

Advisory Board on Alcoholism and Drug Abuse Alaska Mental Health Board

Quarterly Board Meeting Minutes
Kodiak, Alaska

October 9 - 11, 2018

ABADA Members Present:

Cathy Bishop
Lee Breinig - telephonic
Dr. Enlow Walker
Gunnar Ebbesson
James Duncan
Monique Andrews
Philip Licht
Renee Schofield
Robert Coghill
Sydney Atwood

AMHB Members Present:

Brenda Moore-Beyers
Christopher Gunderson
Elizabeth Schultz
Joanna Cahoon
Renee Hoffard
Sharon Clark
Charlene Tautfest
Michael Horton
Jaye Palmer
Stephen Sundby

ABADA Members Absent:

Joanne Schmidt - excused
Michael Kerosky - excused

AMHB Members Absent:

Bree Swanson - excused
Rebecca Petersen - excused
Rachelle Stockman - excused

Ex-Officio Members Present:

Adam Rutherford

Staff:

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

Ex-Officio Members Absent:

Gennifer Moreau-Johnson
Sharon Fishel
Cathy Stone
Cindy Murphy-Fox

Minutes Prepared by: Paula DiPaolo, Peninsula Reporting

Tuesday, October 9, 2018
CALL TO ORDER – 9:30 a.m.

Board members introduced themselves and disclosed conflicts of interest.

ETHICS DISCLOSURES

Lee Breinig	Works for a community service provider that receives funding from the State, the Trust, and the federal government. Is also a voting shareholder with Sealaska and Kavilco.
Sidney Atwood	Doing contract work with Partners Re-Entry Center, Partners for Progress, Anchorage.
Cathy Bishop	Nugen’s Ranch, state-funded grant agency.
Robert Coghill	Part owner in a liquor store in Nenana.
Gunnar Ebbesson	Family members are receiving State funding.
Dr. Enlow Walker	Bills Medicaid for direct patient care. On the Fairbanks North Star Borough Health and Social Services Commission, which receives State funds.
Brenda Moore-Beyers	Co-founder and on the board of Christian Health Associates, which receives State grants and is a Medicaid provider.
Charlene Tautfest	On the board of Peninsula Community Health Services, AMHB representative to the API governing body, which receives Medicaid.
Joanna Cahoon	Disability Law Center, which receives federal grants and a State grant that funds developmental disability work.
Elizabeth Schultz	Family member that has mental illness, Office of the Governor, community and non-profit liaison.
Stephen Sundby	On the board of Cordova Family Resource Center, which receives State funding.
Philip Licht	Set Free Alaska, which receives State grants and bills Medicaid. On the Recover Alaska steering committee, which receives State funding. On the Rock Mat-Su steering committee, which receives Trust funding.
Christopher Gunderson	Denali Family Services, which receives State grants and bills Medicaid. Does occasional work for ANTHC.
Jaye Palmer	Medicaid recipient.
Michael Horton	Community and family services division director at Chugachmiut, which receives State grant funding.

The other members of the Boards had no conflicts to declare.

APPROVAL OF THE AGENDA AND MINUTES

James Duncan **MOVED** to approve the agenda, the minutes from the September 2017 meeting, and the minutes from the May 2018 meeting, **SECONDED** by Philip Licht. Hearing no objection, the motion **PASSED**.

REVIEW NEW AND OLD BOARD BUSINESS

Board members developed a list of items they will discuss under new business as follows:

- Candidates forum
- API requests for information – CMS report and OSHA reports
- Housing update
- College mental health
- Peer support
- Peer certification process

REVIEW OF BOARD NOMINATIONS PROCESS

Members of the boards discussed the election process that will take place during this meeting. Alison Kulas reviewed the board member packets and highlighted board member ethics.

TRADITIONAL AND COMMUNITY WELCOME

Taletha Gertz welcomed board members and introduced herself as a program administrator for the Native Village of Afognak. She stated that the Native Village of Afognak offers the following programs:

- Dig Afognak – youth cultural camp.
- ICWA, which is the referral service through OCS.

Pat Branson, mayor of the City of Kodiak, welcomed board members and stated that in addition to being mayor, she is also the executive director for the Senior Citizens of Kodiak.

Pat Branson stated that one of the projects she has been working on with Kodiak Island Borough Mayor Dan Rohrer is the Mayors Summit on Drugs Community Coalition, which has been going on for about two-and-a-half years and started from the Providence needs assessment. She stated that they brought in other statewide partners and developed action steps. She noted that the Boards will receive a more in-depth report later on at this meeting. She added that they have been advertising the Boards' community meeting quite a bit around Kodiak.

Pat Branson stated that housing is a big issue in Kodiak because of the high cost of housing and the limited availability of low-income housing. A large number of low-income residents work in the fish processing arena, and fishing is the major industry in Kodiak.

Megan Christiansen, council chair for the Native Village of Afognak and Kodiak Island Borough employee, welcomed Board members to Kodiak. She noted that there are many good programs in Kodiak and good people in the community, but they are still lacking in some ability to support the community in the areas of mental health and substance abuse.

When discussing services available in the community and sites the Boards planned on visiting, it was noted that Kodiak Area Mentorship Program (KAMP) is a fairly new program that has made

good inroads in assisting people struggling to maintain their sobriety. Pat Branson stated that she will invite a representative from KAMP to attend the community discussion.

Pat Branson also noted that the Kodiak Police Department works very collaboratively with all of the different community groups around town.

Taletha Gertz stated that the Sun'aq Tribe has held workshops on suicide prevention both in the community and within the schools.

Rebecca Shields introduced herself as the director of the Kodiak Women's Resource and Crisis Center. She stated that they work to try to get more of a holistic approach from the community wide area to bring in wellness and healthy living. They have been recently meeting with the school superintendent to find a way to bring these things into the schools on a regular basis.

Lynn Squires-White, from the Division of Behavioral Health, stated that she manages Kodiak Area Native Association (KANA) and Providence Kodiak. She noted that Kodiak is running Parenting with Love and Limits, which is an evidence-based program supported by the State of Alaska. Lynn stated that there is a community action planning meeting that the DBH agencies are required to do, and they bring in many other community partners to identify gaps.

COMMUNITY DISCUSSION – LOCAL BEHAVIORAL HEALTH EFFORTS

Bev Schoonover introduced the following community members that will participate in the community discussion:

- Mary Guilas-Hawver – Director - Providence Kodiak Island Counseling Center
- Jessica Cotton – Executive director – Kodiak Community Health Center
- Jessica Kell – Behavioral health director – KANA
- Jason Fox – High school counselor – Kodiak Island Borough School District
- Kim Saunders – Assistant special services - Kodiak Island Borough School District
- Donna Ruch – Secretary of the Kodiak Area Mentor Program (KAMP)
- Lynn Squires-White – Division of Behavioral Health

Providence Kodiak Island Counseling Center (PKICC)

Mary Guilas-Hawver stated that PKICC has always primarily provided outpatient mental health services, psychiatric emergency services, and school counseling services. In 2004 they merged with Safe Harbor for inpatient substance abuse services, and since that time have been providing both mental health and substance abuse services. The services they offer include:

- Outpatient clinics for all age groups, including individuals, families, and couples' therapy.
- Psychiatric evaluation
- Pharmacologic management
- 24/7 psychiatric emergency services

- On call 365 days a year for the entire Kodiak Island archipelago, and it includes voluntary hospitalizations and involuntary commitments.

The Community Support Program offers:

- Services for chronically mentally ill adults and severely emotionally disturbed youth.
- Case management, skill development, group, individual, employment support, recipient support services, medication monitoring, and family support services.

Mental Health Clinicians in the School Program:

- Serve all students in the Kodiak Island Borough archipelago primarily in the middle and high schools and in the elementary schools when there is a crisis.
- The Kodiak Island Borough School District has hired counselors in the school and they are employees in the elementary schools.

Behavioral Health Clinicians in the Primary Care Setting:

- Clinicians embedded in the Kodiak Community Health Center (KCHC). PKICC works together with them to provide screening, referrals, warm handoffs, group therapy, and emergency services.
- Clinician works directly with KCHC medical providers to assist patients with their behavioral health needs.

Safe Harbor Program:

- Serves adults and youth by providing intensive as well as less intensive outpatient services. They go by the ASAM criteria Level 2.1 intensive and Level 1 outpatient.
- They offer anger management, moral recognition therapy, education, Primed for Life, and ADIS.

