serve people with substance use disorders and mental illness. She referred members of the Boards to an action alert she sent them that details what SB 91 did for their beneficiaries. She stated that she listens in on the Criminal Justice Working Group and participates in the behavioral health workgroup. She also sits in on all the meetings of the Alaska Criminal Justice Commission.

Board members engaged in a discussion regarding myths and misinformation regarding SB 91, and Teri Tibbett encouraged members of the Boards to educate themselves, particularly around the myth that early release of potentially violent offenders by police officers was the result of SB 91, which it wasn't. Alison Kulas stated that Board members should also acquaint themselves with the programs that have been enhanced or expanded as a result of SB 91.

Legislative Advocacy

Teri Tibbett stated that she is also the legislative advocacy coordinator, which will be addressed in the next section of this meeting.

LEGISLATIVE UPDATE

Alison Kulas stated that she has been actively involved in the legislative process since she began working with the Boards. She would like to see the Boards become a little more proactive in terms of the legislation they want to see pushed forward.

Teri Tibbett led Board members through a review of their legislative handouts and the Mental Health Trust budget bill spreadsheet as well as the bills of interest to the Boards. She stated that once the legislative session is over, she will compile a comprehensive report for Board members.

Teri Tibbett further discussed HB 312, Crimes against medical professionals, and stated that the Boards offered suggestions on other ways to deescalate people with mental health issues that could be implemented in hospitals. They also noted that HB 312 and the budget item related to SUD treatment and community supports were items that went hand in hand. She and Alison Kulas educated legislators that if HB 312 is passed, the budget item should be as well. Alison stated that they also educated people that increased hospital stays because of lack of access to beds at API is also a factor in the escalating violence. She stated that the issue is much more comprehensive than what it appears to be at face value, and they need to look at all the other things they can put forward to alleviate some of the stress on the system.

Board members and staff also discussed SB 198, Long Acting Reversible Contraception (LARC) study. Teri Tibbett stated that the bill would provide data on LARC and inform future state public planning regarding a process by which LARC could be offered to women who just had a baby and admit to using substances. If the bill passes and they do move forward with the study, a focus group will be convened to design the study and set the parameters.

Alison Kulas addressed SB 76, Alcohol beverage control regulations. She stated that originally it was introduced to be the Title IV rewrite bill, and it didn't get much traction last year. This year there has been a lot of collaborative effort to rewrite this legislation, and after the hearings for SB 76 and its companion HB 357, people are feeling comfortable that this bill will pass. She is hearing that the House may accept the Senate bill.

Alison Kulas suggested that the Boards consider reviving a legislative committee to help figure out the legislative priorities of the Boards. Teri Tibbett also noted that Alison Kulas will be one of the executive directors that assists the Trust in determining which joint advocacy priorities the beneficiary boards will advocate for next year.

Alison Kulas asked Board members to let her know if they would be willing to testify or be called upon to participate in legislative activities.

BOARD DISCUSSION

Topics of Interest

- **Form a workgroup around API regarding:**
 - Complex behavior treatments
 - Coordinated entry system for housing and homeless priority list for housing
 - General Relief funding to get people into assisted living
 - Streamlining.

Board members discussed the formation of a workgroup regarding the issues within API. Alison Kulas stated that Mike Abbott with the Trust would like the Boards to develop a report of recommendations regarding the system as a whole and how the pressure can be relieved. A letter of invitation will be sent out to members of the Boards for volunteers to participate in this workgroup.

- **Executive Committee meetings should include the full Board**

It was suggested that all Board members be invited to participate in Executive Committee meetings, but when it comes time to vote, only Executive Committee members are allowed to vote.

Michael Kerosky **MOVED** that the Executive Committee meetings from now on should be held open to all Board members for their input and their discussion; and in the end, the Executive Committee retains decision-making powers, **SECONDED** by Sharon Clark. Hearing no objection, the motion **PASSED**.

- **Focus on mental health in colleges.** Proposal for an allowable leave of absence from college and still retain grades, scholarships, and other financing.

Board members discussed which entity to target for advocacy for such an issue. Staff can research this issue for the Boards to be able to provide some recommendations to the Board of Regents.

