

# **Advisory Board on Alcoholism and Drug Abuse Alaska Mental Health Board**

## **Quarterly Board Meeting Minutes Kenai, Alaska**

September 24 - 26, 2019

### **ABADA Members Present:**

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

### **AMHB Members Present:**

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

### **ABADA Members Absent:**

Renee Schofield - excused  
Joanne Schmidt - excused

### **AMHB Members Absent:**

Stephen Sundby – excused  
Joanna Cahoon – excused  
Rebecca Petersen – excused

### **Ex-Officio Members Present:**

Sharon Fishel  
Cathy Stone  
Duane Mayes  
Tracy Dompeling

### **Staff:**

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

### **Ex-Officio Members Absent:**

Adam Rutherford  
Gennifer Moreau-Johnson

Minutes Prepared by: Paula DiPaolo, Peninsula Reporting

**Tuesday, September 24, 2019**  
**CALL TO ORDER – 9:30 a.m.**

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

**ETHICS DISCLOSURES**

<b>Lee Breinig</b>	Is a voting shareholder with Sealaska and Kivilco, PFD recipient, and has a family member who is a Trust beneficiary.
<b>Charlene Tautfest</b>	On the board of Peninsula Community Health Services, which bills Medicaid.
<b>Elizabeth Schultz</b>	Family member with a mental illness, works for All Alaska Pediatric Partnership as the Help Me Grow outreach coordinator.
<b>Dr. Enlow Walker</b>	Bills Medicaid and other programs for direct patient care. On the Fairbanks North Star Borough Health and Social Services Commission, which helps distribute a number of state grants.
<b>Robert Coghill</b>	Shareholder in a liquor store.
<b>Sidney Atwood</b>	Provides part-time counseling with the Partners Re-Entry Center.
<b>Michael Horton</b>	Community and family services director at Chugachmiut, recipient of the rural human services grant, the child wellness compact, the tobacco prevention and intervention grant, and bills Medicaid.
<b>Jaye Palmer</b>	Medicaid recipient.
<b>Cathy Bishop</b>	Clinical supervisor of a long-term residential program that is grant funded, and has a family member with a mental health disability.

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

**APPROVAL OF THE AGENDA AND PREVIOUS MEETING MINUTES**

Robert Coghill **MOVED** to approve the minutes from the March 2019 meeting, **SECONDED** by Sharon Clark. Hearing no objection, the motion **PASSED**.

Robert Coghill **MOVED** to approve the agenda as published, **SECONDED** by Jaye Palmer. Hearing no objection, the motion **PASSED**.

**TRADITIONAL AND COMMUNITY WELCOME**

**Kenaitze Tribal Council**

Mary Ann Mills, council member for the Kenaitze Indian Tribe, welcomed the Board members to Dena'ina country. She stated that to deal with issues of mental health and substance abuse, the Kenaitze Indian Tribe established a joint jurisdiction Henu Wellness Court with the State of Alaska and has thus far been successful with a zero percent recidivism rate. The Henu Wellness Court is based on Dena'ina values of restorative justice and includes wrap-around services for housing, transportation, behavioral health, and family services. She stated they have found that

trauma is the main cause for substance abuse and violence among their society, and it is important for all governments to come together in a united effort to deal with the behavioral health and opioid crisis.

Patricia Kelleher, the director of behavioral health for the Dena'ina Wellness Center, shared that she and the executive director Dawn Nelson will be providing the tour for board members during the site visit.