Other programs offered through PKICC include:

- Alcohol Safety Action Program
- Drug screening/UA
- Outreach services
- Work with the Brother Francis Shelter, Kodiak Women's Resource and Crisis Center, Kodiak Public Library, Salvation Army, and other places they know where people who are homeless or have mental health issues are frequently staying in.
- Community health fairs, drug forums, and memberships in different civic organizations in town.

Kodiak Community Health Center (KCHC)

Jessica Cotton stated that KCHC is a federally qualified health center, and they are also a private non-profit. They provide primary care, and they integrate a lot of services in-house for patients who are primarily underserved or uninsured. They work with PKICC, which has a therapist placed inside KCHC to do a warm handoff and to do a brief interventions model as far as an integrated behavioral health model. Their goal is to grow that model into having two staff.

Jessica Cotton stated that KCHC is working on their medication assisted treatment (MAT) program for opioid addiction, and they are slated to start by the first of the year. They are hoping to be successful by offering their MAT program with Suboxone treatments in the primary care setting.

Kodiak Area Native Association (KANA)

Jessica Kell stated that KANA has been in existence for about 53 years. Originally they were only providing services to Alaska Native beneficiaries in the region. In 2015 they received a HRSA grant to open their doors to all members of the community. They now provide services to all six islands in the region, the beneficiaries in the City of Kodiak, the veteran population, and the Coast Guard. They have two primary care clinics to serve all populations. They have a staff of seven clinicians to provide behavioral health care. They have two integrated clinicians in each of the clinics that provide behavioral health consultation and integrated care. They have a substance abuse program that has three counselors and one clinician providing substance use outpatient and IOP treatment. They also have their MAT program that has been running for almost two years.

Jessica Kell stated that they have about seven to ten people at any given time that are enrolled in the MAT program. The MAT program is also tied to their outpatient substance use program. Since January they have had 850 encounters individually in the outpatient setting, and 699 encounters in group. They are providing Suboxone treatment and Vivitrol treatment for patients recovering from alcohol.

Kodiak Island Borough School District (KIBSD) – Kodiak High School

Jason Fox stated that there are three high school counselors that work for the school district at the high school; there is one middle school counselor; and there is a school counselor assigned to each elementary school. As a school counselor, his responsibilities are to help students with academics, personal issues, social issues, and career planning. He stated that he is the first line of defense in terms of concerns of parents or students, and he is able to then make referrals to his community partners.

Kim Saunders stated that KIBSD special services works primarily with special education counseling. Her area of specialty is in early childhood services, and of great concern to her are the behavioral health issues in Kodiak and the impact of those things on small children. She stated that Kodiak has seen a 380 percent growth in the last six years of 3 to 5 year olds who are qualifying for services because of their prenatal exposure and postnatal exposure to trauma. She stated that KIBSD has an initiative to look at social emotional learning and trauma-informed services for children. She stated that they can't even get to basic educational curriculum because students are coming in without their basic needs met.

Kodiak Area Mentor Program (KAMP)

Donna Ruch stated that KAMP began as a need to address the homeless and disenfranchised people of Kodiak that were homeless and living in the church. She learned on the job by reading

books and connecting with local and statewide resources such as Brother Francis Shelter. She and her husband were part owners in a Brother Francis Shelter, and the church no longer provided that service. Then through some local connections in 2014, the concept of KAMP was founded as a ministry program to go into the jails to encourage inmates to change their lifestyles. Inmates needed to want to talk to KAMP mentors; mentors didn't impose themselves on inmates. The male mentors visit male inmates; and female mentors visit female inmates. They will also accompany people to court for support, but not to speak on their behalf. Mentors also offer to pick people up from jail to take them to a safe place. They encourage newly released inmates to do the work for themselves on the outside, and mentors support them when needed.

KAMP has started a Friday night support group downstairs at the Community Baptist Church from 6:00 till 8:00. During that time they would have videos or testimonies from speakers from different agencies. They have had classes on setting boundaries, and Donna recently did a video series about how to get rid of the negative thinking in your head. They started offering meals to people during the groups, and the meals are donated. They average about 30 to 40 people during the support groups, and they provide free child care.

Division of Behavioral Health

Lynn Squires-White stated that one of the populations they are focusing on and defining right now with the 1115 demonstration waiver is the OCS-touched population. The children don't have to have a substantiated report of harm, just be touched by OCS.

Lynn Squires-White stated that DBH will have a website that lets providers know where there are substance use disorder treatment beds available in the state through a program called Open Beds. It will allow treatment providers and emergency rooms to view where beds are open and what kind of treatment is available. This is the same software that is connected into DBH's prescription monitoring program.

Lynn Squires-White stated that there is a pediatric grant to provide pediatric mental health care. It will allow primary providers or prescribers to have connections to Seattle to have psychiatric consultation on call all the time. This will start up in September.

Panel Discussion

Members of the Boards introduced themselves to panelists. Questions were posed to the panelists, and highlights from the discussions are as follows:

- Karluk school is looking to close, and they receive their behavioral health services through KANA. When a rural school closes, it's devastating to a remote location. The families who stay in the village have access to correspondence school, and those students on an IEP receive special education instruction on a more consultative level.
- KANA and Providence are collaborating with each other, but because of funding cuts, their services are not as robust. They now only have two counselors embedded in the middle school and high school and are supporting the other school counselors in an emergency or crisis. They also attend to village students, and they are exploring telehealth. Behavioral health aides are also located in every village with a clinic, and

some of the crisis protocols for the behavioral health aides have been put in place to respond to the school when there is a need.

- KPICC is in need of funding.
- When a school closes in a village, the community often loses bandwidth as well.
- Many of the rural locations receive services such as speech and language therapy through telehealth, and the feedback has been very positive. Telemedicine is a good back-up plan, but PKICC still prefers to have someone face to face, if possible, to provide services.
- A consideration for Kodiak in the beginning stages of their MAT in the community is that the medication is finding its way to the street, similar to what is happening in Fairbanks. The focus in Kodiak is on getting past the fear of “what if” and focusing on making as much access as possible and giving programming a chance, but there would be consequences to patients who do not comply with their therapy requirements and seek drugs elsewhere.
- At the Kodiak Summit, a needle exchange was discussed, but nothing is happening yet. Public Health will be looking into what they can start doing with needles in terms of harm reduction.
- Would like to see a methadone clinic in Kodiak.
- Need to be sure Kodiak doesn’t overlook that research shows that MAT must accompany psychosocial treatment. Kodiak is trying to be cautious in their planning for rolling this out.
- The reasons for the dramatic increases of referrals from Office of Children’s Services for young children exposed to trauma are unclear. Although, the Infant Learning Program in Kodiak is overwhelmed with referrals, and a lot of the families served are impacted by generational drug use. There are also increases in the rates of children referred with neurological and developmental disabilities.
- Would it be a fair question to consider that the increase in referrals for children’s services would be as a direct result of systems now being in place that weren’t available in the past? It is believed that in Kodiak it isn’t the results of systems in place, it is an increased need.
- OCS in Kodiak could use support from these boards. Due to a lack of funding, the organization isn’t as healthy as it could be.
- At the Kodiak High School there are about 13 or 14 students that qualify for the McKinney-Vento Youth in Transition program. Sometimes students are homeless because their rural school closed down and the students transitioned into Kodiak, without their families, to complete high school.
- Kodiak is unable to respond to supporting parents who are in treatment programs who want to do a better job parenting. There is money available to support the child, but nothing to support the parents.
- Recently wrote a grant to DEED for a parent training center in Kodiak to support families of young children.
- Economic issues are prevalent in Kodiak.
- Between January and April there were 25 individuals referred off Kodiak Island for residential treatment. Kodiak desperately needs residential or day treatment in Kodiak, but the current infrastructure doesn’t support that. There are also no places or options for kids on the island and they are referred to Anchorage most often.

- If API is full and Kodiak needs to refer someone, oftentimes people are kept at the hospital for sometimes as long as two to three weeks. Children are also held at the hospital until they can be referred to North Star, and the nurses comment that they are babysitters.
- OCS has been working on training people to become therapeutic foster homes, and there is a huge need. But as far as the panel knows, there are no therapeutic foster homes.
- It was noted that the last legislative session, there was a \$12 million increment specifically allocated for substance abuse treatment across the state.
- There are no peer support specialists in Kodiak.
- DBH will be putting out a guidance document soon for school-based services because CMS has made it clear that clinic services can't be provided in the schools and Medicaid be billed for it.
- Training and retention of qualified people in Kodiak is a problem.