- **Recommendation to pass the list of suggestions to the Executive Committee to strategize some priorities.**

Board members agreed that the Executive Committee can take whatever priorities are generated at this meeting as well as future feedback to strategize priorities.

Additional suggestions included:

- **Peer support**
- **Marijuana bars/salons**
- **Support system for family members – statewide family advocacy network**
- **Lack of detox centers statewide.**

Next Meeting Location

Michael Kerosky **MOVED** to have the fall meeting in Kodiak, **SECONDED** by Renee Schofield. Hearing no objection, the motion **PASSED**. The Boards will defer to staff to determine dates and venue.

Spring Meeting Location

Robert Coghill **MOVED** to have the spring meeting in Juneau, **SECONDED** by Charlene Taufest. Robert Coghill **AMENDED** the motion to add that the focus of the meeting will be to explore the services being offered in Juneau, **SECONDED** by Michael Kerosky. Hearing no objection, the motion **PASSED**.

Teleconference Meetings

Board members discussed the past history of unsuccessful full board telephonic meetings. Their previous action item of opening up monthly Executive Committee meetings to all Board members seems to negate the need to convene a quarterly telephonic meeting. If there is a big issue that comes up that requires the attention of the full Boards, a telephonic meeting can be noticed at any time.

Ex-Officio Board Members

Robert Coghill **MOVED** to encourage participation of ad hoc members such as the Department of Education, Department of Corrections, Division of Vocational Rehabilitation, and secure travel funds for them if appropriate, **SECONDED** by Renee Hoffard.

During discussion, Pat Sidmore stated that it is the obligation of those departments to fund the ex-officios for these meetings. In the past, the Boards could occasionally help out if an ex-officio was available to attend but couldn't get the funding from their department. It was suggested that staff check with the ex-officios to determine what is preventing them from attending meetings. Clarena Bellinger noted that for this meeting, there were conflicts that came up for the absent ex-officios.

A vote was taken, and the motion **FAILED**.

FINAL COMMENTS AND ADJOURN

Board members shared their thoughts on the meeting and suggested additional priority areas for moving forward as noted in an earlier section.

Some comments related to things they could consider for future meetings included:

- Have a meeting in conjunction with AFN's Elders and Youth Conference
- Speak to community members in smaller groups on a more personal level to find out some things about the community that people may not be willing to share in front of a large audience.

Robert Coghill **MOVED** to adjourn, **SECONDED** by Renee Hoffard. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 4:50 p.m.

MOTIONS

1. Philip Licht **MOVED** to add the officer election of the ABADA chair to today's agenda, **SECONDED** by Michael Kerosky. Hearing no objection, the motion **PASSED**, Page 8
2. Michael Kerosky **MOVED** that the Executive Committee meetings from now on should be held open to all Board members for their input and their discussion, and in the end, the Executive Committee retains decision-making powers, **SECONDED** by Sharon Clark. Hearing no objection, the motion **PASSED**, Page 20.
3. Michael Kerosky **MOVED** to have the fall meeting in Kodiak, **SECONDED** by Renee Schofield. Hearing no objection, the motion **PASSED**. The Boards will defer to staff to determine dates and venue, Page 21.
4. Robert Coghill **MOVED** to have the spring meeting in Juneau, **SECONDED** by Charlene Tautfest. Robert Coghill **AMENDED** the motion to add that the focus of the meeting will be to explore the services being offered in Juneau, **SECONDED** by Michael Kerosky. Hearing no objection, the motion **PASSED**, Page 21.
5. Robert Coghill **MOVED** to encourage participation of ad hoc members such as the Department of Education, Department of Corrections, Division of Vocational Rehabilitation, and secure travel funds for them if appropriate, **SECONDED** by Renee Hoffard.

During discussion, Pat Sidmore stated that it is the obligation of those departments to fund the ex-officios for these meetings. In the past, the Boards could occasionally help out if someone was available to come but couldn't get the funding. It was suggested that staff check with the ex-officios to determine what is preventing them from attending meetings. Clarena Bellinger added that for this meeting, there were conflicts that came up for the absent ex-officios. A vote was taken, and the motion **FAILED**, Pages 21 - 22.

6. Robert Coghill **MOVED** to adjourn, **SECONDED** by Renee Hoffard. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 4:50 p.m., Page 22.