### **City of Kenai**

Vice Mayor Tim Navarre and City Manager Paul Ostrander welcomed members of the Boards to Kenai and apologized that Mayor Gabriel was unable to attend today. They presented to the Board members a PowerPoint created by the Mayor, Vice Mayor, and City Manager as follows:

- Substance abuse in the City of Kenai is a significant contributor to community-wide issues including homelessness, theft, domestic violence, and overdoses mortalities. The costs of substance abuse affect everyone and are cumulative.
- The number of needles that are found discarded and reported to police has risen dramatically over the last 10 years, with the most significant increase occurring over the last two years.
- The drug overdose mortality rate is higher on the Kenai Peninsula than the Alaska or United States average.
- The City of Kenai has seen a gradual increase in the number of drug and alcohol-related police calls since 2008, and the number of reported thefts directly correlates with the increase in drug and alcohol calls.
- Substance Abuse affects everyone and requires a collaborative community approach. The best way to be successful in addressing substance abuse in this community is to gain awareness through collective dialogue, and structure a solution that converts to action.
- The impacts of substance abuse that the City is able to quantify effectively at this time are limited to law enforcement statistics, which demonstrates the need for a greater focus on health and wellness as a community priority across all sectors.

Vice Chair Navarre and City Manager Ostrander fielded questions from members of the Boards and concluded their presentation by highlighting the need for collaboration among Peninsula entities.

### **Kenai Peninsula Borough**

Mayor Charlie Pierce welcomed the Boards to the Kenai Peninsula and noted that Kenai has the designation as an All-American City. He reiterated some of the needs and issues from the preceding presentation and noted that irresponsible behaviors and actions are everlasting, and it's pretty discouraging at times. He stated that Alaska is going through some challenges, and he noted that a healthy economy where people are collaborating and working together would result in success. When he thinks of the successes achieved in his family, he relates it to he and his wife having good jobs with steady incomes.

Mayor Charlie Pierce shared a story of a neighbor recently that neighbored a known drug house on the Peninsula. People at this house were firing a firearm into a dirt pile, and there was a business on the other side of the dirt pile, and a bullet went through the wall during operations of the business. The troopers investigated and nothing happened as a result because no one got hurt. He noted that the tendency is to protect the rights of those that would cause harm instead of protecting the individuals that want to be protected from these individuals.

He thanked the Boards for dealing with our families, our friends, and our neighbors and trying to make things better. He encouraged everyone to share, learn, listen, and always be safe.

### **Salamatof Native Association**

Chief Tribal Officer Jon Ross welcomed the Boards to Kenai and through his PowerPoint presentation, shared pictures of his family and demonstrated the many communities and villages inhabited by the Tribe on the Peninsula. He recited a prayer to the Boards as a blessing for the meeting. He shared that the Dena'ina people are somewhat divided by a variety of different organizations, but they are trying to unify.

Jon Ross stated that issues facing their people include mental health, addictions, and high incarceration rates. He stated that their history shows that they are survivors of survivors because by the time Americans had contact, 90 percent of their people were gone from disease. Collectively they need to understand what happened to them as a people.

Jon Ross stated that American education has greatly impacted their people, and he shared a quote from one of the leaders of a boarding school: *We instill in them a pronounced distaste for the Native life so that they will be humiliated when they are reminded of their origin. When they graduate from our institutions, the children have lost everything Native except their blood.* He noted that this has been a part of their experience that has had long effects that continue to impact them today.

Jon Ross stated that the Salamatof Tribe was established in 1989. In 1993 they received federal recognition, and in the last few years they have reinvigorated the tribe and they are trying to reestablish their culture and pay attention to their lands and environment. They are trying to unify amongst themselves with the Kenaitze and their local Native community. They collaborate frequently on housing, fisheries, healthcare, education, and Tribal Court. They are also working to reestablish clans and focus on education, and they have a new Head Start facility that is in the planning stages right now. They are also embarking on a 36-year plan to try to restore their language and culture by looking at the New Zealand Maori and what they have been doing with their culture revitalization.

### **ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES UPDATE**

Deputy Commissioner Al Wall began his presentation by answering some of the Board member questions from earlier during the welcome presentation. He noted that there are at least four

organizations in town that do medically assisted treatment (MAT), and there are at least 14 treatment beds through Serenity House.

