

Advisory Board on Alcoholism and Drug Abuse Alaska Mental Health Board

Quarterly Board Meeting Minutes
Juneau, Alaska

March 4 – 7, 2019

ABADA Members Present:

Cathy Bishop
Lee Breinig
Dr. Enlow Walker - telephonic
James Duncan
Monique Andrews
Philip Licht
Renee Schofield
Sydney Atwood
Meghan “Sig” Topkok
Kenneth Swazer
Robert Coghill

AMHB Members Present:

Brenda Moore-Beyers - telephonic
Christopher Gunderson
Elizabeth Schultz
Sharon Clark
Charlene Tautfest
Michael Horton
Jaye Palmer
Bree Swanson

ABADA Members Absent:

Michael Kerosky - excused
Gunnar Ebbesson - excused
Joanne Schmidt - excused

AMHB Members Absent:

Stephen Sundby – excused
Joanna Cahoon – excused
Renee Hoffard – excused
Rebecca Petersen - excused

Ex-Officio Members Present:

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

Staff:

Bev Schoonover, Acting E.D.
Jennifer Weissaupt, Planner
Teri Tibbett, Program Coordinator II
Kyle Galano, Admin Assistant II

Ex-Officio Members Absent:

Adam Rutherford

Monday, March 4, 2019
CALL TO ORDER – 1:00 p.m.

Board members introduced themselves and disclosed conflicts of interest as follows:

ETHICS DISCLOSURES

Lee Breinig	Works for Choices, which receives funding from the State, the Trust, and the federal government and bills Medicaid. Is also a voting shareholder with Sealaska and Kavilco.
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, which receives DBH grants and bills Medicaid, AMHB representative to the API governing body, which receives Medicaid.
Dr. Enlow Walker	Semi-retired physician that bills Medicaid and other agencies for direct patient care. Also on the Fairbanks North Star Borough Health and Social Services Commission, which works with state grants.
Cathy Bishop	Nugen's Ranch and has a family member with disabilities that receives Medicaid.
Sidney Atwood	Works on contract with Partners Re-entry Center for Partners for Progress in Anchorage.
Sharon Fishel	Department of Education receives a SAMHSA grant for Project Aware, a school-based suicide prevention grant from the Suicide Prevention Council, funding from DBH to work on prevention and trauma-engaged schools with the alternative high schools, and recently received funding from the Office of Substance Misuse and Addiction Prevention.
Monique Andrews	Husband recently started working at API.
Christopher Gunderson	CEO of Denali Family Services, which is a DBH grantee and bills Medicaid.
Elizabeth Schultz	Family member with mental illness.
Michael Horton	Works for Chugachmiut, which receives several different state grants and bills Medicaid.
Kenneth Swazer	Works for RurAL CAP and is a Medicaid provider. RurAL CAP receives state funds and SAMHSA grants.
Bree Swanson	Works for Maniilaq Association, which receives state and federal grants.
Philip Licht	CEO of Set Free Alaska, which receives state funds and grants from the Trust and bills Medicaid. Also on the Recover Alaska steering committee, and they receive funding from the state.

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

APPROVAL OF THE AGENDA AND MINUTES

Sidney Atwood **MOVED** to approve the agenda and the minutes from the October 2018 meeting, **SECONDED** by Jaye Palmer. Hearing no objection, the motion **PASSED**.

RECOMMENDATIONS FOR DISCUSSION TOPICS FOR OLD AND NEW BUSINESS

Board members suggested topics for old and new business as follows:

Old Business:

- Executive director hiring
- Upcoming meeting schedule

New Business:

- API
- 1115 waiver and Administrative Services Organization (ASO)
- “Within four walls” Medicaid restriction on reimbursing for services provided outside of a clinic-type setting.

TRADITIONAL AND COMMUNITY WELCOME

Scott Ciambor, the chief housing officer with the City and Borough of Juneau (CBJ) and the chair of the Alaska Coalition on Housing and Homelessness provided a partnership update to the boards as a PowerPoint presentation. He noted that the majority of the photos in the slides are from the Project Homeless Connect event, which was their 8th event that coincides with the Point in Time Count.

Scott Ciambor stated that the homeless continuum of care includes the following:

- Prevention services are available
- Enough emergency shelter beds are available in the community
- Transitional housing is available for youth and people coming out of incarceration
- Availability of permanent and affordable housing stock in the community
- Availability of supported housing units for those that are chronically homeless or in need of additional supports.

Scott Ciambor stated that in Juneau they are working on additional transition services, rapid rehousing, and Housing First phase 2. Rapid rehousing is currently a gap that three organizations in Juneau are looking to close. Scott’s office is currently working on a cold weather emergency shelter. Partners in this include Glory Hall, St. Vincent de Paul, and AWARE. The current building used for the cold weather emergency shelter will be torn down after April 30th.

Scott Ciambor stated that movement on Forget-Me-Not Manor 2 has been rapid, and they are hopeful that within a year to a year-and-a-half there will be an additional 32 beds. He noted that

another great project in the Juneau area is the Central Council Tlingit Haida Tribes 16 sober living beds that will include employment opportunities.

Scott Ciambor stated that the CBJ Assembly has adopted the goal to assure adequate and affordable housing for all CBJ residents through the following:

- Restructure of Juneau Affordable Housing Fund - \$2 million for five years.
- Accessory Apartment Incentive Grant - \$480,000 for five years.
- Mobile Home Down Payment - \$100,000 revolving loan fund.

Scott Ciambor addressed some downfalls of the current proposed Governor's budget because of the impact to AHFC Homeless Assistance Program, Special Needs Housing Grant, DHSS Human Services Community Matching Grant, and the DHSS Community Initiative Matching Grant Program. He noted that the lack of state funding proposed removes the state as a collaborative partner in these programs.

Scott Ciambor directed the Board members' attention to the handout regarding an evaluation of the Juneau Housing First project that highlights the demographics of the residents, residents and their adverse experiences, service utilization at various community resources, and measures of residents' well-being. He noted that this would be a good resource for Board members to use in legislative visits.

Talia Eames from Central Council Tlingit Haida Tribes of Alaska welcomed the Boards to Juneau. She stated that the Tribes have been working on a project in the model of the Delancey Street Foundation that works with people that have been formerly incarcerated, and it provides housing, food, training, and employment. The Delancey Street Foundation programs are funded by the profits from participants' employment.

Talia Eames stated that they just secured the conditional use permit two weeks ago to create transitional housing out of a 12-unit hotel. They are looking to create eight of the units into double-occupancy, sober, supported housing. There will be a manager onsite, and every resident will be on electronic monitoring. They will be putting a café on the bottom floor, so all of the residents will be able to work in that coffee shop. They will also have a catering company, a car detailing shop, and they are going to be starting construction on a cultural emergence center. They are also working with the parks and rec department to get job opportunities for the residents to work caretaking the Overstreet Park and sea walk. She will also be reaching out to community employers to see if they would like to contract with the project. They are hoping to be open by the end of the summer.

Talia Eames stated that with the development of the re-entry department, they are creating an opioid diversion program through a grant they received last year. They are currently in the planning phase, but they are hoping that in six months they will be able to start intercepting for opioid-related crimes and bring the offenders into the tribal court and put them into their divergent program.

Talia Eames shared that the Tribe also has a navigator's program for at-risk youth, and they are also developing a Healing to Wellness Court.

Talia Eames and Scott Ciambor fielded questions from Board members and concluded their presentation.

FY'20 BUDGET AND LEGISLATIVE PRIORITIES

Teri Tibbett stated that the advisory boards of the Trust set priorities as a unified voice, and this year's joint advocacy priorities include:

- Smart spending on community support services for vulnerable Alaskans.
- Importance of Medicaid for Trust beneficiaries.
- Substance misuse across beneficiary groups.
- Serving justice-involved Trust beneficiaries.
- Supportive housing for Trust beneficiaries.
- Workforce development for healthcare providers.

Teri Tibbett educated the Board members on their responsibilities to gather information from their constituency and set priorities for the legislative session. The Boards created a legislative advocacy committee that set the Boards' priorities into two overarching themes: Homeless and vulnerable Alaskans, and youth and early childhood programs. She reviewed the details of the proposed cuts to the following programs:

Homeless and Vulnerable Alaskans:

- Medicaid
- Medicaid preventative dental benefit
- Adult Public Assistance
- Designated Evaluation and Treatment (DET)
- Human Services Community Matching Grant
- Tribal Temporary Assistance to Needy Families
- Community Incentive Grants
- Homeless Assistance Program
- Special Needs Housing Grant
- Permanent Fund Dividend Hold Harmless
- Burial assistance
- Alaska civil legal services fund.

Youth and Early Childhood Programs:

- Early childhood programs:
 - Head Start
 - Early childhood grants
 - Best Beginnings
 - Parents As Teachers grants.
- Pre-kindergarten grants
- Online With Libraries
- Live Homework Help

Teri Tibbett stated that members of the Boards should review the information included in their legislative packets to find information pertinent to them that they would like to discuss during their legislative visits. She explained that programs for mental health and substance use disorders were basically flat funded this session, and the message to the legislators should be to leave those amounts as they stand in the Governor's budget.