SITE VISITS

Board members engaged in site visits to:

- Kodiak Women's Resource and Crisis Center
- Brother Francis Shelter Kodiak, Inc.
- KANA
- Kodiak Senior Center
- Providence Community Support Program
- Kodiak Housing Authority – Life Builders Program

RECESS

The meeting recessed at 2:58 p.m. to attend site visits.

Wednesday, October 10, 2018 **CALL TO ORDER – 9:00 a.m.**

ANNOUNCEMENTS

Brenda Moore-Beyers read a recent e-mail she received from Senator Sullivan's office regarding recent federal legislation that passed. The act is entitled "Support for Patients in Communities Act," and in it includes a Sullivan-backed provision to lift the decades' old institutions for mental disease exclusion, which restricts states from using federal Medicaid dollars to pay for treatment at residential mental health or substance abuse facilities with more than 16 beds. The final House/Senate package lifts this prohibition for five years so more Americans can access services at inpatient facilities. The legislation is on its way to the President.

Brenda Moore-Beyers also announced that North Star is opening Arctic Recovery, which is an intensive holistic treatment program dedicated to individuals 18 years or older in need of detoxification and/or rehabilitation for substance abuse. The services they will provide include no-cost assessments, individual and family therapy, recreational activity therapy, psychological

testing, medical care and detoxification, 24-hour nursing and medical care, medication management and education, dietary services, and nutritional classes and psychiatry.

SITE VISIT DEBRIEF

Kodiak Women's Resource and Crisis Center

- 25 beds, very nice facility that's been established since the 80's.
- They feel that over time they have created such a collaborative effort in Kodiak that their efforts go a lot further now than a decade ago.
- Lots of collaboration in the community.
- Homier than a hospital setting for a SART examination.
- Women can bring their children in all the way up to late teens.
- They work hard to meet the needs of the clients who come through their doors.
- They also help men by getting them into hotels.

Brother Francis Shelter Kodiak, Inc.

- Set up very well and works closely with the women's shelter.
- They have private funding for homeless families or families at risk for homelessness to assist with rent or a rental deposit. They have helped over 300 families this past year to avoid them becoming homeless.
- They have a lot of concerns about the canneries in town bringing in people from out of state or out of the country to work here because it takes away jobs and hours from low-income families.
- They don't turn people away based on space.
- They have a room set up for 12-Step AA that looks like it can hold 20 to 30 people.
- The shelter is currently not at capacity and the gender division is 10 males to 1 female because most of the women go to the crisis center.

KANA – Caroline Street Building

- This is where they do their addiction work and Parenting with Love and Limits.
- They are solid in what they are doing in prevention and are really focused on that. Different staff are focused on different levels of prevention.
- Tour leader specialized in co-occurring disorders, which is a huge need in treatment facilities.

Kodiak Senior Center

- Met with Pat Branson, and the tour was very informative and the facilities are outstanding.
- Award winning center with a lot of heart.
- The different areas for different level of need are clearly defined.
- KAPS transit, which is a transit collaboration through eight different non-profits working together.

- Their inclusivity was very impressive.
- Services at the Senior Center are well thought out and innovative. More senior centers in Alaska should be modeled after Kodiak.

Providence Community Support Program

- Collaborative funding. The building is owned by the borough and is not funded by Providence Hospital. They receive support from the State and grants and bill Medicare, Medicaid, and have city and borough support. The Trust helped them with renovations.
- They offer services to youth and adults. They meet with people daily, weekly, or monthly according to their needs.
- In addition to counseling, they have a nurse on staff to administer and monitor medications.
- Was unclear of the overlap and coordination with KANA. Maybe there is an opportunity to clarify roles in the continuum of care to find some efficiencies.
- The services that were described in the program were excellent.

Kodiak Housing Authority – Life Builders Program

- Transitional living for 18 to 24 year olds. This is a housing authority model, not a mental health treatment program. They have got a lot of solid transition to independence in place there. They help with job readiness, finances, and ongoing education.
- This program has openings.
- They need a bus or some sort of large vehicle.

Other Comments About Community Facilities

- PKICC needs a new building. It's not set up as a mental health facility should really be, and wish they had onsite residential.
- Transportation need is a common theme community wide.

COMMUNITY DISCUSSION – SUBSTANCE MISUSE AND PUBLIC SAFETY

Bev Schoonover stated that the Boards invited this panel to hear Kodiak's perspectives on how substance misuse is interacting with public safety, what is coming into the community, are there any trends or anything new, and if the substance misuse seems to continue regardless of what programs are implemented. Panelists included:

- Chief Tim Putney – Kodiak Police Department
- Sandra Collins-Jackson – Kodiak Mayor's Summit on Drugs Community Coalition
- Monte Hawver – Brother Francis Shelter Kodiak, Inc.
- Special Agent John Walton – U.S. Coast Guard

Kodiak Police Department

Chief Putney stated that heroin and methamphetamine are the two most abused illicit drugs in Kodiak. Heroin came into the community around 2012, and they attribute it to pain relievers, because once those prescriptions became scarce, heroin came in. They have also seen fentanyl in town, and it's becoming more prevalent.

Chief Putney stated that the social impact on the community from drug use includes substantially increased thefts and burglaries. The police department always tries to have a drug detective on staff dedicated to drug investigations. That position works with the Alaska State Troopers and the Coast Guard Investigative Service. Their staffing turnover is fairly high, so that position is not always filled.

Chief Putney stated that the Kodiak Police Department is part of the FBI Safe Streets task force, which hasn't been very active recently, but was very active in 2013 – 2014. Coast Guard Investigative Services have been able to fill that void for KPD. Last year there were several major drug busts in town that included:

- 765 grams of heroin – estimated street value of \$1.1 million
- 812 grams of methamphetamine – estimated street value of \$324,000.
- 117 grams of cocaine.
- 3,500 grams of illicit marijuana.
- 8 opioid pills.
- 9.5 strips of Suboxone.

Chief Putney noted that the price of the street value of drugs has come down a lot.

U.S. Coast Guard Investigative Services

Special Agent Walton stated that as part of the FBI Safe Streets, they work hand in hand with KPD and Alaska State Troopers doing things in the community as well as with their Coast Guard members. The drugs they've seen have become more prevalent in the area.

Brother Francis Shelter

Monte Hawver stated that the Brother Francis Shelter opened in 1991, and their main goal is to keep people alive. They deal with alcohol and drugs every day looking at the long-term view. He stated that they are at a horrible time in America, and it's a heinous disease that they're facing. He stated that a lot of organizations are geared up for it with MAT, and he said that at this time in society, they have to be willing to try everything to keep people alive.

Monte Hawver shared that a correlation he sees is between people's basic needs not being met and substance misuse going through the roof. Canneries in Kodiak aren't hiring locals, and people are having a hard time getting by.

Kodiak Mayors' Summit on Drugs Community Coalition

Sandra Collins-Jackson stated that the coalition is made up of people who are with agencies that serve their particular populations as well as community members who care about the issue. Their motto is: If you want to go fast, go alone; if you want to go far, go together. They understand that they need to work together on these issues to avoid duplication of efforts. They have assembled themselves into the following three committees which are standing committees run by ring leaders:

- Norms Awareness and Prevention – draws the most interest from community volunteers because it tends to focus more on youth rather than on people who are struggling with addiction issues themselves.
- Justice Treatment and Rehabilitation – this group has the most involved, long-range, elaborate objectives.
- Safe, Sober, Supportive Community – finding housing options and support within the community that allows people either in the early stages of recovery or who are re-entering the community to have the support they need to be successful with that. They are looking at an enhanced day treatment/partial hospitalization model that uses secure, supportive, structured housing that provides a stable living environment.

Sandra Collins-Jackson stated that they applied for a HRSA grant that they did not receive, but they were going to use that to bring in a team from Hazelden to train their coalition in the latest iterations of opioid use disorder treatment. They were also going to use it to facilitate administration from agencies to gather to work on the issue. They will continue to seek resources to fund this concept and continue to actively work on their three action plans and recruit volunteers to accomplish the work.

The coalition has been brainstorming ideas about recruitment through workshops for the faith communities.