Deputy Commissioner Wall stated that there is a great deal moving in the department right now, and the behavioral health care system is moving very rapidly to the 1115 waiver. He stated that he recently had an opportunity through a Milbank technical assistance trip to go to Arizona to look at how Arizona implemented their 1115. He stated that Arizona implemented a model called Crisis Now, which is based on crisis stabilization. Prior to the implementation of the 1115, there was no billing source for crisis stabilization for behavioral health, so the only place to go was to the ER or jail, neither of which is appropriate for a psychiatric patient. The Crisis Now model attempts to stabilize the person and de-escalate their issues. By implementing this model, Arizona was able to divert all emergency room calls and all of the jail calls by diverting to a crisis stabilization center, which is empowered to triage all the patients and treat them immediately. This service is provided at a much lower cost of care than the other alternatives. The results of Arizona's system are astonishing in that they completely eliminated emergency room visits for a behavioral health crisis, and the crisis stabilization center is a fraction of the cost of an emergency room visit.

Another benefit of the Crisis Now model is that there is a psychiatric outlet so the person can be committed if needed, but they are finding that approximately 78 percent of all their calls don't need any sort of medical intervention. The model can hold the individual for 23 hours, de-escalate their problem, and get the person connected to the outpatient care they need.

Deputy Commissioner Wall stated that he will share the presentation he was given in Arizona, and he noted that he attended the presentation with a couple of legislators and a representative from the Office of the Governor.

Deputy Commissioner Wall reported that phase 1 of the 1115 is in place, providers are being enrolled, and the new billing codes are being used. The IMD exemption for substance abuse treatment has also been lifted. Next on the horizon will be the mental health system 1115 and implementing some other levels of care that currently don't exist in Alaska, such as crisis stabilization. There is not a start date for the Administrative Services Organization (ASO) because there will be more responsibility placed on the ASO because of the crisis stabilization than was originally thought. They are still trying to determine how much responsibility the ASO wants to take on versus how much responsibility the State will have.

Deputy Commissioner Wall fielded questions from the Board members regarding the 1115 portion of his presentation, and he continued on to discuss the current status of API. API has progressed a great deal. The immediate crisis is over, but there continue to be ongoing issues. API has been cleared by CMS and Joint Commission, and they have hired a clinically appropriate number of psychiatrists and psychiatric staff. Their most recent CEO left to take another position, so John Lee, director of the Division of Senior and Disabilities Services, is acting CEO, as he has previous hospital administrator experience. There are a number of qualified candidates they will be interviewing for a permanent position.

Deputy Commissioner Wall stated that they have made a lot of progress with the Governing Body of API. He noted that the structure for a governing board of API didn't really exist in the past, and they are making great strides toward seating a true authoritative board to oversee the hospital that is not primarily composed of API staff. He noted that Charlene Tautfest represents the Boards on that body as a voting member.

Deputy Commissioner Wall stated that there is a feasibility study on API privatization that will be coming out, and the results will determine the hospital's parameters for the future.

Deputy Commissioner Wall fielded additional questions from the Board members related to his presentation, and Bev Schoonover noted that the Division of Behavioral Health will give a very detailed presentation on the 1115 at the next meeting of the Boards.

## **BOARD BUSINESS**

### **Old Business – AMHTA Audit Response**

Brenda Moore-Beyers explained that the Boards have convened a committee consisting of herself, Charlene Tautfest, Sidney Atwood, and Kenneth Swazer, and their purpose has been to gather more information related to the Trust audit and draft a response. They had a meeting with Mike Abbot to explain to them the regulatory changes they are making, and the committee members are continuing to do additional research to understand all of the ramifications of the Trust actions at this point in time. Bev Schoonover noted that any Board members interested in participating in this committee should contact her, and they will convene when the regulation changes public comment period opens up.

Committee members engaged in a conversation about the historical occurrences that resulted in the Trust's legislative audit and the role the Boards play as a beneficiary board of the Trust. Eric Boyer stated that he would make note of the concerns and questions of the Board members and will pass them along to Katie Baldwin-Johnson, who will be providing a Trust report to the Boards during tomorrow's meeting. He noted that if all of their questions can't be answered at this meeting, Mike Abbott may be able to attend their next meeting in Anchorage to discuss issues further.