During discussion, members of the Boards suggested additional budgetary cuts to consider advocating against such as:

- Cuts to the base student allocation.
- Items that when cut at the state level would also eliminate a federal and local match.

Bev Schoonover added that the Boards in the past had created a white paper suggesting other sources of revenue to be explored, and this may be updated this year and redistributed.

Teri Tibbett reminded Board members that the partner advisory boards collaborate on a Friday teleconference from 12:15 to 1:15 on all of the legislative items of interest to the Trust beneficiary boards. She maintains a master list of all of the items and tracks updates on the legislation. Teri invited members of the Boards to call in and participate in the Legislative Advocacy Committee meetings if they would like to be involved.

BOARD BUSINESS

Old Business

Brenda Moore-Beyers reported that the Executive Committee met on February 6th and unanimously decided to recommend Bev Schoonover for the permanent position of executive director. The recommendation has been forwarded to Commissioner Crum and Deputy Commissioner Wall. They received a confirmation of receipt back noting that it would be forwarded on to the Governor's office. Brenda noted that they have not heard anything back as of yet, and they are unsure of the process.

Fall Meeting

Bev Schoonover reported on the funding mechanisms that pay for the Boards' face-to-face meetings. She stated that because of the recent travel restrictions, most boards and commissions have been reduced to one meeting a year. She stated that the Boards will need to ask for permission to hold a face-to-face meeting in Kenai in the fall. It was recommended that the Boards continue to plan for meeting in Kenai, and the executive committee can come up with an alternative plan in the event they are denied travel.

Board members engaged in a discussion about the necessity of holding rural outreach meetings to get a clear pulse of the communities and their struggles.

Board members agreed to have staff research the best dates for the fall meeting to occur the last week of September 2019.

Alaska Psychiatric Institute (API)

Bev Schoonover reminded the Boards of the struggles API has had over the years, noting that the Boards have been following the issues, and members of the AMHB have participated on the Governance Committee for API. Bev noted API has been under a plan of correction with CMS, which was extended because of the resignation of top leadership at API and DBH. During the most recent visit by CMS to API, another violation occurred, which caused API to be in immediate jeopardy of losing their funding from CMS. At this point the commissioner and deputy commissioner declared a state of emergency for API that allowed them to circumvent procurement and set up a contract with Wellpath Recovery Solutions. Wellpath Recovery Solutions is taking over the administration of API from now until June 30th. If they are successful in that time period, they will start doing all of the staff and pharmacy on July 1st.

Charlene Tautfest stated that she is on the Governance Committee for API, and she believed that the Governance Committee was too small and that they needed to expand it with more stakeholders at the table such as ABHA and ASHNHA. She also felt that aftercare was an ongoing issue that needed to be addressed as well as having some type of parent support group. She stated that at the last Governance Committee meeting, Wellpath was there and they stated that their vision is to expand the board to include other stakeholders and that they are going to focus on aftercare as well as having more patient advocates inside API to take grievances. They also mentioned the parents support group.

Members of the Boards discussed a variety of concerns related to privatization of API including:

- The company is located out of state and may not be familiar with Alaskans and their culture.
- Current long-term dedicated employees are being required to re-apply for their positions.
- One additional seat for a stakeholder on the Governance Committee isn't enough.
- Will they engage the Native community on the Governance Committee?
- Will be interested to know the results of the in-depth look of the legislature and Department of Law regarding the no-bid contract to Wellpath.
- Who will be monitoring Wellpath Recovery Solutions between now and July 1st?
- What will be the measures of success that Wellpath will need to obtain to continue on in their contract after June 30th?
- Concerns over the open lawsuit against Wellpath Recovery Solutions with a long list of plaintiffs.
- It will be important for everyone to focus on the goals of quality care and outcomes and service rather than getting muddled up in the weeds of it being a for-profit business. But it's also important to recognize that it being a for-profit entity may create another set of challenges.
- Keep in mind that the problems are not just API problems, but it's a system-wide problem.

Bev Schoonover informed the Boards that Deputy Commissioner Wall and staff from Wellpath Recovery Solutions will be at the meeting on Wednesday, so Board members will have an opportunity to address some of their questions at that time.

Board members engaged in a discussion regarding issues with the Title 47 statute, and Bev Schoonover stated that Deputy Commissioner Wall is trying to get legislation on that.

Comprehensive Integrated Mental Health Plan

Bev Schoonover stated that the Comprehensive Integrated Mental Health Plan was developed in collaboration with the department, the Trust, and the beneficiary advisory boards. The draft has been developed, and it will go out for public comment on March 11th.

RECESS

Sharon Clark **MOVED** to recess the meeting, **SECONDED** by Cathy Bishop. Hearing no objection, the motion **PASSED** and the meeting recessed at 4:51 p.m.

Tuesday, March 5, 2019

CALL TO ORDER – 8:30 a.m.

TRANSFORMING SCHOOLS: A FRAMEWORK FOR TRAUMA-ENGAGED PRACTICE

Sharon Fishel from the Department of Education and Pat Sidmore with the Association of Alaska School Boards introduced themselves and provided some background information.

Pat Sidmore explained that after attending an Advanced Trauma Institute in Anchorage three years ago, it occurred to him that they needed to have an Alaska-specific framework for trauma-informed schools that didn't just rely on one charismatic school leader to institute. A team was convened to work on this issue, and the results of their work is gaining national attention.

Sharon Fishel discussed the Education Challenge by stating that several thousand stakeholders were convened to develop recommendations for transforming education in Alaska. Five overarching areas were developed, and there were 13 recommendations and three commitments developed under each of those five areas. Sharon Fishel highlighted the following:

- Safety and Well-being: Commitments:
 - Increase student achievement successfully identified using multiple measures.
 - Encourage responsible learning. Students, families, tribes, educators, and communities will participate in educational opportunities.
 - Cultivate safety and well-being. All schools will be safe and nourish student well-being.

- Safety and Well-being: Strategy 1:

- Building trauma-engaged schools: Alaska schools will create a culturally humble, responsive, and safe environment that recognizes the needs of the whole child and institutes trauma-informed practices and understands the vital importance of building all relationships surrounding every child to improve resiliency, health, and academic outcomes. Trauma-engaged schools was one of the top three priorities of the state school board to work on.

Pat Sidmore reminded the Board members of the Adverse Childhood Experiences (ACEs) work the Boards have been engaged in over the years, and he noted that children who experience ACEs have poor outcomes in childhood and adulthood. Data currently shows the following regarding Alaskan children who have experienced at least one ACE:

- Birth to 5: 40.2%
- Ages 6 to 11: 51.9%
- Ages 12 to 17: 61.7%

Sharon Fishel discussed the expanded ACEs that includes adverse community environments that affect children's lives. These include poverty, discrimination, community disruption, lack of opportunity, economic mobility and social capital, poor housing, and violence. She shared the following reasons schools should address trauma:

- Students affected by trauma develop survival strategies that may be misinterpreted in a school setting.
- Without an understanding of trauma, educators risk misunderstanding and mislabeling student behavior.
- Schools can protect children from negative effects of trauma and prevent future challenges.
- Addressing trauma has a positive impact on students and schools.

Pat Sidmore stated that children who have experienced trauma tend to recreate that trauma over and over again because of the neuropathways that have been developed due to the trauma. Sharon Fishel reviewed the typical development for a child noting that survival is a relatively small part of their development and cognition is the largest. For children who have experienced trauma, the survival is the largest part and the cognition is the smallest. She also shared some examples of children's behaviors when they are in the flight, fight, or freeze mode.

Pat Sidmore discussed self-regulation noting that self-regulation has become recognized for its foundational role in promoting well-being across the lifespan, including educational achievement and physical, emotional, social and economic health. Self-regulation develops through interaction with caregivers such as parents, teachers, coaches, and other mentors. Further, self-regulation development is dependent on predictable, responsive, and supportive environments.

Sharon Fishel stated that they need to shift their lens and think about what trauma-engaged schools look like. She shared the following perspective shifts:

Traditional Perspective:

- Understands behaviors as the result of individual.
- Understands difficult behaviors as purposeful.
- Views adult authority and control as critical to student success.
- Punitive discipline is the primary approach.
- Support for students exposed to trauma should be left to counseling professionals.

Trauma-Engaged Perspective:

- Considers whether behaviors may be ways of coping with traumatic experiences.
- Understands difficult student behaviors may be automatic.
- Considers the role of the environment.
- Encourages students and family choice and control.
- Positive restorative approaches to discipline are best.
- Assumes a shared responsibility for addressing trauma.

Pat and Sharon then discussed traditional responses versus trauma-informed responses noting that teachers need to be able to access tools to develop ways to respond to students' provocations in a trauma-engaged way.

Sharon Fishel directed Board members to the handout: *Transforming Schools: A Framework for Trauma-Engaged Practice in Alaska*. She noted that many partners were involved in creating this framework, and they have been working on it for three years. The document has been vetted through numerous community members, school board members, nurses, and educators. Pat Sidmore noted that the document is designed to be used by a school district as a roadmap to get started for continued professional development. Reflection is also addressed in the framework. The vision of this tool is to help Alaska schools and communities integrate trauma-engaged policies and practices that improve academic outcomes and well-being for all students. Improving student outcomes requires us to support the whole child, and to understand how trauma impacts a child's ability to learn and thrive. The 11 chapters of the tool are as follows:

- Deconstructing Trauma
- Relationship Building
- Policy Considerations
- Planning and Coordination of Schoolwide Efforts
- Professional Learning
- Schoolwide Practices and Climate
- Skill Instruction
- Support Services
- Cultural Integration and Community Co-creation
- Family Partnership
- Self-care.