They plan to reinvigorate the plan on a yearly basis and think of it as a five to seven-year range with the ultimate objective of mental health/drug/family court.

Panel Discussion

Members of the Boards introduced themselves to panelists. Questions were posed to the panelists, and highlights from the discussions are as follows:

- The current business model to bring in cannery workers from outside of Kodiak takes a terrible toll on the resident cannery workers. The effects include families moving away from Kodiak that then affects school base student allocation funding. Another problem was the poor return of fish. Most cannery workers made \$10,000 this year, and the cost of rent in Kodiak can be a couple thousand dollars for a two-bedroom unit. The cannery bought up a housing unit that they turned into a bunkhouse, and they bring in young, strong workers that are unencumbered by family issues and are able to work at a moment's notice.

- Brother Francis Shelter saw 400 laid-off cannery workers when the reds didn't show, and it wasn't unusual to get five or six families a day seeking assistance to the homeless prevention program.
- Kodiak seems to have come a long way in terms of addressing the opioid epidemic.
- They have had approximately five opioid deaths since 2013. They haven't had a death in a long time. They fear that a large batch of fentanyl will come into town, which Narcan does not work for.
- KANA is combining MAT with traditional intensive outpatient and outpatient treatment. They have not yet embraced clinic based, which is why they wanted the Hazelden team to come help them figure out what that would look like in Kodiak.
- Suboxone was introduced into Kodiak by a physician who did not live here, nor did they adequately monitor.
- In terms of policing drug issues in Kodiak, all local, state, and federal entities work collaboratively together. Starting in November they will all be housed under the same roof and form a task force.
- Looking at treatment from the aspect of using MAT along with 12 Step and educating the community as well as introducing the community to Adverse Childhood Experiences (ACEs) in terms of resiliency building as the upfront piece of prevention. The next population they want to educate is the Kodiak Island School District in the next year.
- The Coast Guard and the military as a whole have a one-and-done policy for any type of narcotics use, but they do offer help depending on the member and their command. The USCG has counseling programs, and they can also be sent out to treatment facilities.
- Alcoholism is also an issue in Kodiak, and there are complaints they hear daily about chronic alcoholism downtown. Resulting from chronic alcohol use is then the ongoing domestic violence and family abuse.
- The Mayors' Summit on Drugs Community Coalition would be happy to share their report and materials with the Boards and other communities.
- Because of the closure of the trailer park and other low-income housing, Kodiak saw a homeless crisis. Recently there have been entrepreneurs that have come in to build a 20-unit housing development, and another 30-unit development is also in the works. There will also be another bunkhouse model unit developed from an old hotel to house cannery workers.
- Drugs come into the community in a variety of ways depending on the dealer. Some rely on body carrying, others use FedEx, UPS, USPS mail. Others disguise it along with other product packaging.
- Kodiak city and borough has opted to allow legal marijuana grow and retail facilities, but there are no places open as of yet.
- They are seeing youth using alcohol and other substances from middle school on up.
- The coalition is looking into how they can offer help to students and families during the short window of opportunity they may have to address a problem.
- Trying to deal with students vaping.
- Looking at getting Prime for Life into the health curriculum in the schools.
- The majority of KPD officers have had Mental Health First-Aid training. Their first officer for CIT training is going up to the Valley at the end of October, and they hope CIT will get off the ground here soon.

- Most of the meth in the U.S. is coming up from super labs in Mexico. It has been a long time since they have seen any evidence of meth being manufactured locally in Kodiak.

BEHAVIORAL HEALTH INITIATIVES AT THE DEPARTMENT OF CORRECTIONS

Adam Rutherford stated that Department of Corrections is a unified system of being both a jail and a prison system. That brings a lot of complications about how they manage their systems and how they compare to other states. They are one of six states nationwide that is a unified system.

DOC has 12 facilities statewide with approximately 4,200 individuals incarcerated on any given day. They do approximately 29,000 bookings annually for approximately 17,000 unique individuals. They do approximately 30,000 releases per year, and they have approximately 250 offenders that are housed in their community residential centers. At any given time, they have approximately 160 individuals housed in 15 contract jails. He noted that Kodiak is one of those contracted jails that DOC audits and monitors. At any given time, they have approximately 5,000 people who are out on probation in the communities.

Adam Rutherford stated that they have seen a dramatic shift in the population they are managing, and they are dealing with a lot more pretrial offenders. It's been difficult because there are a lot of limitations on what they can and can't do with pretrial offenders from a mental health standpoint. They are unable to treat mental health issues for pretrial offenders because often their attorneys are telling them to not accept treatment for purposes of legal competency.

Adam Rutherford explained that Health and Rehabilitation Service oversees all the medical, mental health, substance abuse, and sex offender treatment services in DOC. DOC has approximately 52 mental health staff, which include psychiatrists, master's level clinicians, and psychiatric nurses on their inpatient unit. Because of the low numbers of staff, they are doing more crisis intervention and stabilization than long-term treatment or interventions.

DOC also has approximately 42 contract employees for substance abuse services. They do screening and assessment and use the SBIRT model with MAT services in the pretrial settings. They have intensive outpatient programming, residential treatment programming, and community referrals.

Adam Rutherford stated that another thing that has impacted all of the services that DOC provides is that they are seeing inmates coming in who are exceptionally ill that haven't engaged medical services. 30 percent of their population is hep C positive. Because of the extreme cost of treating hep C, they have had to develop criteria in terms of who they can provide services to for hep C based on their symptoms and how long they will be incarcerated to ensure they can finish the course of treatment.

Adam Rutherford stated that up to 75 percent of their female prisoners have been sexually victimized and the trauma they've endured has been pretty horrendous. Every offender that comes through DOC is screened for sexual victimization because of the mandated Prison Rape Elimination Act (PREA). There are also housing guidelines they have to follow based on that as well.

Adam stated that they know through the Trust study that on any given day approximately 65 percent of DOC residents are Trust beneficiaries. Of those Trust beneficiaries identified, 22 percent of those people experience a severe and persistent mental illness. Compared to other general population prisoners of the same age, Trust beneficiaries are 31 percent more likely to have asthma, twice as likely to have high blood pressure, more likely to have tobacco use issues; 55 percent more likely to have diabetes, 90 percent more likely to have or suffer from a heart attack, twice as likely to experience a sexually transmitted disease, and 100 to 300 percent more likely to experience a severe or persistent mental illness. Trust beneficiaries are also more likely to be convicted of felony crimes versus the general population, and their median length of stay is longer often because of their inability to navigate the legal system.

Another trend they are seeing at DOC is people aging within their system and having greater medical needs. They are also seeing people coming in from assisted living homes that are being charged with domestic violence charges that are dementia related. Their 55-plus population is one of the faster growing populations in the prisons, and they have seen a 6 percent increase since 2014.

DOC offers the following related to care:

- Nursing sick calls
- Provider sick calls
- Medical infirmaries for the male populations
- Outside specialty referrals
- Mental health units.

Adam Rutherford stated that DOC does not want to be the largest mental health and substance abuse treatment provider in the state, but they are. They also detox approximately 2,500 individuals a year in their system. They have mental health services that are DOC employees in every facility except three. In Nome, Norton Sound is the provider for inmates while they are incarcerated, and then Norton Sound continues to follow up with them when they are released. The model has been a very positive experience, and DOC has been working with Alaska Native Tribal Health Consortium to replicate in other communities.

DOC has approximately 17,000 formal contacts annually from master's level clinicians and psychiatric providers. Of the Trust beneficiary population that was identified, approximately 70 percent of that population have co-occurring disorders. They have seen a 19 percent increase in severe and persistent mental illness since 2008.

Adam Rutherford stated that of the Trust beneficiary population, approximately 30 percent are females. They have seen almost a 6 percent increase in the number of female beneficiaries requiring inpatient care.

Adam stated that mental illness is having a tremendous impact on DOC, and it will continue to get worse. When they talk about their mental health release programs, they have Assess, Plan, Identify, and Coordinate (APIC). This program is in partnership with the Trust to ensure inmates have a warm handoff upon release. They have funding to provide services up to 90 days pre-

release. They also have the Institutional Discharge Project Plus, which is a program focused primarily on felony offenders that have a psychosis component in their diagnosis. This program allows for a DOC mental health clinician to continue working with individuals along with a probational office when they are released. This program is in the Anchorage bowl and has approximately 90 individuals served at any given time. They also have a mental health discharge planner, which is an Anchorage Community Mental Health clinician embedded in the Anchorage jail.