Bev Schoonover stated that there are two more Trustees that need to be appointed by March, and the vetting committee will include representation from these boards as well as the other beneficiary boards.

### **Action Items**

Bev Schoonover stated that at their last meeting, the Boards voted to engage in a strategic plan for alcohol misuse reduction. Staff were also asked to work on a stigma busting campaign. Shortly after the Boards' last meeting, the Trust announced that they were engaging in a \$300,000 stigma campaign through radio and TV ads. She noted that it was a great campaign,

and the Boards can continue their work on this under old business to do some follow-up work on the Trust campaign.

## **NEW BUSINESS**

### **Executive Director's Report**

Bev Schoonover directed members of the Boards to her written report in their packet and highlighted that the AMHB/ABADA budget for FY'20 was reduced primarily in their travel budget line, which represents a 50 percent overall travel budget reduction. They are planning for a winter meeting in Anchorage, but staff will need to ensure they have enough money for that meeting before they solidify those plans.

Bev Schoonover reported that they hired Val Cooday to be the Boards' statistical technician I. Her main duty is to support planning staff in gathering data to further the Boards' initiatives. They still have one unfilled position, which is the planner II and/or the executive director position. The hiring status is to be determined.

Jennifer Weissaupt informed the Boards of her job duties by stating that she has been attending conferences, and her focus has been on early childhood. In addition to that, she has been helping Bev Schoonover with letters of support and position papers on bills. At the last Board meeting, the Boards wanted to help the State do a strategic plan on prevention of alcohol use, which is something Recover Alaska is focusing on. Recover Alaska recently received a large grant, and the Boards will be supporting that by participation on the steering committee.

Jennifer Weissaupt reported other activities she's been involved in as follows:

- Healthy Alaskans 2030 health indicators
- Updating the Boards' website
- Integrated Comprehensive Mental Health Plan has been finished.
- Statewide Suicide Prevention Plan
- Involved with PAL-PAK
- Family First Act will be providing prevention funds. OCS is working with the Child Welfare Academy and others to start looking at what Alaska has to do.

Teri Tibbett provided an update on her activities by reporting that her main priority is as staff to the Boards, but she is also the advocacy coordinator to the Trust and the Trust's beneficiary boards, which also include the Alaska Commission on Aging and the Governor's Council on Disabilities and Special Education. As the advocacy coordinator, she works with these groups on advocacy issues for their joint priorities. She noted that she has two different e-mail addresses depending on which role she is working in, either as staff to the Boards or as the advocacy coordinator for the Trust.

Teri Tibbett stated that she is also the staff liaison from the Boards to the criminal justice issues in the state related to housing and behavioral health issues for individuals involved in the criminal justice system. She is also the staff liaison for anything related to Fetal Alcohol

Spectrum Disorders, and she coordinates the FASD Partnership. Teri stated that she is also the liaison for peer support efforts happening around the state.

Bev Schoonover introduced Kyle Galano, the Boards' administrative staff, and Eric Morrison, the coordinator for the Statewide Suicide Prevention Council.

### **Nominating Committee**

Both Boards previously enlisted members to participate in nominating committees for the seats of their respective boards. It was noted that there are a number of seats up for reappointment, so the nominating committees were trying to figure out how to put a slate forward not knowing who would be reappointed. Board members discussed the seats available on both boards, and elections will take place on Thursday.

### **Hiring Committee**

Board members discussed that convening the hiring committee for the executive director has been put on hold momentarily. The Executive Committee determined that they wanted to ask that Bev Schoonover be reconsidered for the position, and they sent a letter to Chief of Staff Ben Stevens. They are waiting to hear back. In the event that Bev Schoonover is not offered the position, the hiring committee will be reconvened to vet candidates for the position.