Each chapter contains:

- Summary
- Common practice
- Transformative practice
- Ideal outcomes
- Research

- Suggested steps
- Reflections
- Definitions.

Pat Sidmore and Sharon Fishel discussed educator self-care noting that any educator who works directly with traumatized children and adolescents is vulnerable to the effects of trauma, referred to as compassion fatigue or secondary traumatic stress. Tips for educators include:

- Be aware of the signs.
- Don't go it alone.
- Recognize compassion fatigue as an occupational hazard.
- Seek help with your own trauma.
- If you see signs in yourself, talk to a professional.
- Attend to self-care.

Sharon Fishel shared that DEED has the following eLearning resources for adults:

- Overcoming ACES in Alaska's Schools
- Trauma-Sensitive Schools
- Trauma Engaged & Practicing Schools Trauma Engaged
- Educators Tools & Techniques (coming in the fall of 2019)
- Other 30-minute micro modules covering a wide variety of topics.

Sharon Fishel noted that there has been talk at the department regarding teacher's professional certificates and the required training they need to have to get that certificate and the possibility of including trauma-informed training for certification or renewal.

Sharon Fishel stated that they also have the eLearning Classroom for delivery to students: Navigating Transitions: Promoting Wellness to Prevent Suicide. It contains eight lessons for grades 5 through 12, and it contains many activities that the kids really seem to like.

Pat Sidmore stated that a trauma-informed school pilot is happening in Juneau called the Collaboration for Learning Educational Achievement and Resilience (CLEAR), which is a three-year model out of Washington state.

Pat Sidmore and Sharon Fishel fielded questions from members of the Boards and concluded their presentation.

OPIOID AND SUBSTANCE USE DISORDERS – TRIBAL HEALTH PERSPECTIVES

Bev Schoonover introduced Dr. Cody Chipp, the behavioral health director at Alaska Native Tribal Health Consortium (ANTHC); Verne Boerner, CEO of the Alaska Native Health Board and an Alaska Mental Health Authority Trustee; and Tim Collins, an epidemiologist with the Alaska Epidemiology Center at ANTHC.

Dr. Chipp stated that ANTHC's vision is to ensure that Alaska Native people are the healthiest people in the world. ANTHC has a broad spectrum of health service delivery and includes the Alaska Native Medical Center (ANMC), Division of Community Health Services, Division of Environmental Health and Engineering, and Business Support Services. ANTHC is its own organization, but they exist to support statewide tribal health organizations as a part of Alaska's self-governing system. The goal of the tribal health system in Alaska is to keep the care as close to home as possible most of the time. This is accomplished through village-based clinics, sub-regional clinics/hospitals, and ANMC.

Dr. Chipp explained that ANMC is co-managed with Southcentral Foundation, and ANMC's behavioral health services are delivered through Southcentral Foundation. Southcentral Foundation's behavioral health staff are all embedded in ANMC.

Dr. Chipp stated that he is the director of behavioral health in the Division of Community Health Services. The mission of Community Health Services is to promote health equity across the lifespan, and Dr. Chipp explained their departments and services as follows:

- Alaska Native Epidemiology Center. The Alaska Native Epidemiology Center is using data to improve the health status of Alaska Native people through surveillance and epidemiology studies, information sharing, and technical assistance and disease prevention.
- Wellness and Prevention Department. Recent additions to this department are substance abuse prevention and suicide prevention.
- Health Promotion - healthy foods, tobacco prevention, and other wellness prevention activities.
- Clinical research service line – tobacco use, cancer studies, hepatitis studies, and HIV. The hepatitis research is internationally recognized.
- Community Environment and Health – water treatment systems, power systems, the community environment as it relates to health, and climate change adaptation.
- Distance Learning Network – a core function for the health aide programs, dental health aide program, and behavioral health aide program.
- Community Health Aide Program has been around for approximately 50 years. They have a very rigorous training program, and they deliver predominantly physical health care, but they are oftentimes the first responders within communities.
- Dental Health Aide Program has been around for approximately 15 years and is modeled after the Community Health Aide Program. Dental health aides are a midlevel provider for dental work and are a blend of dental hygienists, dental assistants, and dentists that deliver care in the communities.
- The Behavioral Health Aide Program is modeled after both the Community Health Aide and the Dental Health Aide Programs and has been around for approximately 10 years. The behavioral health aides have a range of scope of practice that is culturally-informed and community-based. They do preventative work and intervention work within communities. Their certification requirements have a significant amount of training, practicum training, clinical services hours by a licensed supervisor, and then 40 CEUs every two years. To become a behavioral health aide, they must be employed by a tribal health organization that has a licensed clinician to provide, at a minimum, administrative

oversight. Dr. Chipp explained the various certification levels to Board members, and he noted that they have a number of different pathways for people to become certified behavioral health aides.

Dr. Chipp stated that another role he has with ANTHC is advocacy. The directors of the tribal health organizations try to hold quarterly meetings to look at what is going well, share best practice, share challenges, and do some advocacy and policy changes. He stated that he comes up with common themes during these meetings, and then he reaches out to other entities to help with the issues. They are also trying to do capacity building and technical assistance for tribal health organizations. Eventually he is hoping to build a behavioral health research line within their department.

Verne Boerner stated that the Alaska Native Health Board (ANHB) was established in 1968. They recently celebrated their 50th anniversary, and they will be posting a video that highlights some of the history of the ANHB.

Verne Boerner stated that her grandmother, one of the first community health aides, was her first introduction into tribal health, and she hopes to honor her grandmother's name working in the field of tribal health.

Verne Boerner stated that ANHB is a 28-member organization that gets its direction from its tribal members. The tribal organizations bring the priorities to the ANHB, and the ANHB works on advocacy. They also provide some technical assistance, and they also act as a liaison between the tribal health organizations, the Alaska tribal health system, and the state and federal entities. Their purpose is to promote the spiritual, physical, mental, social, and cultural well-being of Alaska Native people. ANHB manages a number of committees, one of them being the Tribal Behavioral Health Directors Committee.

Verne Boerner stated that the Alaska tribal health system of care that encompasses the 229 tribes that have come together to form a single compact is unique, and it is the largest health system in Alaska and one of the largest in the nation. The tribal health system contains over 180 small community primary care centers, 25 sub-regional midlevel care centers, four multi-physician health centers, six regional hospitals, and Alaska Native Medical Center. The Alaska tribal health system is responsible for over 18,000 jobs and makes up more than five percent of Alaska's economy. The Alaska tribal health system also has a sharing agreement with the VA to provide services to all veterans across the state.

Verne Boerner stated that Alaska Natives and American Indians suffer very high disparity rates. They make up about 19 percent of the state's population, but they make up about 38 percent of Alaska's Medicaid system. She stated that the ANHB is working to help increase the access to care and breaking down stigmas that affect health and their ability to provide care overall. She noted that Alaska Natives are also underrepresented in research.

Verne Boerner stated that the ANHB is advocating for the following:

- SHARP reauthorization and implementation of the SHARP-III.
- Workforce development for behavioral health.

- CHAP program – Indian Health Service is trying to create a national policy to implement that program nationally.
- Increasing resources and access to programs to help prevent suicide.
- Behavioral health grants.
- Looking for ways to increase access to medication-assisted treatment for opioid addiction.

Tim Collins stated that the epidemiology center was asked to do a needs assessment concerning the opioid crisis in Alaska as it relates to Alaska Native communities across the state. He stated that they are approaching the study with a strict methodology and are estimating the populations affected. Any needs coming out of the study have been aggregated into two areas, preventing substance use and responding to it. From there they developed logic models, and they are also inventorying all of the activity around the issue to line it up against the logic model to find the gaps. In making recommendations looking forward, they are following the CDC framework, and the recommendations are around policy, systems, and environment. The first recommendation is around communication.

Tim Collins stated that the needs assessment is very well informed by a lot of community discussions that have been happening, and it is also informed by a comprehensive literature review.

Tim Collins reviewed an illustration with the Boards of the daily flow of information concerning public health as it would relate to opioids. He said that the illustration shows that there are many competing voices in the state for people when they are looking for help in a crisis. There is also a lot of misinformation and incomplete information. They believe it is the lack of information that is preventing people from getting treatment who could be getting treatment.

Tim Collins stated that they have gathered all of the activity they are aware of and put it into spreadsheets to make sense of it. With that they are then able to use the tool to map out resources across the state.

Tim Collins stated that overall they are thinking that it would make sense to put this information into an emergency operations model of epidemiology where decision makers, including policy makers and legislators, had the same set of talking points and FAQs on key issues they know affect the decision to get treatment and that they know affect how people relate to people who are seeking treatment or are in recovery. The messaging they envision is:

- The neuropsychological effect of opioids on brain function.
- How does medication-assisted treatment work.
- The ABCs of how to get treatment.
- How to help someone you know.
- Information about the efficacy of opioids for treating chronic pain and the effects of long-term use.