Other items of interest occurring within DOC include:

- Mental Health First-Aid training of all staff.
- Use of a “blue room” at Spring Creek Correctional and Anchorage Correctional Complex to be used as a mental health “time-out” space.
- Allowing inmates to choose the color of their cells to make them more therapeutic environments.

Adam Rutherford stated that DOC has seen a 65.6 percent increase in admissions to the acute mental health unit for females since FY’08, and they have approximately 18 beds for females. There is a wait list, and people are having to wait in the communities or be placed in segregation to keep them safe. They have no detox unit for females, so female inmates are detoxed in the male infirmary at the Anchorage jail. DOC wants parity for their females, and they have been working on designing a 3,800 square foot mental health unit for females for the past three to five years. It will be a combined mental health/medical unit at Hiland Mountain. The cost of the mental health component is \$2.2 million, and the total project cost overall is about \$4 million. The Trust is going to continue conversations about funding for this.

STATEWIDE DISCUSSION: ALASKA MENTAL HEALTH AUTHORITY TRUST UPDATES

Mike Abbott, CEO of the Trust, introduced Katie Baldwin-Johnson, and also Jerome Selby, who is not only a Trustee, but was also Kodiak mayor for 24 years.

Mike Abbott stated that there was a legislative audit of the Trust that came out in June, and the audit confirmed many of the concerns that had been raised in the late 2016, early 2017 time frame. As a result of the audit’s conclusions and the expectations around that, the Trust took steps to address many of those issues, especially those that dealt with its internal organization, the relationship between Trustees and staff, and relationships between the Trustees themselves. The bylaws were rewritten for the Trust, and charters were created for the Trustees to establish a more traditional and conventional relationship between a board of directors and the staff that is responsible for completing the work. The CEO reports directly to the Trustees, and all other staff members in both the Trust Land Office and Trust Authority Office report directly to the CEO. Trustees and staff are very satisfied with the new structure.

Mike Abbott stated that the Trust is very financially healthy. The Trust began with \$200 million and a million acres of land in 1994. Today they still retain 99 percent of the land they started with, and the money has turned into \$550 million due to the prudence and stewardship of the Trustees and staff over 25 years. Less than ten years ago, the Trust’s programmatic spending

was less than \$15 million. In FY'19, programmatic spending will be around \$25 million, and is expected to be larger in FY'20.

Mike Abbott stated that they are just finishing up the FY'18 financial audit, and it will show significant improvement over the year prior. The Boards should be confident that the funds and land assets entrusted to the board and staff are well managed and well taken care of and will continue to provide a growing base of resources for them to use on behalf of beneficiaries.

Jerome Selby welcomed the Boards to Kodiak. On behalf of the Trustees, he thanked the Boards for the work they do. He appreciates the feedback provided to staff regarding programmatics and their input to budget decisions.

Jerome Selby agreed with Mike Abbott that the previous leadership of the Trust to ensure its growth over the last 25 years was significant. He noted that because a lot had changed during that same time period, it was important that the board look over its internal structure and make some organizational changes. He noted that the Trust is unique in that it is both services to beneficiaries as well as management of land assets, and there is not a lot of common ground between those two. The chain of authority has now been well established, and that has gone a long way towards clearing up communication.

Jerome Selby expanded on additional results of the legislative audit. One of the issues revolved around resource investment in real estate. They are now in talks with the Permanent Fund about different ways of dealing with that, and that should be resolved early next year. Another issue was regarding investing in the Permanent Fund, and that should be resolved by the November board meeting.

Jerome Selby stated that the Trustees have asked staff to bring the board more programs for delivery of more services for next year because the revenue stream will be there. Mike Abbott stated that some of the projects the Trust is looking at to make improvements to the mental health delivery system in Alaska include the Hiland Mountain detox expansion as well as a DHSS crisis stabilization service hosted in Trust-owned facilities. Another project the Trust is working with DHSS on right now is funding the effort to consider alternate locations for the forensic unit, which is currently housed at API. The Trust has also funded an effort to examine the possibility of expanding API. The results of the efforts of the contracted facility planner discovered that API could be expanded by 20 to 25 more beds by examining the site and the physical plant. Mike Abbott noted that this does not mean that the Trust is recommending expansion, but the validation of the facility's ability to expand was accomplished.

Katie Baldwin-Johnson reported that the Trust recently wrapped up their two-year budget cycle. In June they held a fairly large stakeholder meeting to determine whether or not the Trust was on track from the perspective of their partners. During the planning committee meeting in August, they presented their preliminary budgets, received feedback from stakeholders, and made adjustments. They presented the budgets to the Trustees in September who then approved the '20 – '21 budget. The total approved budget was roughly \$31.7 million, which includes the administrative budget and funding that is directly towards authority grants and MHTAAR funding. There was no growth in the administrative spending.

Katie Baldwin-Johnson stated that there was a recommendation that the Trust increase some of the technical assistance contracts that they invest in for non-profit organizations as well as grant writing resources that helps the State of Alaska and partner organizations access funding opportunities.

Kate Baldwin-Johnson stated that the Trust recommended, and the Trustees approved \$600,000 as a placeholder to help ensure funds to work on the crisis psychiatric services issue. They are also ramping up in the areas of early child mental health prevention and early intervention. They have approved \$300,000 of planning and policy funds. Staff will be recommending more of a focus for longer term, positive outcomes for children, youth, and families.

Katie Baldwin-Johnson stated that new staff of the Trust include Kelda Barstad, who works in housing and homeless long-term services and supports; Jimael Johnson, who works with beneficiary employment and engagement strategies; Eric Boyer, who works on the workforce initiative; and Travis Welch, who is working on the disability justice focus area. Autumn Vea has also joined the Trust to work closely with the Boards and the Department on the Comprehensive Integrated Mental Health Program plan. Alison Biastock has joined as the chief communications officer.

Katie Baldwin-Johnson reported on the Trust overarching priorities as follows:

- Medicaid Reform – Trustees have approved \$10 million over five years to support the reform efforts.
- Criminal Justice Reform
- Long-Term Housing Services and Supports – Funding housing coordinators in three communities that are embedded in local government. The intent is to elevate the issue of housing and homelessness into local municipal governments and to coordinate local implementations of practices that are effective in addressing the high vulnerability group of people that should be prioritized for housing opportunities.
- Substance Abuse Prevention and Treatment – Engaged in the Title IV alcohol statute rewrite recommendations. Trust also has allocated funding to explore integrated care models in healthcare settings as well as capacity building in existing treatment provider organizations. The Trust also continues to work with partners in Utqiagvik and the Boards on the I Am Project.
- Disability Justice – The Trust has been involved in re-entry efforts. They are also funding the Alaska Justice Information Center at the university. This effort is looking at the effectiveness of some of the programs that have been implemented to provide feedback on strategies that would be cost effective and effective in general.
- Beneficiary Employment and Engagement – Supported several organizations that are beneficiary led and directed. Also paired technical assistance with grassroots organizations to help them build capacity and stability. Evidence-based strategies for successful employment and Microenterprise are other functions of that focus area. Workforce is no longer a strategy, but the Trust continues to fund the Alaska Training Cooperative approximately \$1 million annually.

Mike Abbott stated that in terms of projects the Trust will fund, they are constantly trying to find the boundary between not supplanting what the State should otherwise be doing. The State

retains, despite the fact that the Trust exists, its constitutional responsibility to provide for the health and welfare of the citizens of the state of Alaska, including its behavioral health. This puts them in the position of trying to do things that make the State more effective. They have funded operational efforts in the past, but they try not to do it on a going-forward basis. Typically the Trust funds tend to be towards expansion of capacity or improvement of systems. Katie Baldwin-Johnson added that any projects funded by the Trust are also examined through the lens of the Trust's current areas of focus.

DHSS AND DIVISION OF BEHAVIORAL HEALTH (DBH) UPDATE

The Boards welcomed Monique Martin, DHSS acting deputy commissioner; Gennifer Moreau-Johnson, DBH acting director; and Duane Mayes, CEO of API, who presented telephonically to the Boards. Monique Martin apologized for being unable to be there in person for this meeting.