### **RECESS**

The meeting recessed at 1:36 p.m. to attend site visits to LeeShore Center, Dena'ina Wellness Center, Peninsula Community Health Services, Central Peninsula Hospital, Kenai Peninsula Youth Facility, and Wildwood Correctional Center followed by a dinner and tour of Ionia.

### **Wednesday, September 25, 2019**

#### **CALL TO ORDER – 9:30 a.m.**

#### **PRESENTATION: HENU COMMUNITY WELLNESS COURT**

Shera Burg and Tribal Court Judge Evelyn Huf welcomed the boards to Kenai and presented a PowerPoint as follows:

#### **Henu Community Wellness Court**

- Collaboration between Kenaitze Indian Tribal Court and Kenai Superior Court.
- Henu is the Dena'ina word for work, job, task.
- Henu Court started operations in 2017 and became one of two joint jurisdiction felony drug courts in the United States.
- Henu is the only joint jurisdiction drug court in Alaska.
- There have been six Henu graduates since 2018, and none have reoffended.
- Henu project mission: Supporting wellness and rehabilitation for those in need through a cooperative justice program to create a safe and healthy community.

### **Henu Wellness Court Multidisciplinary Core Team:**

- Henu participant
- Tribal court judge
- Superior court judge
- Public defender or assigned attorney
- Substance abuse treatment providers
- District attorney
- State probation officer
- Tribal probation officer(s) and case managers
- Many community partners.

### **Target Population:**

- Felony charge with a history of substance abuse
- Felony DUI charge
- Participants cannot be charged with a violent offense such as assault, drug distribution, or sex offenses.

### **What is the Henu Wellness Court?**

- Kahtnuht'ana Dena'ina traditional cultural values are woven into the therapeutic court process.
- The court consists of:
  - Intensive outpatient substance abuse treatment
  - Intensive probation supervision
  - Frequent UAs
  - Weekly court hearings and core team meetings
  - Program lasts 18 to 24 months.
- Optimum outcomes for participants include:
  - A lifetime of sobriety
  - Reunification with family, healthy family environment and peer group
  - Avoidance of additional future charges
  - Avoid possible felony convictions
  - Avoid incarceration
  - Gain employment
  - Become a mentor to other participants.
- Henu Community Wellness Court Goals:
  - Enhance public safety, reduce recidivism, and reduce incarceration rates among participants.
  - Reduce the costs associated with re-arrest, criminal case processing, and incarceration of Henu participants.
  - Use evidence-based practices to enhance well-being and promote self-sufficiency while participants reside in the community and rebuild their lives.
  - Conduct outreach to inform the public about the benefits of therapeutic courts.
  - Complete and document an annual team review of policies and procedures; contracts and handbooks.
  - Conduct team trainings to assure best practices are used.

## **Henu's Four Phases:**

**Phase 1: Trust Phase.** Show up and be honest. Minimum of 120 days, which includes an orientation phase. Drug and alcohol testing minimum of three per week, random field and home visits, weekly court hearings. Reporting to PO is based on risk assessment, progress, and program compliance, treatment follow-through, begin MRT therapy, update Life Change Plan, ancestry project and "I am" poem. Curfew based on individual, attend Recovery or other approved group meeting - minimum of three per week.

Participants receive assistance in obtaining housing/shelter, food, and clothing. They start reestablishing connections with the community and their families. The Kenaitze Indian Tribe provides a free gym membership at the Dena'ina Wellness Center and other services to address a person's whole health.

**Phase 2: Belonging Phase.** Education and service planning, learn about issues and opportunities identified in the trust phase. Minimum of 120 days. Three random UAs, at least four home visits, random field visits, bi-weekly court status hearings, weekly report-in with PO either by office visit or telephonic check-in, continued outpatient treatment, participation in Better Choices, Better Health Program, MRT, continue development and follow Life Change Plan, Creative Values project. Curfew based on individual. Attend approved group three times per week.

Participants are assisted with either job placement, pursuing their education, or volunteering their time.