Tim Collins stated that moving forward, the following is what they envision for communications:

- Consider developing aspects of the emergency operations model of communications, which means streamlining it and standardizing it.
- Centralizing coordinated messaging with communication.
- Ensure the materials are adapted and appropriate for the audience in Alaska Native communities.
- Use it as a possible opportunity to build public literacy to discuss other substance use issues because there is a polysubstance use issue in Alaska.
- Make sure everybody has enough information about what everybody else is doing. Continue mapping out the statewide activity.

After the guest presenters fielded questions from the Board members, Bev Schoonover invited them to meet with the Boards again in the future.

DBH DIRECTOR UPDATES WITH THE ALASKA BEHAVIORAL HEALTH ASSOCIATION

The Boards joined the Alaska Behavioral Health Association (ABHA) for a presentation from Acting Director Gennifer Moreau-Johnson, Deputy Commissioner Albert Wall, and a panel of Division of Behavioral Health (DBH) staff. DBH was provided a list of questions in advance, and the presentation was focused on providing answers to those questions. A summary of the Q and A is as follows:

We understand that there may have been changes to the 1115 waiver application based on the discussions with CMS, and we're now talking about plans to release the implementation plan. Will DBH provide a copy of that?

Absolutely. The 1115 waiver application is available on the DBH website. The approval letter is currently being revised and will be made public when it is final. They are also finalizing the implementation plan. DBH is creating a waiver advisory group to engage with partners and stakeholders between the release of the implementation plan and when they release regulations. It was noted that the approval and implementation plan is for the SUD treatment.

Can you provide an update on the SUD implementation plan and specifically how will you organize the phased-in approach, and when will providers be able to bill for facilities with more than 16 beds?

The timeline is to have draft regulations circulating for internal review by April. It will then go to the Department of Law, and they are hoping to release the final regulations at the beginning of FY'20. Those regulations would allow the billing for facilities of more than 16 beds for the SUD portion of the plan, because that is the portion of the plan that was approved. They are still waiting for the approval of the behavioral health portion, which would then create the Medicaid coverage for facilities of 16 beds or more for mental health treatment.

The negotiations with CMS are about trying to explain the challenges in Alaska in terms of CMS's milestones and requirements for implementation. DBH is asking for flexibility in phasing in implementation and they are waiting for final approval to implement in the main population centers of Anchorage, Mat-Su, Juneau, and Fairbanks in year one of the waiver. Year

two is any other community that is willing and ready, and year three of the waiver is the remainder of the state.

Can you provide an update on next steps for the 1115 as it's moving forward as planned? Do you have an update on the timeline?

The majority of this question was answered above. In addition, the indication from CMS so far is that they are very interested in approving Alaska for the behavioral health portion of the waiver.

If you were in the position of deciding how to move forward regarding group homes given the changes in RSS and 1115 waiver services that will come on line, would you be expanding, holding status quo, or reducing group homes?

In thinking of this as a five-year plan, the first step would be reducing the length of stay as other community services are brought in. The thought is that over five years, there will be fewer kids going to higher levels.

Can you talk about how you see the potential Medicaid cuts affecting the behavioral health system and how we use grant funding? How might it affect the 1115 waiver and how might it affect the ASOs?

It is early in the budget process to know what is going to happen, but everyone should be involved in the legislative process and paying attention to the subcommittee work that is ongoing. DBH anticipates that as the 1115 is implemented over the next five years, people will be better able to access services toward the end of the five years, and hopefully there will be a reduction in need for the more acute services.

How is the RSS being rolled into the 1115?

Recipient Support Services have been approved by CMS, but DBH has been put on notice that it has to be phased out of the State Plan because RSS doesn't meet the federal definitions of rehabilitative services. Those services have been replaced through the 1115, and they include such services as home and family-based therapy, community recovery supports, and therapeutic treatment homes, which allow for services that are currently delivered through RSS.

Is it still the position of the new administration to eliminate the grants completely?

The intention through SB 74 was to ramp up Medicaid and phase out grant funding through the implementation of the 1115. That intention remains unchanged. They are doing a continuing analysis, and it's possible that there may be some services that small grants may provide.

Can you speak to the SUD portion of the 1115 that says that the state will report residential lengths of stay and aim to reduce it?

Residential length of stay will be clinically driven, and one of the goals for the waiver is to bring that down. The goal is to build up the other services so that it can be clinically driven and there

is an appropriate place for people to be, or there are fewer people rising to that level. CMS has indicated they want to see it trending downwards. If the state builds up a more robust continuum of care, it would logically reduce the length of stay.

Can you provide an update on the ASO process, and does the state plan to move forward with contracting with an ASO?

The request for proposal solicitation process for an Administrative Services Organization (ASO) closed on December 14th. The proposal evaluation committee has met, and the evaluation is still being conducted by grants and contracts. When they finish their final review, there will be a recommendation forwarded, and the commissioner's office will make a determination on how to move forward with the ASO. The proposals submitted for the ASO contain the deliverables of the product, so no decisions of how the ASO is going to work have been pre-made.

After the ASO is in place, can you describe the roles and responsibilities? Are we going to be reporting to them, to you, or to both?

There has been some drafting of a new organizational structure if an ASO is put in place, but that might be adjusted depending on the proposal that is chosen. The ASO will be acting in support of the state, so no authority has been delegated by the state.

How much is the state paying for an ASO to manage it, and what are the projected savings, and how will these savings be achieved?

The request for proposals was publicly posted, and the budget is approximately 35 million over five years. The savings achieved would depend on the proposals brought forward, and the proposers contemplated that in their proposals.

Have there been discussions about bundled payments and encounter rates or day rates for behavioral health providers?

Yes, that is contemplated in the 1115 partly because that can't be done through the State Plan.

Could you talk about the system capacity assessment or the infrastructure review?

That has begun in Anchorage, Mat-Su, and Kodiak. DBH leadership are attending each visit and they have included the Medicaid team, the treatment section, and Office of Children's Services to attend as well. They are starting out with a review of capital facilities in regional and hub communities. Each hub is supposed to have a certain set of services, and the idea is that architects would go out and look at facilities in the communities and see if there are some opportunities to develop services. During the visits they are also going to be talking to people about in-home services, emergency services, and crisis services to figure out what the opportunities and barriers might be. It has been a wonderful opportunity to go out into communities and talk to providers, which was graciously funded by the Trust

The information on the surveys will be gathered through the end of May. DBH welcomes comments and feedback on the contents of the survey.

Can you talk about changes in the grants and the competitive grant cycle?

It was suggested that everyone register to get grant notifications. Because they are seeing reduced grant funds, if there is a solicitation that is going to ask for more information about Medicaid revenues, it will be really important to demonstrate the need for grant resources. The opportunities will be structured differently, and many of them are competitive this year.

If your organization is more driven by grants than any other form of financing, you are encouraged to come speak directly with DBH. It is planned to set up a function within DBH to handle how to transition organizations that are traditionally more grant driven. DBH needs to be made aware of providers' needs, and they want to look at this an individualized approach.

Can you talk about the update on the Program Standards Manual?

They are currently reviewing all of the comments and feedback, and there will be a new draft coming out this year.

Will there be another Bring the Kids Home? Are you going to partner and repeat the same process from a few years ago, and what went wrong?

No, there will not be another Bring the Kids Home. The major change initiative right now is the 1115. The state is going to honor a commitment they made to the Trust when they ended Bring the Kids Home, which is that they would look at their data regarding youth residential care. They will be holding a Data Conference March 19th in Anchorage to build a baseline, because it turns out the youth residential is structured in ways where it is hard to see it as a system. The 1115 also has a very heavy data evaluation component around how the youth system is functioning.

Will the Change Agent Conference be taking place this year?

We don't know yet.

What is DBH's involvement in the new Golden Ticket process? We understand that the Golden Ticket status may be given on the medical side and that DBH is not yet sure how to implement Golden Tickets to behavioral health providers. Can we develop the possibility of Golden Tickets for behavioral health providers?

Golden Ticket is just for medical right now because medical has the capacity to evaluate because medical providers enroll as individual rendering providers attached to a health professional group. Behavioral health is a little bit behind the curve in that they are the last providers that do not enroll individually. Because of this, they do not have capacity within behavioral health providers to really have good accountability when looking at the claims. The change has begun with autism providers who have now been required to have individual enrollment. They have begun working with Health Care Services, which has purchased a new provider enrollment package. When that comes online, they will begin enrolling.

What is the status of the Complex Behavior Collaborative (CBC)?

The CBC is alive and well, and Joni Stumpe is the program manager. The program has traditionally been with children and adults with developmental disabilities, but they are expanding and starting a pilot project soon with neonatal abstinence syndrome.

DBH mentioned they were going to remove the AST and the CSR, is that still the plan?

AST and CSR were removed from minimal dataset for non-federal reporting requirements; however, they are not removed from Medicaid documentation requirements.

Can you update us on LMFTs?

LMFTs are not billing right now as independent providers because they were part of SB 105. That regulation package is not yet out for public comment. Once the regulation package is out and they can get the system up and ready, LMFTs can enroll. LPCs cannot bill independently, and they would need legislation passed to do so.

Can you discuss the alcohol tax?