Gennifer Moreau-Johnson stated that they are continuing in their negotiations with CMS regarding the 1115 demonstration waiver, and they are hoping to receive approval for at least the substance use disorder component of the waiver soon. She reminded members of the Boards that the purpose and the advantage of filing for an 1115 waiver is that the State can propose innovative ways to get services to beneficiaries as long as the State is neutral to the federal budget. It will also allow them to waive some of the Medicaid rules, such as the prohibition of the 24-hour rate outside of a medical facility. Another is an exemption from the IMD exclusion, which it looks like Alaska will receive for substance use disorder treatment. Alaska will be able to provide Medicaid coverage for adults in facilities of 15 beds or more as long as there is a primary diagnosis of substance use disorder. They have also included in the 1115 waiver services that are targeted for at-risk children and youth, and they are establishing that age range starting at 0. They have also proposed services for individuals who experience severe mental illness, and they have proposed services that will hopefully support a more robust system. DBH has also proposed a daily rate for therapeutic foster care.

Gennifer Moreau-Johnson stated that DBH is seeking to contract with an administrative services organization (ASO). The request for proposals has been released. The proposal is not for managed care, per se, but rather for administrative services support. Gennifer commented that one of the responsibilities of the ASO will be to reduce the administrative burden on providers. She also noted that DBH has a substance use disorder request for proposals out. The legislature appropriated \$12 million to help support substance use disorder treatment and the RFP is due to close on October 19th.

Gennifer Moreau-Johnson reported that they recently hosted public meetings related to Recipient Support Services (RSS), and received meaningful feedback. They are deciding a path forward to honor their commitment to increase reimbursement for behavioral health providers, and they are hoping to see those regulations go forward as of January 1st. What is currently on the table is leaving RSS as is. Monique Martin added that CMS has stated in very specific terms that RSS needs to go away. When the State submits their State Plan Amendment package to CMS, they are looking at proceeding with all of the rate rebasing, except for RSS rate rebasing.

Gennifer Moreau-Johnson addressed the guidance that CMS provided relative to the 30-day measure, not cap, for residential treatment. There is no cap that supersedes medical necessity,

but CMS is interested in seeing the State develop robust community-based services that will allow for step-down services that would then result in a reduction in length of stay.

Duane Mayes introduced himself to the Boards as the previous director for the Division of Senior and Disabilities Services and noted that he has been in his new position as CEO of API for about four weeks. He has spent much of his time meeting with a lot of the staff and scheduling formal meetings with other teams that exist within API as well as outside partners. He wants to demonstrate his engagement with staff as they look to make their corrections and change their work going forward.

Duane Mayes discussed the investigative report that was produced by Bill Evans and the issues API was directed to address by Commissioner Valerie Davidson. One of the issues is the unsafe workplace environment at API. Duane noted that the majority of the injuries occurred to the psychiatric nursing assistants (PNAs), and the bottom line is that API needs more resources. They put together a 50-page document that lays out what they believe to be their needs if they are going to get the hospital going in the right direction, that it's a safe work environment, and that they can reduce the recidivism of patients being readmitted. API was successful in getting approval to hire an additional 82 positions, 47 of them being PNAs. They are also looking to hire additional social workers, clinical psychologists, and forensic specialists.

Duane Mayes stated that API is an 80-bed hospital, and right now they only have 58 beds open. They are at capacity with 49 patients in the hospital. Some of the patients require two-on-one or one-on-one.

Duane Mayes stated that API is currently under a corrective action plan with CMS, and there are multiple findings they are addressing.

SENATOR MURKOWSKI VIDEO

At the request of the Boards, Senator Murkowski prepared a video message, which was played at the meeting.

BOARD DISCUSSION: OLD BUSINESS AND NEW BUSINESS

Comprehensive Integrated Mental Health Plan

Alison Kulas stated that the Boards, the Trust, and the Governor's Council on Disabilities and Special Education are all in the process of revising and updating the existing Comprehensive Integrated Mental Health Plan. The previous plan was from 2006 to 2011, and it has not been updated. The Trustees have encouraged everyone to set a fast-paced timeline so they can get something solidified by the November 15th Board of Trustees meeting and then send it out for public comment. The plan is to have it in place starting for FY'20 for five years. In their planning, they are looking across the life span to use this as a tool to determine what Alaskans need throughout their lives to live as healthy and independently as possible. This should then be their vision for what should happen to support Alaskans and should feed into the legislature as they are thinking about their budget discussions. Alison stated that staff will keep the Boards updated on the plan as it progresses.

FASD Statewide Five-Year Plan

Teri Tibbett stated that the FASD Five-Year Plan is an effort being guided by the Governor's Council on Disabilities and Special Education and involves stakeholders statewide to participate in this effort. The FASD Workgroup has developed a plan that includes the following goals, of which subcommittees have been assigned to meet the objectives under the goals:

1. Primary Prevention of FASDs
2. Screening and Diagnosis of FASDs
3. Early Childhood and Education
4. System Transformation and Navigation
5. Workforce Development
6. Community Outreach and Education.

Harm Reduction/Prevention Efforts

Bev Schoonover stated that she attended a harm reduction workshop with the Alaska Native Tribal Health Consortium (ANTHC). They invited the Manitoba Harm Reduction Network to do the workshop, and their focus is on indigenous communities in Canada to reduce the harm of illicit drug use such as HIV, hep C, overdoses, et cetera, through the use of needle distribution and needle exchange programs. At the needle exchange places are things like food, clothes, water, and people to help connect people who use drugs with resources. Some of the strategies of the Manitoba Harm Reduction Network include:

- Harm reduction networks in indigenous villages that are staffed.
- Peer networks in approximately 10 villages, that peers are all active drug users. The peer networks self-govern, and the peers get paid by the hour to come and talk to people about their experiences and their ideas and contribute to research.

Bev Schoonover stated that the Manitoba Harm Reduction Network has been around for a while and they have a lot of data. She will distribute their information to members of the Boards to learn more about them. She asked members of the Boards to start considering some of these concepts, because she believes there will be some initiatives coming forth from the State with a greater emphasis on harm reduction. She will be doing more research and getting more materials for Board members for their next meeting.

Bev Schoonover stated that she attended the National Conference of Alcohol Misuse and Addiction Disorders put on by NCAD in California, and there were many national speakers. Bev stated that she focused on a couple of topic areas: Sober houses and community and supported living, particularly for women; and elder issues and substance misuse and addiction. She also discussed mild to moderate alcohol misuse with people on the side. She would like to bring those folks up to Alaska or have them present telephonically to the Boards.

Bev Schoonover stated that she attended a prevention conference put on by DBH that was facilitated by Agnew::Beck.

Staffing Updates

Alison Kulas stated that they are working on recruiting for a health planner II to replace Pat Sidmore. She noted that Pat was very strong in the area of childhood trauma, and she wanted to assess from the Boards what they would like to see in terms of strengths in this position going forward. Suggestions included:

- ACEs have been worked thoroughly by these Boards, and that work could be passed along to another entity
- Peer support
- Prevention efforts regarding alcohol and marijuana being gateway drugs that are both legal in Alaska
- There is still much work to do around ACEs and should continue to be a focus with the Boards.
- Need to find a staff person that can be flexible enough to deal with the changing priorities of the Boards
- Also need someone with a firm foundation in being able to read and interpret the law.

Alison Kulas stated that they also received some funding from the Trust to support a one-year research associate III.

Board Elections

ABADA

Robert Coghill presented the following slate for officers for the ABADA board:

- Philip Licht – chair elect
- Cathy Bishop – recorder/treasurer
- Sydney Atwood – at-large

Lee Breinig **MOVED** to close the nominations for the ABADA board executive committee, **SECONDED** by Gunnar Ebbesson. Hearing no objection, the motion **PASSED** unanimously.

Robert Coghill **MOVED** that Lee Breinig advance to the position of chair, **SECONDED** by Renee Schofield. After clarification, it was noted that the motion was out of order because the bylaws state that after one year the chair elect moves into the position of chair.

AMHB

Brenda Moore-Beyers stated that they sent out notices to the Board asking for people to take part in a nominating committee and to express their interest in being on the executive committee. No responses were received besides the current members of the executive committee. As it stands, AMHB proposes to present the same slate for the executive committee for the upcoming year. There were no nominations from the floor. The slate was presented as follows:

- Brenda Moore-Beyers – chair
- Charlene Tautfest – vice-chair
- Stephen Sundby – treasurer
- Christopher Gunderson – secretary
- Sharon Clark – at-large.