**Phase 3: Living Well Phase.** Skill development and feedback, learn new skills and build confidence in yourself. Minimum of 120 days. Two UAs per week, two home visits, random field visits, monthly court status hearing, weekly reporting to PO in-person or telephonically. Follow treatment plan and/or completion, MRT, reassessment of current risks/needs, develop an education/vocation plan, follow Life Change Plan, Creative Cultural Project. Curfew based on individual, attend recovery group at least weekly or as recommended.

Some participants are able to get their driver's licenses back and learn budgeting so that they can buy a vehicle and maintain housing. They volunteer in the community and attend Circles for other community members.

**Phase 4: Restorative Phase.** Maintenance and transition, maintaining sobriety and transitioning to a truly healthy lifestyle. Minimum of 180 days. Two UAs per week, one home visit, random field visit, monthly court status hearing, weekly reporting to PO in-person or telephonically. Follow treatment recommendations and/or completion, MRT, develop an appropriate family contact, create and submit a Safety/Relapse Prevention Plan. Follow Life Change Plan, curfew based on individual, attend recovery group at least weekly or as recommended/potentially lead meetings, graduation ceremony.

Participants continue making connections with others that will last beyond the Henu program. They receive a Dena'ina name at their graduation and traditional gifts to help give them a sense of purpose and confidence in their achievement.

### **Graduation Criteria**

- Complete graduation questionnaire
- Submit a petition for graduation
- Have a safety/relapse prevention plan
- Ongoing safe, sober housing
- Work, school, or service hours
- Restorative justice project
- 180 days of continued sobriety
- Fulfill all court obligations.

### **Ts'ilq'u Circle – Coming Together as One**

- Our lives are a series of challenges. How we face them makes all the difference.
- The Circle offers a way to use difficult times as opportunities to learn and make good choices for ourselves and our community, drawing upon the unifying principles of indigenous cultures around the world, talking, listening, and learning.

Shera Burg and Judge Evelyn Huf introduced successful Henu Wellness Court participant Eli Darien, who shared his story of success having gone through the Wellness Court and maintaining sobriety since March of 2017.

Shera Burg and Judge Huf fielded questions from members of the Boards and concluded their presentation.

### **COMMUNITY PANEL: SUPPORTS FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS**

Lee Breinig introduced the panel members, and Jennifer Weisshaupt explained that the purpose of the panel is for the community to share with Board members the successes and struggles they see in the community.

### **Office of Children's Services (OCS)**

Kathy Calloway and Katherine Quelland shared a PowerPoint presentation to the Boards as follows:

#### **Office of Children's Services:**

**Vision:** Safe Children, Strong Families.

**Mission:** The Office of Children's Services works in partnership with families and communities to support the well-being of Alaska's children and youth. Services will enhance families' capacities to give their children a healthy start, to provide them with

safe and permanent homes, to maintain cultural connections, and to help them realize their potential.

### Child Protective Services:

Child Protective Services serves families whose children have been determined to be unsafe or who are at a high risk of maltreatment by their parent or caregiver. The purpose is to identify, treat, and reduce child abuse and neglect as well as to ensure that reasonable efforts are made to protect and maintain children in their own home. OCS provides protective services for children by:

- Assisting families in diagnosing and resolving problems
- Investigating reports of harm
- Referring families to community resources
- Initiating legal intervention if children are unable to remain safely in their own homes
- Providing out-of-home placements and permanency planning when necessary.

### OCS' Practice Model

- Intake
- Initial Assessment Program
- Family Services Program
- Resource Families Program.

### Protective Services Reports (PSR)

PSRs received from 2014 to 2018 show a statewide increase from approximately 15,000 to 23,000 reports. Neglect is the largest maltreatment type noted statewide between 2018 and 2019, and they can see a correlation between substance use by parents contributing to the neglect rate of children. In 2019 the largest family characteristic is alcohol or drug abuse in 51.4 percent of PSRs, and exposure to domestic violence was noted as approximately 23 percent. In the Kenai area, the family characteristics for PSRs were approximately 58 percent drug and alcohol, and approximately 19 percent domestic violence.