There is a tax that is generated that the state collects on any alcoholic beverage sold in retail. 50 percent goes into the general fund, and 50 percent goes to a designated general fund that is called the Alcohol and Other Drug Treatment and Prevention Fund. In 2018 almost \$25 million was expended, but the revenue was only \$19.6 million.

Can you describe how changes to the 1115 can happen at this stage?

CMS is willing to treat the 1115 as though it has the opportunity for multiple projects within it. It also appears that after the initial approval, amendments seem to move through more quickly.

Do you know if DSH payments are still being phased out; and if so, what is the plan to deal with that?

Disproportionate Share Hospital (DSH) was going to be phased out of the federal rules when Medicaid expansion came in, because the thought was that there would be little to no uncompensated care. Not every state expanded Medicaid, so the feds changed their guidance to slow down the reduction of DSH funds. There are currently a lot of regulations at the state level around DSH funding that they are looking to get out from under.

How is DBH coordinating with Wellpath?

Members of the audience were encouraged to go back and view the legislative presentation on API from February 13th and 15th. All of the issues that were found at API on January 29th that spurred the decision to contract with Wellpath are all included in the presentation. API also has a transition page on their website that describes everything in great detail.

Wellpath has a contract that is in two parts. The second part of the contract is contingent on the first part. They must have three deliverables in the first phase, which are to ensure the safety of the patients and staff, they must bring API into rapid compliance with the regulatory bodies, and they have to prepare to bring the organization back to full capacity of beds by July 1st. Wellpath has hit the ground running in terms of getting corrective plans of action accepted by CMS and lining out training series to staff.

There is a lot of discussion regarding the coordination between DBH and Wellpath/API. DBH is putting together three large task forces around psychiatric care, and each task force will have a little bit different focus. The first one will be on inpatient psychiatric care itself, the second on legal issues, and the third is continuum of care.

DBH remains on API's Governance Committee, and psychiatric emergency services are managed within the Division. Over the next six months if the Wellpath contract moves forward, DBH will be moving the case management clearinghouse component out of API, and it will be more centralized into DBH.

API's Governance Committee has also recently been revised. A representative from ABHA will be invited to participate. The Alaska State Hospital and Nursing Home Association and Department of Corrections as well as the Boards have been officially codified in the Governance Committee's bylaws.

Can you speak to the overlap, or lack thereof, between the 1115 behavior carve out and the coordinated care demonstration project?

This has been a point of complexity that DBH has been working to resolve. SB 74 called for the application for the 1115 as well as for the department to pursue a coordinated care demonstration project. Both of those initiatives were pursued, and there are complexities in rolling both of those out.

Can you speak to how the SUD implementation will impact organizations practically? Will it change billing processes or rates? Will it shift reporting or outcome requirements? What is practically going to be different for an agency?

DBH has sent out the provisional designation information looking at providers' ASAM services. There will be a close look at whether or not providers are doing all of the required elements of ASAM they are supposed to be doing for each level. If providers aren't meeting that, DBH will work with the providers to help them meet it or decide what they are going to do. DBH is also looking at the requirements for qualified addiction professionals, and there could be some changes there.

There are different rates built into the waiver and expanded services and additional levels of care they are trying to develop through the waiver. This is what will allow them to have the larger than 16 beds facilities. Intensive case management and care coordination associated with medication-assisted treatment will be added to the service array. Intensive outpatient will also be added. They are working on new provider type qualifications, and peer certification will also be included in the waiver.

When the SUD implementation plan is released, it lists some fairly specific targets for increased capacity for residential in different regions.

Many of the consumers of housing, food banks, and shelters are our mental health and SUD beneficiaries. Those services are slated to go away in the proposed budget. What safety nets will be put in place to keep our beneficiaries alive?

The budget process is dynamic, and we are just entering into the detail phase of the budget process with the legislature. There is legislation that's yet to be introduced that will be introduced. From DBH's perspective, they are trying to build what they can into the 1115. DBH is also aware that there is a new potential for a waiver for Medicaid coverage for housing assistance.

There is also a lot of movement and dialogue about integrated care, and the way forward of integrating care across some disciplines to allow them to be paid for.

RECESS

The meeting recessed at 4:30 p.m.

Wednesday, March 6, 2019

CALL TO ORDER – ROLL CALL – 8:30 a.m.

BOARD BUSINESS, Continued

Legislative Testimony

Charlene Tautfest was asked by Representative von Imhof's staff to provide testimony before the House Health and Social Services Committee regarding her personal story. Members of the Boards were queried for their approval of her identifying herself as an AMHB member. Board members were in agreement.

1115 Waiver Advisory Group

The Boards have been asked to lead an effort to facilitate a waiver advisory group, and a couple of board members have identified that they would like to be a part of that. Bev Schoonover noted that her role in the group would be meeting facilitation and not necessarily participating in the conversation. She hopes to be sending more information out about this advisory group early next week.

Administrative Services Organization (ASO)

Bev Schoonover stated that all of the behavioral health services funded by the state would route through an ASO for the 1115 waiver. There was a lengthy RFP process, which she was fortunate enough to participate in the evaluation committee on. She stated that the evaluation committee has done their work, and the project is now with procurement.

Golden Ticket

Gennifer Moreau-Johnson stated that the Golden Ticket is an effort through Health Care Services to bypass the service authorization process based on a provider's history of successful service authorizations. There have been communications taking place that appear to indicate the division may be going in this direction.

ALASKA PSYCHIATRIC INSTITUTE (API) UPDATES

DHSS Deputy Commissioner Al Wall stated that everyone knew there were issues when Governor Dunleavy was elected, but what they were unaware of were the timeline of events that happened at API and the number of plans of correction they were under and by what entities. Because of the November 30, 2018 earthquake, they were not aware of the timelines until after Christmas. As a result of the earthquake, CMS extended the timeline on the plan of correction until February 1st, and by the time the Commissioner was made aware of all of the issues, they had roughly 30 days until API was decertified by CMS.

During that whole period of time, DHSS was in talks with Liberty Health Care, Networks Health, and Wellpath Recovery Solutions about their capacity to help the state come into compliance with CMS and the other entities. The state was also able to write a plan of correction that was accepted by CMS on January 10th, and API had from January 10th until the survey team returned to show substantial compliance with the plan of correction. The survey team returned on January 29th and unfortunately had an immediate jeopardy finding. It was decided at that time to engage Wellpath to respond to API because they had the most capacity of the three agencies to respond the fastest, and Wellpath had a safety officer in API within 48 hours.

Deputy Commissioner Wall stated that there is some misinformation he would like to clarify. There was not an emergency order as in the Governor declaring a state of emergency. The procurement of Wellpath was not an emergency procurement. The Commissioner exercised his authority under the health statute under 47.32 to step into a facility that has immediate jeopardy findings. Under that statute, the Commissioner has the ability, on a temporary or permanent basis, to change the management of the organization if he chooses to do so. The immediate jeopardy finding under CMS would have decertified API, and they would have lost all their federal funding for the facility at \$8.5 million the first fiscal year and \$22 million every year thereafter for a system that was already broken and was not operating at full capacity. Losing that certification would have resulted in losing Joint Commission accreditation; therefore, the facility would have lost its licensure, and they would have had to shut their doors.

Deputy Commissioner Wall expounded further on the need to take immediate action with API by stating that this morning there are 106 Alaskans in prison without treatment, without convictions, and without a diagnosis. Some of them are in solitary confinement for their own protection because they can't be in the general population. The average length of stay for that population in DOC is 136 days.

Deputy Commissioner Wall stated that Wellpath has approximately 30 to 35 staff at API right now. The way Wellpath is doing the first part of the contract is they are setting up a mirror

leadership team that is to mirror API's leadership structure to assist API in working through the plans of correction. One of the difficulties right now is that there is a lack of personnel in the leadership of API.

Deputy Commissioner Wall also acknowledged that staffing has been an issue at API for a very long time across all positions, not just leadership. He stated that even though the legislature has given API more positions, API still can't fill them for a couple of different reasons. The compensation for staff at API does not match the same type of job in the civilian sector. As an example, nurses are typically paid 30 percent more at hospitals than they are at API. Another reason why it's hard to recruit staff is because the work is more difficult at API than it is in a hospital. He also shared that many reports on API over the years have stated that there is a division between management and classified staff, and there is a lack of staff overall that creates an unsafe environment.

Deputy Commissioner Wall stated that everyone is aware that API is the tip of the iceberg on inpatient psychiatric care. Even if API is 100 percent fixed, there are many other issues along the continuum of care and the legal structure that have to be addressed.

To that end, Deputy Commissioner Wall announced that he will be convening three task forces, inpatient psychiatric care, legal issues, and the continuum of care. He would like to have ABHA and the Boards' participation on the continuum of care task force. He stated that the administration is absolutely committed to addressing how mental illness is handled in the state. He also noted that API's Governance Committee will now formally include the AMHB, and they have created seats for the Trust, DOC, and a few other agencies.

WELLPATH RECOVERY SOLUTIONS

Jeremy Barr, president of Wellpath Recovery Solutions, and Dr. Karen Galin, vice president of behavioral health for Wellpath Recovery Solutions, introduced themselves to the Board members.