Michael Horton **MOVED** to accept the above-noted slate for the executive committee of AMHB, **SECONDED** by Jaye Palmer. Hearing no objection, the motion **PASSED**.

Legislative Priorities

Teri Tibbett distributed the advocacy report that highlights the legislation that passed during the last legislative session. She noted the \$12 million increment that was added to the budget near the end of the session for substance abuse treatment because of public advocacy.

Teri Tibbett reminded the Board members that she is the advocacy coordinator for the Boards first, and approximately 70 percent of her position is dedicated to that. The remaining 30 percent of her job is to coordinate a joint advocacy effort that includes the Trust and the other beneficiary boards. The joint advocacy effort has its own set of priorities that include the areas that cross over all of the beneficiary groups. Last year's joint advocacy priorities were for community support services to keep people out of institutional care, how justice reforms serve Trust beneficiaries, substance misuse across beneficiary groups, beneficiary employment and engagement, and supported housing.

Teri Tibbett asked members of the Boards to review the advocacy report and be prepared to discuss potential priorities for the upcoming session.

PUBLIC TESTIMONY

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

RECESS

The meeting recessed at 7:20 p.m.

Thursday, October 11, 2018

CALL TO ORDER – ROLL CALL – 9:00 a.m.

STATEWIDE DISCUSSION: OPIOID RESPONSE AND STRATEGIC PLANNING

Andy Jones, director of the Office of Substance Misuse and Addiction Prevention (OSMAP), passed along Governor Walker's and Dr. Jay Butler's apologies for not being able to attend this meeting.

Andy Jones stated that a disaster was declared in 2017 and they started focusing on the opioid problem in the state and started tracking fatalities. The numbers of deaths have declined since they started tracking the data, and it went from 141 deaths to 61 deaths. He stated that they have

built over 17,000 overdose rescue kits, distributed about 16,000 of them, and have reportedly saved about 209 lives. Andy Jones credits this to the use of naloxone kits by local and state enforcement agencies. He noted they have some work to do with EMS personnel because of compassion fatigue.

Andy Jones highlighted other activities that have been taking place as follows:

- Drug disposal bags – only one year left of funding for this, so talks have been occurring with organizations taking this on at a local level and challenging large businesses with taking an active role in this response, such as Carrs and Walgreens.
- Working on grants at the federal level on extending the time period for grants coming into the state.
- Worked to expand the DEA data waiver training. There are currently about 300 prescribers in the state who could prescribe MAT services, but a lot of them don't. There are about 100 of them actively working.
- No longer talk about the cost associated with seizures of drugs. They are now reporting seizures in terms of doses.
- Alaska State Troopers seized about 1.5 million doses of meth, heroin, and cocaine in 2017.
- OSMAP has produced a report that is available on their DHSS webpage, and this report will go to the legislature.
- OSMAP is continuing to develop their strategic plan, which was built from the ground up based on community feedback. Dr. Jay Butler is currently reviewing the plan, and then it will go on to the Governor.

Andy Jones shared that OSMAP is tracking 11 grants right now, which equates to 36 million dollars that they have been able to bring to the state. He highlighted the following grants for Board members:

- State Opioid Response Grant from SAMHSA - \$8 million to DBH for enhancement or expansion of treatment. The RFP should be going out soon.
- \$2.5 million from the CDC for prevention activities or first responder activities. One of the activities they will be doing is a collaboration with the University of Washington School of Medicine consult line for providers. They are also going to do a compassion fatigue course.
- Funding RSA'ed to DBH for an open bed IT solution system to track available beds in the state.
- Alaska received a designation from the Office of National Drug Control Policy labeling Alaska as a High Intensity Drug Trafficking Area. This will bring \$5 million into the state annually to help with enhanced intelligence sharing, interdiction, and also prevention services.
- Department of Justice Grant for \$993,000 to form the social autopsy group called the Fatal Overdoses Review Committee. This will allow them to review and analyze their policies and procedures they have in place as well as assist with gap management.

Andy Jones then discussed that they are seeing a shift of agricultural-based heroin going away and being replaced by synthetic lab heroin. He stated that a lot of the heroin production comes from the Golden Triangle, the Myanmar area and Afghanistan. Roughly 375 tons of heroin is flown from Afghanistan to the rest of the world. The global heroin market is valued at \$55 billion annually. There are estimates that Mexico produces 26 metric tons of heroin annually. Black tar heroin is what is typically seen in Alaska.

Andy Jones reported that fentanyl is one of the biggest concerns in Alaska. It is primarily produced and shipped from China and Hong Kong, and is trafficked through routes to the United States, Canada, and Mexico. Many routes for shipment are commercial air and postal. With increasing regularity, heroin found in Alaska is cut with fentanyl, which substantially increases the drug's lethality making it a factor in overdose deaths. Counterfeit products are also showing up in Alaska, and a lot of times they contain fentanyl.

Andy Jones reported that meth use is on the rise in Alaska. He stated that in 2015 they were able to shut down smaller mom and pop single house meth labs, but what they are seeing now is all mass production meth coming directly out of the southern border. It is coming to Alaska in mass quantities with very high purity rates. Recent news has reported that the state troopers and the drug task force have been working very hard against the Hells Angels interdicting quite a bit of meth. He noted that drug dogs have been very influential in detecting the presence of illicit drugs. He commented that drug and alcohol canines have been specifically trained in their own skill set.

Andy Jones stated that Alaska's opioid epidemic response has resulted in an increase enforcement footprint with:

- DEA Division Task Force
- State Drug Enforcement Unit
- Drug Dogs
- Statewide Drug Prosecutor
- Alaska's High Intensity Drug Trafficking Area Designation.

Andy Jones stated that OSMAP had a tasking from the Governor to get an understanding of what was going on across the state when it came to Suboxone diversion. He stated that he focused on the prison systems, and he believes a solution for the correctional system would be to provide full MAT services to take away the demand behind the walls. In the community, though, it's a lot harder to track. His recommendation is to ensure physicians coming into the state are being trained that MAT needs to accompany a good treatment plan and a warm handoff for further follow-up services.

Andy Jones explained that they have been partnering and have created an MOU with 4A's in Anchorage and the Valley to collect spent needles for testing to determine what kinds of drugs are being used in the communities. They are also hoping the 4A's can assist with fentanyl test strips.

Andy Jones noted that spice is still a major problem in the Anchorage area among the homeless population. It is still Anchorage EMS's biggest problem when it comes to transport. He noted that he is engaging in some research to see if naloxone has any effects on spice overdose.

Andy Jones fielded questions from members of the Boards and concluded his presentation.

ALASKA BEHAVIORAL HEALTH ASSOCIATION (ABHA) UPDATE

Jerry Jenkins, chief operating officer of ABHA, reviewed with Board members the ABHA leadership and noted the diversity from across the state representing tribal, adults, and youth. ABHA represents over 60 organizations with executive leaders from mental health and substance abuse treatment providers serving Alaskans statewide coming together to help the best system of care possible to support people in their recovery.

With a few notable exceptions, the State of Alaska has privatized behavioral health services. Public mental health and substance abuse treatment services are offered primarily through a series of grant and contract agreements to private, for-profit, and non-profit corporations as well as through providers reimbursed for their services by Medicaid. ABHA's goal is to see cost-effective, patient-centered behavioral health treatment available to Alaskans.

Jerry Jenkins explained ABHA's focus areas as follows:

- Rate Rebasing/Recipient Support Services (RSS). Tribal is adjusted annually, and non-tribal was last rebased in 1992. This is a critical item for addressing workforce and in preparation for an ASO. Part of the regulations include regular review and adjustments. RSS is for providing supports for persons with high risk and/or high needs.
- Workforce – recruiting, retaining, and training in order to improve access and outcomes.
- Workforce – developing peer support is one area currently under development. Working on credentialing for SUC counselors – Alaska Behavioral Health Certification Commission.
- 1115 Waiver – part of Medicaid Reform legislation.
- ASO – managing and developing the behavioral health system for DBH.
- Healthcare Integration – making sure the whole person has improved health outcomes. Health information integration through the Health Information Exchange.
- Change Management - managing change by planning, assessing execution, and data and adapting.
- Advocacy – for services that support community need and what it takes to do them.

Jerry Jenkins engaged in discussions with the Board members about the focus areas of ABHA and concluded his presentation.

BOARD BUSINESS, CONTINUED

API Discussion

Brenda Moore-Beyers stated that she and Charlene Tautfest and Stephen Sundby have been on a subcommittee working on API issues, and one of the ideas from this subcommittee is to continue to talk to legislators who are already working on issues related to API.