### Children in Out-of-Home Care

Statewide the numbers have steadily increased each month from 2,985 in 2018 to 3,159 in 2019. In the Kenai area during the same time period, for Native children the numbers were 1,874 in 2018 to 2,027 in 2019; and non-Native children it was 1,111 in 2018 and 1,132 in 2019. There is a disproportionate number of Alaska Native/American Indian children in out-of-home placement.

### Substance Misuse, Mental Health, and Child Welfare

- Substance use and/or mental illness are not safety threats. Safety threats are the behaviors associated with substance misuse and/or mental illness.

- Between 70 and 80 percent of cases involve substance misuse and/or mental health. Many involve both.
- 60 to 90 percent of parents with substance use disorders report experiencing at least one or more traumatic events.
- Children in the child welfare system are far more likely to have experienced four ACEs compared to the general population (42 percent versus 12.5 percent).
- Research underscores the urgency of prevention activities to protect children from these and other early childhood traumas. If not prevented, these children are at a greater risk of developing substance use disorders and mental health issues in adulthood.
- Nationally, Alaska had the highest prevalence of parental alcohol or other drug use as a contributing factor for reason for child removal in 2017.

#### *Needs of Families, Parents, and Children Involved with OCS*

- Timely access to assessment and treatment services.
- Culturally competent treatment services where incorporating community-based values, traditions, and customs can bring about positive change.
- Long-term residential substance abuse treatment programs where children and parents can remain connected.
- Systems of care that recognize the impact of trauma on family functioning and recovery.
- Comprehensive mental health services for children, parents, and the family.
- Wrap-around services for chronically mentally ill adults.
- Integrated treatment for those experiencing co-occurring disorders.
- Enhanced collaboration between those working with families.
- Parenting education and skills trainings.
- Safe and stable housing.
- Affordable assessment and treatment services.
- Reliable and affordable transportation.
- Employment opportunities.
- When serving a family holistically, the focus is on the parents' recovery, the child's well-being, and the family's recovery and well-being as a whole.

#### *Positives/Opportunities*

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

### **Cook Inlet Council on Alcohol and Drug Abuse (CICADA)**

Henry Novak stated that he has come out of retirement to return to CICADA. He stated that one of the strengths of CICADA is their ability to be flexible in their service provision to meet people where they are at. CICADA received a grant to provide treatment services at Wildwood. They have also received a grant to deal with opioids and MAT, and he introduced Diane Ogilvie, who also came out of retirement to work for CICADA.

Diane Ogilvie stated that CICADA provides services in both Kenai and Homer, and one of their biggest challenges is maintaining their workforce because local agencies tend to poach employees from each other.

Diane Ogilvie shared the following information about CICADA's services:

- Outpatient treatment services – adolescents and adults.
- Substance use disorder assessments and integrated assessments.
- ASAM programing from .5 to 2.1.
- Promoting Recovery from Opioids through MAT and Intensive Support, Education, and Services (PROMISES) program:
  - Parenting support through a parenting education program.
  - Coping with anger program.
  - Support group for people going through MAT.
  - Case manager that dedicates their time to getting people into higher levels of care and connects them to resources.
  - Cooperative relationships with the medical community.

Diane Ogilvie stated that CICADA is doing a lot of work in distance delivery and telemedicine. These efforts are directly related to a grant from the Trust.

Diane Ogilvie shared the following barriers to outcomes:

- Transportation
- Affordable sober housing
- Workforce development for both clients and clinical staff
- Stable, consistent Medicaid funding.

### **Kenai Re-Entry Coalition**

Fred Kosky, board president for the Kenai Reentry Coalition, stated that the coalition went through a restructuring process after the board was elected in May. Their executive director resigned in June, at which point they discovered they were behind on some end-of-the-year fiscal reporting, so it has been a very busy summer for board members.