Jeremy Barr stated that Wellpath has been providing services with state agencies like API for more than 20 years. He shared some of the history of other facilities Wellpath has engaged with and the successes they have had turning those facilities around. They are now operating four facilities in Florida, two in South Carolina, two in Texas, one in Massachusetts, and one each in Colorado, Washington state, and California. API is the 13th facility. Wellpath has about 3,000 employees and approximately 2,700 patients in their system of care. The largest facility is 700 beds, and the smallest is 30 beds. Across all facilities they provide services that are trauma-informed with evidence-based practices that are patient centered and include individualized patient care.

Jeremy Barr stated that their vision is to transform healthcare and to be successful. Their approach to API is to open all of the beds of the hospital, and they are looking to increase the staffing to be able to do that. Phase 1 of this project is making an assessment of where API currently is so they can have a clear vision of where it needs to be and will be in the future. Since they entered into the agreement with DHSS, they have deployed leadership to API, and

they have had approximately eight to 12 staff on site at all times doing a checkup of the facility's programs.

Dr. Karen Galin stated that Wellpath's tagline is "To Hope and Healing," and is part of their vision. They use a recovery model and trauma-informed care. They also work with a variety of different cultures across the facilities that they operate. They use an integrated mental health/substance use disorder model. They also use collaborative safety planning for suicide treatment.

Dr. Galin stated that one of their first charges at API is to have a safe environment, so they are working on the culture of safety through improving communication and collaboration through trainings. They utilize the MANDT system company wide, and they will start MANDT training in a few weeks and will get MANDT trainers trained at API.

Wellpath has peer specialists and patient advocates that work in each of their programs, and there is zero tolerance for neglect, abuse, and exploitation, and they will work to ensure patients understand their rights and that staff understand patient rights. Dr. Galin stated that they are very proud of their record in reducing seclusion and restraint.

Jeremy Barr stated that Wellpath has been able to address and assist API in addressing a number of plans of correction and outstanding regulatory items, and they have been successful in obtaining provisional licensure. April will be a pivoting point looking to transition to ensure staffing is such that they are able to open the full 80-bed facility by July 1st. Wellpath's goal is to retain all of the existing staff at API, but that being said, there is still a gap in the amount of staffing that is needed. Their focus first and foremost is on retention of existing staff. To fill the gaps, Jeremy Barr noted that Wellpath employs thousands of people company wide, and they are all health care professionals recruited by over 40 recruiters in their home office. Over 75 percent of Wellpath's positions are filled within 90 days.

Jeremy Barr stated that in terms of measures of success, they are looking to address the following:

- Reducing the vacancies
- Reducing the grievances
- Addressing recidivism rates back to the hospital
- Address the group participation
- Implementation of the treatment plans
- Looking at the treatment plans to ensure they are responsive and identify goals and timelines.

Jeremy Barr stated that they have continuous meetings with all shifts to communicate all of the activities accomplished and upcoming. They have a commitment to communication and transparency with the staff. They have also begun the hiring process for the key leadership team.

As a part of their next steps, Jeremy Barr indicated that they will start to pivot to external stakeholders and start those conversations.

During the question and answer portion of the presentation, Jeremy Barr addressed API's history as a short-term acute stabilization model by stating that Wellpath's model will be adapted to that. Dr. Galin also noted that they recognize that API is part of a continuum of care, and they want to address recidivism by understanding triggers and unmet needs in the community so they can address them during discharge planning. Wellpath also uses re-entry specialists and aftercare specialists that work both with the treatment team and with the community providers. Wellpath may follow people for a month or two in the community to help problem solve. They are hoping they could leverage the use of telemedicine for teleconsulting so there are better linkages between the treatment team at API and communities.

In terms of cost savings Wellpath has recognized at API, Dr. Galin and Jeremy Barr explained that they are already creating efficiencies within the organization through a variety of different avenues, including such things as certain levels of automation in the HR process.

They also addressed employment of existing union employees at API noting that Wellpath employs union members across the country. Jeremy Barr also stated that in terms of existing employees having to reapply for their jobs, Wellpath has a commitment that if an employee is at API today, they will have a job at Wellpath provided three things: They have to pass a background check, pass a drug test, and meet minimum qualifications for the job. If an employee has been institutionally licensed and is not fully licensed, Wellpath will typically work with the client agency to provide a window of time for the employee to get whatever they need to remain employed as long as it is within a reasonable amount of time.

Dr. Galin and Jeremy Barr fielded additional questions from members of the Boards and guests and concluded their presentation.

SAMHSA UPDATES

David Dickenson, Region X administrator for SAMHSA, provided some background information about himself and stated that his role at SAMHSA is to not only promote SAMHSA's programs, policies, and funding opportunities, but also to help inform policy making. He has been the only person in his office, but he is hoping to receive an analyst sometime in 2019.

David Dickenson stated that there is a lot of opioid response money from SAMHSA in Alaska right now through State Targeted Response (STR) funds and Tribal Opioid Response (TOR) funding. He noted that not everyone applied for the TOR funding, which was available to all tribes and/or recognized tribal organizations. What will likely happen during year two of the TOR is that there will be a review of the funding that was disbursed and how it was distributed with some possible reallocation. He explained to members of the Boards that tribes can apply for the TOR funding through a consortium and then develop their own distribution methodology within that structure. Continuation of the STR funds will depend on Congress, but Congress universally recognizes this issue in a bipartisan way.

David Dickenson reported that the Addiction Technology Transfer Center has recently been expanded to provide training and technical assistance to include prevention at large. They also have a Mental Health Technology Transfer Center that can help address first episode psychosis.

David Dickenson stated that most of the states he serves are largely rural and frontier, and he believes it's important for him to carry back to his headquarters whether policies and programs are viable on the ground in remote Alaska. He also keeps his finger on the pulse of indigenous practices that are being developed across the Northwest in response to the opioid crisis, suicide, et cetera.

David Dickenson recognizes the legal marijuana divide within Region X, and he understands the individual tribe decisions to keep marijuana out of their communities. He said that he is available for anyone interested in engaging in a dialogue about this issue. He said he can also address this issue at the Alaska School when he presents. He also noted that if he receives an invitation and there would be value in his attending AFN, he would be happy to go to that or any other communities or events that the Boards feel would be worthwhile for him to attend.

Based on a question from the Boards, David Dickenson stated that he can query to see if SAMHSA has any early data on the total number of states who have implemented work requirements related to Medicaid and what the impact has been. He can also connect with his colleagues at the CMS Region X office to ask them if they have any local specific information.

ALASKA MENTAL HEALTH TRUST AUTHORITY

Steve Williams, Katie Baldwin-Johnson, and Eric Boyer from the Trust introduced themselves to members of the Boards and provided an update from the Trust.

Steve Williams reported that the Trust Program and Planning Committee meeting will be April 17th followed by a board meeting May 8th and 9th, and they will be using those meetings to interact with stakeholders to look at where the Trust is going with the FY '20 budget and also think about implications for the FY '21 budget. The Trust will also be developing recommendations for how Trust funds will be spent and how the state should be spending its general fund mental health dollars in the upcoming fiscal year. The Trust continues to put a lot of its focus on Medicaid Reform and Criminal Justice Reform.

Steve Williams stated that in their Trust reports they will also start providing an update on the Trust Land Office items. The Southeast land exchange has been put into play, which is a several-year process of exchanging Trust lands with federal lands in a variety of different places. One of the areas of the state where the Trust received some federal lands was on Prince of Wales Island in Naukati Bay, where they have started logging. It is anticipated that approximately \$15 million dollars of income will be generated over the next ten years, which translates to being able to use some of that revenue to increase the corpus of the Trust for future expenditures. It also means generating expendable income that can be put out on the street impacting programs and services for beneficiaries in the more immediate future.

Katie Baldwin-Johnson stated that the Trustees agreed to the concept of setting aside some funds for the potential use of funding a facility for a crisis stabilization center. Those funds have not been approved for designation for anything specifically or any specific community, but they are just anticipating the need for capital funding to support some of the work that communities are doing around crisis stabilization and trying to build out the crisis continuum in different communities. With that being said, the Trust is having conversations with the state and different

stakeholders, and they have been pulled into a variety of different forums that are tackling this issue from a variety of different perspectives. They are also looking at crisis stabilization in terms of how that will be impacted by the implementation of the 1115 waiver.

Katie Baldwin-Johnson added that the Trust has funded the Alaska State Hospital and Nursing Home Association (ASHNHA) project to understand the data and issues around ERs and who is presenting to have a greater understanding of healthcare providers that are being assaulted. There are some good recommendations that are coming out of this work.

Steve Williams stated he appreciated hearing the API presentation provided by Deputy Commissioner Wall as well as the presentation by Wellpath. He stated that it will be important to continue to look at the entire continuum of care going forward, and API is a part of that. There is a lot of change going on right now, and it will be important for people to pay attention to the dialogue and make sure that people are hearing and understanding the same messages. He stated that the administration made a management decision regarding API, and now that a decision has been made, it will be important for stakeholders to think about beneficiaries and what the vision is and consider how it is taking shape and help guide it to produce the best outcomes for beneficiaries.