Brenda stated that they also want to talk about changing the governance board for API. The current organization for the governance board is that it is not under Boards and Commissions and it contains only DHSS staff and the executive hospital staff. There are only six voting members with no public input or public comment and it's not subject to the Open Meetings Act. Brenda Moore-Beyers stated that she has been on the API advisory board in the past, and it seems that the governance board has a sense that everything that goes on there is confidential, which it's not. She stated that the subcommittee feels like if stakeholders would have been invited to be at the table, some of the issues could have been taken care of more quickly. Stephen Sundby added that truly in essence it is not a governing body because it is comprised of just employees of the facility and the State.

Brenda Moore-Beyers stated that they also want the Boards to host general listening sessions to hear from the general public because they have no way to give input, and listening sessions for providers because providers have been very frustrated with API. They also discussed the potential of holding listening sessions with API staff.

Katie Baldwin-Johnson stated that the Trust has not had a chance to sit down with Duane Mayes and Monique Martin yet to see what their strategy is. The leadership of API has been dealing with tackling some very specific recommendations and plans of improvement right now. Katie stated that in terms of their approach to API, they should take the time to understand what's foundationally happening now and how it's different than what was happening before. She felt they could come from a place of wanting to be supportive and proactive but yet knowing that the stakeholders and individuals that need to be part of the conversation are broader than just DHSS or API. There needs to be a constituent feedback loop into the system. She believes the first step would be figuring out a forum to have a discussion with API to understand their short-term and long-term visions. She also noted that there is an opportunity with Duane Mayes being in this new role because he has a different perspective, and she believes he wants to make things happen there.

After Board members engaged in an in-depth conversation about how they would like to be proactive in working with API as well as engage the community to hear input, Gunnar Ebbesson stated that the Boards can direct the staff to pursue this conversation they've had in consultation with the subcommittee that has been established and has done a lot of the work. Dr. Enlow Walker added that the Executive Committee can help move things forward as well.

Peer Support

Robert Coghill stated that the National Association of Mental Illness (NAMI) in Juneau was recognized by the National NAMI as being the outstanding local chapter in the country. They have an executive director that is paid, but the people involved go out and get trained on how to educate people in their community and they hold classes for other people in the community about specific issues. It has proven to be a great asset in Juneau. NAMI also has other chapters

in Anchorage, Fairbanks, and Utqiagvik. Jaye Palmer added that Fairbanks only has family support groups going on because they don't have any trained peers to lead peer groups.

Lee Breinig and Cathy Bishop discussed state certification for peer support. Cathy stated that it's not in place yet, but all the recommendations have been put together and submitted, so they are just waiting for feedback. Charlene Tautfest added that they want to hire a peer coordinator position for the State. Certified peer support workers would be specialized in their field and they would provide peer support to individuals with navigating the system, taking them to meetings or aftercare, and there would be different levels of certification based on experience. Through the certification process, peers would be required to have a certain number of hours of training and supervision.

Philip Licht clarified for Board members that this State process would be creating a Medicaid billable service through the context of a clinical program. He noted that a couple of challenges in the system are that the documentation that will be required of the peer mentors will be a challenge, and the system itself is not true peer support because peers will be paid staff there to help someone, and their relationship will end when the clinical episode ends. He stated that although he is in full support of pursuing this option, there are some benefits from true support that will be missing from the program. He would like to see the Boards continue to advocate for both the Medicaid-based peer support as well as the more traditional methods of peer support that are more volunteer based.

Legislative Priorities – Issues of Importance to the Boards

Alison Kulas opened up the floor to comments from the Board members to determine legislative priorities by referencing the list that the Boards came up with in Utqiagvik in their binders. Teri Tibbett suggested the Boards narrow the list down to three priorities.

Teri Tibbett noted that the Governor's budget is released on December 15th, and often what staff do is look at the budget and see if anything substantial has been cut and, if needed, the Boards make that one of their priorities. She also noted that sometimes a bill is introduced that the Boards feel is significant, and they will put a lot of energy into that bill. She wanted Board members to keep in mind that whatever they decide upon today may change depending on what comes out in the budget or in the session.

Alison Kulas also suggested that the Boards consider reconvening an advocacy committee to meet on a semi-regular basis during the session that can focus on the legislative priorities. Volunteers to serve on the advocacy committee included Robert Coghill, James Duncan, Lee Breinig, Brenda Moore-Beyers, Charlene Tautfest, Joanna Cahoon, Renee, Jaye Palmer, Elizabeth Schultz, Sidney Atwood, and Michael Horton. Suggestions for legislative priorities included:

- Trauma
- Substance abuse
- Co-occurring disorders
- Traumatic and acquired brain injury
- Harm reduction

- Equality, human rights
- Alcohol and tobacco.

James Duncan suggested staff create a spreadsheet of all of the priorities suggested from the Utqiagvik meeting and leave a space for “other” at the bottom, then e-mail it out and determine the top three priorities based on the responses.

Dates for Upcoming Meetings

Juneau

Alison Kulas reminded members of the Boards that this upcoming meeting in Juneau would not be strictly focused on legislative visits. They would also be engaging in site visits. They can also do a joint meeting by overlapping with the ABHA meeting.

Brenda Moore-Beyers **MOVED** to hold the Juneau meeting March 6, 7, and 8, **SECONDED** by Robert Coghill. Hearing no objection, the motion **PASSED**.

Fall Meeting

Renee Hoffard **MOVED** to hold the fall meeting in Kenai, **SECONDED** by Stephen Sundby. Hearing no objection, the motion **PASSED**. Dates for this meeting are to be determined at a later date.

Representation on the Boards

Gunnar Ebbesson stated that he has advocated in the past for additional membership on the Boards through other groups that exist in the state but are not represented here.

Gunnar Ebbesson **MOVED** to invite Andy Jones from OSMAP to participate with the Boards in an ad hoc membership role, invited by Alison Kulas, **SECONDED** by Robert Coghill. Hearing no objection, the motion **PASSED**.

During discussion, it was suggested to invite the position as the director of OSMAP and not the person individually. It was also noted that his department has funding to travel to participate in these meetings.

Resolution

Robert Coghill **MOVED** that staff will assist himself and the Executive Committee to draft a resolution commending the Department of Corrections and Adam Rutherford for their work over the years in providing mental health services in the prisons, **SECONDED** by Philip Licht. Hearing no objection, the motion **PASSED**.

FINAL COMMENTS AND ADJOURN

Board members shared their thoughts on the meeting in closing comments.

James Duncan **MOVED** to adjourn, **SECONDED** by Michael Horton. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 3:05 p.m.

MOTIONS

1. James Duncan **MOVED** to approve the agenda, the minutes from the September 2017 meeting, and the minutes from the May 2018 meeting, **SECONDED** by Philip Licht. Hearing no objection, the motion **PASSED**, page 2.
2. Lee Breinig **MOVED** to close the nominations for the ABADA board executive committee, **SECONDED** by Gunnar Ebbesson. Hearing no objection, the motion **PASSED** unanimously, page 23.
3. Michael Horton **MOVED** to accept the above-noted slate for the executive committee of AMHB, **SECONDED** by Jaye Palmer. Hearing no objection, the motion **PASSED**, page 24.
4. Brenda Moore-Beyers **MOVED** to hold the Juneau meeting March 6, 7, and 8, **SECONDED** by Robert Coghill. Hearing no objection, the motion **PASSED**, page 30.
5. Renee Hoffard **MOVED** to hold the fall meeting in Kenai, **SECONDED** by Stephen Sundby. Hearing no objection, the motion **PASSED**. Dates for this meeting are to be determined at a later date, Page 30.
6. Gunnar Ebbesson **MOVED** to invite Andy Jones from OSMAP to participate with the Boards in an ad hoc membership role, invited by Alison Kulas, **SECONDED** by Robert Coghill. Hearing no objection, the motion **PASSED**.
7. Robert Coghill **MOVED** that staff will assist himself and the Executive Committee to draft a resolution commending the Department of Corrections and Adam Rutherford for their work over the years in providing mental health services in the prisons, **SECONDED** by Philip Licht. Hearing no objection, the motion **PASSED**.
8. James Duncan **MOVED** to adjourn, **SECONDED** by Michael Horton. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 3:05 p.m., page 31