Steve Williams stated that Alaska has had workforce issues for a long time, and given the current proposed state budget, there could be compounding significant implications for how to increase the workforce in critical areas of Trust beneficiary services. He stated that they need to come up with strategies and advocacy that, at a minimum, maintains the focus and the direction to improve and increase workforce and be able to fill some of the gaps in Alaska's current health care system that won't require the recruitment of workforce from outside of Alaska. Katie Baldwin-Johnson added that with the partnerships and collaborations they have established over the years, people need to collectively keep fighting for the progress that has been made to date and not settle for something less than that.

Eric Boyer stated that a large part of his role at the Trust is on workforce. He stated that as they are looking at a cross-section of industry leaders and getting ready to introduce the next iteration of the student loan repayment system they call SHARP-III, the Trust will be looking for the Boards' support on that. SHARP is funded by HRSA funds, Trust funding, and then matching funding from industry leaders experiencing professional shortage areas. The SHARP-III model requires no general funds, and if they can get the legislation passed this session, Alaska will be the first state in the nation to have this iteration of student loan repayment.

Steve Williams addressed a question from the Boards regarding the potential for the legislature to be looking to the Trust to shift the responsibility for beneficiary funding from the state to the Trust. He stated that the Trustees have the authority to approve Trust funds; the legislature does not. The Trust's position historically has been that they do not use Trust funds to backfill cuts to the state general fund for services that impact beneficiaries. If the Trust were to assume the responsibility the state has for providing funding and services, they would quickly run out of money. The Trust allocates approximately \$22 million per year, and the Health and Social Services budget, for example, is about \$3.2 billion per year. The amount the Trust could spend is less than one percent of the overall Department of Health and Social Services budget.

Steve Williams stated that the Board of Trustees is a seven-member board, with each member serving a five-year term. Trustees can serve two consecutive terms, and after that they have to go through a reconsideration process to be reappointed. There are currently three Trustee seats that are open. The three people currently in the appointment process for those seats right now are John Sturgeon, Joe Riggs, and Ken McCarty. Those appointments will be voted on during a joint session of the House and Senate, and they will be confirmed by a majority vote.

Katie Baldwin-Johnson addressed a question about the traumatic and acquired traumatic brain injury population. She stated that the Trust has always been a huge supporter of Alaska Brain Injury Network (ABIN) and supports for people with traumatic brain injuries. She stated that the brain injury population needs a lot of advocacy and education for policymakers. The ABIN board has recently determined that ABIN will focus more on service navigation, and there is a potential for the Governor's Council on Disabilities and Special Education to expand their capacity to meet the need for the advisory capacity. Eric Boyer added that traumatic brain injury is one of the Trust's beneficiary groups, and they are committed to ensuring support in the community.

Steve Williams acknowledged the vast amounts of work that Bev Schoonover put into the latest iteration of the Comprehensive Integrated Mental Health Plan, and they concluded their presentation.

COMMUNITY PRESENTATION – COMMUNITY SUPPORTS FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS

A community panel was convened to discuss key issues in the community in regards to mental health and substance use issues. A summary of the discussion is as follows.

Polaris House

Bruce Van Dusen, director of Polaris House, stated that Polaris House is for adults who are living with a mental health illness diagnosis. They focus on housing, education, employment, and community supports and services. He stated that as long as people live on government support, they will live in poverty; and as long as they live in poverty, people will continue to display certain types of problems that go hand in hand with poverty. He felt that the community doesn't really have a shortage of services other than crisis respite.

Bruce Van Dusen stated that Polaris House is open seven days a week and they offer such things as social programs, game nights, movie nights, bingo. Activities on the weekends often involve picnicking and socializing at the beach. They have a little over 200 members, 43 of whom are active members. 42 percent of the 43 active members are Alaska Native. They also are open all holidays and host Christmas and Thanksgiving dinners.

Bruce Van Dusen stated that Polaris House also has three different supported employment programs to serve people in various stages of unemployment: basic employability skills, traditional supported employment, and independent employment. Juneau is not lacking for job opportunities, and Polaris House works with a number of employers who are eager to take employees in this program.

Juneau Youth Services

Amy Taylor, executive director at Juneau Youth Services (JYS), stated that JYS started as an orphanage in 1961 and for a long time has been primarily providing intensive residential treatment services for children and youth. They have been trying to move a little bit to make a more robust continuum of care into outpatient services and community-based services. She stated that their biggest challenge is staffing, because a lot of their services require a licensed therapist or a master's level therapist, and they are extremely difficult to get up here.

Amy Taylor stated that the facility will have a dedicated outpatient building in a year or so, and administrative services will be located somewhere else. On their campus they have three buildings, the emergency shelter Cornerstone for youth, and upstairs is the Transitional Living Program for youth age 16 or so that will most likely not reunify with their families. They also have two level IV units, a boy's unit, Montana Creek, and a girl's unit, Lighthouse. Where Lighthouse used to be located in Mendenhall Valley will soon be vacated by the current renter, and Amy's thoughts are that the space could be utilized for residential treatment for very young children, which they are seeing as a growing need in the community.

NAMI Juneau

Crystal Borland, the director of NAMI Juneau, stated that NAMI has affiliates on the North Slope and in Anchorage. They are an affiliate of the National Alliance on Mental Illness, and they are trying to fill in some of the gaps to help support family members and caregivers for individuals who are living with mental illness. They provide multisession education and programming as well as informational seminars and support group facilitation. They also connect people to services and educate people on Crisis Intervention Teams (CIT). Crystal also noted that the state organization just started an online family support group that is open to anyone in Alaska, and it meets once a month. They hope to expand their support group offerings through Support Group Central in a month or two. She was asked to send that information out to the Boards.

Crystal Borland shared some of the successes in the community over the last few years such as trauma-informed schools and CIT training. Some of the gaps she sees is workforce development and having trained professionals in the community behavioral health system. Crisis respite is another big key for NAMI as is early intervention and recognizing the warning signs early, particularly for youth in the schools who are presenting with mental health needs.

JAMHI Health & Wellness

Dave Branding, CEO of JAMHI Health & Wellness, stated that the organization JAMHI has been in Juneau for over 30 years and began as a grassroots organization that was established to ensure there was safe, affordable housing for adults with serious mental illness. It started out as JAMI, and then it grew into JAMHI, Juneau Alliance for Mental Health, Inc. and really focused on delivery of clinical and rehabilitation services in addition to residential services. Three years ago, JAMHI began to provide integrated primary care services. About a year ago JAMHI merged with the National Council on Alcoholism and Drug Dependence, Juneau Chapter, and

became JAMHI Health & Wellness and incorporated JAMHI's focus on mental illness and co-occurring substance use disorders along with a specific focus on substance use disorders. He stated that from their two different clinics, JAMHI served 597 people in the last year. They do psychiatric emergency services with about 700 contacts per year.

Dave Branding stated that they focus on specific outcomes, such as helping people obey laws. 97 percent of people JAMHI serves in case management report no arrests in the last 30 days. They also help people avoid unnecessary inpatient hospitalization. Approximately 95 percent of people that receive case management services haven't been hospitalized in the last year for inpatient psychiatric reasons. For those that were hospitalized, less than three percent of those people go back to the hospital again within 30 days of discharge.

Approximately 22 percent of the adults that JAMHI serves are employed, and this is an area that Dave Branding feels they could improve. He also noted that services for older adults and seniors is another emerging population that is challenging them right now to serve them in their own homes.

Juneau Police Department (JPD)

Patrick Taylor stated that he is with the criminal investigations unit and is also the unofficial CIT coordinator for the department. He noted that approximately 30 officers have gone through CIT training at JPD. When he is not investigating a case, his job is to be a link between JPD and the other organizations that are represented on this panel. He also assists consumers to get access to services in Juneau, and he fields phone calls from consumers and tries to point them in the right direction.

Patrick Taylor believes that the two big issues in Juneau are training for the police department and the community and manpower. He stated that he has given numerous presentations to a variety of city staff and community organizations, and they are all asking for help on dealing with someone who is experiencing a mental health crisis or is impaired by a substance. His struggle with CIT this past year has been adapting the program to match the resources that are available for training in Juneau.

In terms of manpower, Patrick Taylor stated that police officers are hard to recruit and retain everywhere, which makes it difficult to respond to someone in a mental health crisis when there is only a small number of officers on duty to respond to all issues in the community at any given point in time.

Krag Campbell, a patrol lieutenant for JPD, stated that he supervises all of the uniformed patrol officers. Some of the issues they face for people who experience mental health and substance use issues is homelessness. They are often called to deal with homeless people on the streets, but the police department is not really set up to provide services to people. If there was a simple process for referral for officers, that would be more efficient. Right now the police do not have a place to send homeless people. The warming shelter is only open on a limited basis and is not usually available. Glory Hall is an option, but they have specific rules for being there, such as not being intoxicated and adhering to a curfew.

Sharon Fishel volunteered to connect JPD with Youth and Adult Mental Health First-Aid training for the officers, which Patrick Taylor was interested to learn more about.

Panel members were asked to discuss their concerns related to the proposed Governor's budget and funding in general. The following thoughts were shared:

- Concerns about the Comprehensive Behavioral Health Treatment Recovery grants.
- Currently don't bill Medicaid for services.
- Concern over moving to a managed system of care.
- Concerns over cuts to Medicaid for those agencies that rely heavily on Medicaid billing.
- If there are cuts to services to serve the homeless populations, there will be more homelessness, more issues, and more people causing problems.

BOARD BUSINESS, CONTINUED

API Appointment

Robert Coghill **MOVED** to designate Charlene Tautfest as the AMHB representative on the API Governance Board, **SECONDED** by Sharon Clark. Charlene Tautfest accepted the nomination. A vote was taken, and the motion **PASSED**.

Within Four Walls Medicaid Limitations

Michael Horton explained that the "within four walls" rule is one that states that in order for it to be counted as psychotherapy, the service has to be performed within the four walls of a clinic or a designated clinic-like location. He was recently made aware that that could be expanded and locations could even include schools. He also stated that rehabilitative services are excluded from this four walls rule, but rehabilitation services pay quite a bit less than other services.

Philip Licht added that this rule has always been in place, but many providers in Alaska were not abiding by it because they didn't know about it, and now the state is enforcing it.

Board Reappointments

Lee Breinig noted that there are a few members whose terms are about to expire that need to contact Boards and Commissions if they would like to reapply.

Legislative Advocacy

Board members engaged in a discussion regarding legislative advocacy they should focus on during their legislative visits including effects of Medicaid cuts on beneficiaries as well as the loss of the FMAP if Medicaid services are cut.

Focus on Alcohol Use

Bev Schoonover stated that after attending a recent conference, she learned some interesting information regarding studies on brain science for alcohol use with youth that have come to

fruition. She believes there is an opportunity for the Board members to engage in advocacy, education, research, and policy on alcohol use. She asked for the Boards' feedback on exploring this issue. Board members were in favor of staff exploring this topic and coordinating with other statewide partners on this issue.

Members of the Boards also requested staff to look up the current budgets regarding tobacco prevention and intervention.

Statewide Suicide Prevention Council Appointee

Robert Coghill stepped down from his seat on the Statewide Suicide Prevention Council. James Duncan volunteered to take the seat. Robert Coghill **MOVED** that James Duncan be the ABADA representative on the Statewide Suicide Prevention Council, **SECONDED** by Kenneth Swazer. James Duncan accepted the nomination. A vote was taken, and the motion **PASSED**.

Stigma-Busting Campaign

Charlene Tautfest suggested that both Boards engage in a stigma-busting campaign after the legislative session that would engage a variety of stakeholders to participate in. After brief positive discussion among members of the Boards, Charlene Tautfest **MOVED** that the Boards look into partnering with other organizations for a stigma-busting campaign, **SECONDED** by Sharon Clark.

Discussion ensued.

Bev Schoonover provided the members of the Boards with a brief history of past stigma-busting campaigns that have taken place in the state. Board members discussed the importance of community awareness about the issues faced by their beneficiaries, noting that it's also important to have a consistent message with other stakeholders.

Hearing no objection, the motion **PASSED**.

Executive Committee Meeting with the Governor's Staff

Charlene Tautfest opened up a conversation among the Board members regarding what they would like to see the Executive Committee discuss with the Governor's staff during a meeting scheduled for today. It was recommended that they educate about who the Boards are and what they do, and to also discuss the Boards' priorities in a general way to include community-based services, housing, and the other topics of concern for the Boards. It was also suggested to thank the Governor for what was left remaining in the budget, and to also ask what the Governor's stance is moving forward on what Medicaid reform is going to look like and how it would impact beneficiaries, and also remind the Governor about the loss of matching FMAP funds if Medicaid is cut. It was also recommended to thank the Governor for the support of the 1115 waiver.

RECESS

The meeting was recessed at 3:45 for the Executive Committee to attend the meeting with the Governor's staff and public testimony.

PUBLIC TESTIMONY

Public testimony was heard and a full transcript was prepared.

Thursday, March 7, 2019

CALL TO ORDER – ROLL CALL – 10:30 a.m.

SITE VISIT DEBRIEF

Board members shared their experiences at site visits as follows:

Forget-Me-Not Manor and Midtown Clinic

- Housing First model works.
- Was very interesting to hear about the transformed lives of the people who reside there and are safe.
- Staff is great and creative in methods of serving residents.
- Both mental health services and medical services are provided on site for the residents of the manor and people in the community.
- They will be building a second building when they have all the funding pieces figured out.
- Services were outstanding.
- They don't seem to be doing well financially. No benefits for staff other than vacation time.
- There have been five people that died there so far, but they died with dignity and not on the street.
- There are 32 rooms occupied 100 percent by people experiencing severe mental illness.
- 80 percent of their population is Alaska Native.
- The 12-Step program is not effective there, and they have started a talking circle instead.
- They struggle with staff turnover and are looking into some partnerships in the community.

Johnson Youth Center

- Nice looking facility.
- Staff seem to have the best interests of youth at heart. Very compassionate.
- A very well-run program.
- Program is trauma focused and strength based.
- Strong emphasis on vocational transition.
- They have a good working relationship with the school, and the local high school teachers come in to provide education.

- The census age has gone down from 17 – 18 years old to more like 15 – 16 years old.
- A downfall is that the facility doesn't serve females, and the females are sent to McLaughlin Youth Center. They stated that the females tend to have more mental health issues and are better served in McLaughlin's programs.
- Sex offenders are also sent to McLaughlin.
- It was noted by the facility that some family members want to engage with their children and be supportive, and there are other family members that don't want to engage. The facility spends a lot of time trying to find any other family members other than the parents that might want to participate.

Bev Schoonover announced that Tracy Dompeling, director of the Division of Juvenile Justice has applied to be on the Boards. As soon as the position has been formalized, she will attend the fall meeting.

BOARD BUSINESS, Continued

Provider Health Insurance

Robert Coghill brought up the issue of non-governmental non-profit agencies having staffing issues because they can't afford health insurance to offer to staff. Michael Horton stated that it's a serious problem that care providers are in a precipitous position where they are looking at their own homelessness if they miss a paycheck of two, and they cannot afford health insurance to take care of themselves. He felt there is a responsibility to serve the direct care providers that are caring for beneficiaries.

Renee Schofield stated that the Trump administration put forth the ability for entities to pool together for health insurance. She noted that the Alaska State Chamber is exploring this option and plans to offer an insurance plan on July 1st. She suggested that non-profit associations could consider the same.

Elizabeth Schultz suggested inviting Foraker Group to attend their next meeting so they could have a more in-depth conversation about this.

Debrief Executive Committee Meeting with Governor's Staff

Bev Schoonover began a debrief of the meeting yesterday with the Governor's staff. Highlights from the debrief were as follows:

- The staff seemed to confuse the Boards with the Trust.
- They seemed to want the Boards support in pressuring the Trust to spend more money.
- Board members were able to divert the conversation back to educating about the Boards and their priorities.
- They were looking for the Boards to offer suggestions about where the legislature would find the money to pay for issues and programs the Boards are in support of.
- If there are regulations the Boards feel are impeding the ability to provide services needed, please let them know how the regulations can be changed.

- Andy Jones will be a good person to be a contact point for the Governor's office because of his history and experience with issues of importance to the Boards.

Public Comment Debrief

Multiple members of the Boards shared their concerns regarding some disturbing public comment received during this meeting. Board members questioned what type of advocacy they can do for someone who presents to them that they are in a life or death crisis. It was suggested that perhaps a couple of Board members or staff could be tasked with doing further research when troubling testimony is presented to the Boards.

Board members also remarked that the comments from the Ombudsman were very insightful and should be considered regarding the privatization of API.

FINAL COMMENTS AND ADJOURN

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

James Duncan **MOVED** to adjourn, **SECONDED** by Sidney Atwood. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 11:40 a.m.

MOTIONS

1. Sidney Atwood **MOVED** to approve the agenda and the minutes from the October 2018 meeting, **SECONDED** by Jaye Palmer. Hearing no objection, the motion **PASSED**, page 3.
2. Sharon Clark **MOVED** to recess the meeting, **SECONDED** by Cathy Bishop. Hearing no objection, the motion **PASSED** and the meeting recessed at 4:51 p.m., page 8.
3. Robert Coghill **MOVED** to designate Charlene Tautfest as the AMHB representative on the API Governance Board, **SECONDED** by Sharon Clark. Charlene Tautfest accepted the nomination. A vote was taken, and the motion **PASSED**, page 31.
4. Robert Coghill stepped down from his seat on the Statewide Suicide Prevention Council. James Duncan volunteered to take the seat. Robert Coghill **MOVED** that James Duncan be the ABADA representative on the Statewide Suicide Prevention Council, **SECONDED** by Kenneth Swazer. James Duncan accepted the nomination. A vote was taken, and the motion **PASSED**, page 32.
5. Charlene Tautfest **MOVED** that the Boards look into partnering with other organizations for a stigma-busting campaign, **SECONDED** by Sharon Clark. Discussion ensued. Bev Schoonover provided the members of the Boards with a brief history of past stigma-busting campaigns that have taken place in the state. Board members discussed the importance of community awareness about the issues faced by their beneficiaries, noting that it's also important to have a consistent message with other stakeholders. Hearing no objection, the motion **PASSED**, page 32.
6. James Duncan **MOVED** to adjourn, **SECONDED** by Sidney Atwood. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 11:40 a.m., page 35.