Fred Kosky stated that they are in the process of gathering information related to how the Reentry Coalition can work to connect reentrants to the services they need. When they completed their community readiness assessment for 2019, the areas they scored the lowest were

on community knowledge of the issue and community knowledge of efforts. They will be determining a strategic action plan to address those items moving forward.

Fred Kosky stated that he is excited about the opportunity for agency collaboration statewide. The Alaska Native Justice Center wants to host a reentry simulation on the Kenai Peninsula. He noted that it is also important to have the support of the community members going forward. He feels that providers have educated each other on what they do here locally, but there has not been much effort in reaching out to the community.

Fred Kosky shared the following challenges to reentry that prevent success for reentrants:

- Affordable housing
- Affordable, easy access to transportation
- Sober living facilities
- Siloed agencies
- Lack of ability to carry over assessments between agencies, because that tends to be where a timely approach to treatment starts to fall off.

### **Frontier Community Services (FCS)**

Chris Finley introduced himself as the behavioral health program coordinator at Frontier Community Services. He stated that FCS began as a grassroots organization for children with developmental disabilities but has expanded over the years to serve all ages who are primarily diagnosed with a disability, intellectual developmental disability, serious mental illness, or a combination of all three. Most of their clients have co-occurring issues. Programs at FCS include:

- Infant Learning Program
- Circles of Support – families referred by OCS
- Behavioral Health
- Medicaid home and community-based waiver services
- Group homes
- Supported living
- Respite care
- In-home supports
- Nursing oversight
- FASD diagnostic clinic
- Employment services – vocational employment and supported employment with the Reentry Coalition
- 1115 waiver provider.

Chris Finley stated that he has also noticed this community is very siloed, although they are working to improve communication. He also stated that many community members base their opinions of provider agencies on the personality of the people or staff, not really on outcomes. He stated that he believes they need to focus on educating the public on agency outcomes and how well they are doing.

Chris Finley felt that the biggest thing that the community lacks is psychiatry services. There are only two full-time psychiatric providers on the Peninsula, and it is difficult to get an appointment for a psych assessment. What ends up happening is that agencies are relying on general practitioners for short-term service, and general practitioners are not meant to be psychiatric providers.

### **Love In the Name of Christ (Love INC)**

Leslie Rohr, executive director for Love INC, stated that they have been operating as a clearinghouse on the Peninsula since 1987. Their primary focus is to meet the needs of families in crisis within the community to help them access services and resources, and to ensure people aren't going to multiple agencies to get the same service.

Leslie Rohr stated that in the early 2000s they began to see an increase in the number of homeless or near homeless as well as people living in substandard housing. Over the years they have moved into the second phase of their ministry, which is to provide permanent housing placement, preventative services, and supportive services. This year they received a 20 percent cut in their funding for those programs.

Leslie Rohr stated that in 2018 they served 1,456 families, 700 of whom were in need of housing supports. Approximately 21 percent of their resources have gone to the Native population. Last year they had 700 encounters with homeless individuals, 562 of which were unduplicated.

Leslie Rohr stated that their mission is to mobilize local churches to transform lives and communities in the name of Christ. They believe that strong families are healthy families, and they build strong communities. They have worked with OCS, the police department, FCS, and CICADA. They make referrals to and receive referrals from all of those agencies.

Leslie Rohr reiterated that transportation and siloing are two of the biggest issues in the community. She noted that she is on the Kenai Peninsula Continuum of Care. Under HUD mandate for any agencies or communities that receive HUD funding, they are required to go to a coordinated entry program, which is forcing them to come out of their silos and share information and have a uniformed assessment that can be used among agencies. That data is also entered into the HMIS system, which is a universal data management system within the state that is able to track clients who have received services in other parts of the state.

Leslie Rohr stated that one of the challenges is that there is no shelter on the Peninsula, so there is no place for families with children who are in substandard housing or who are living in a vehicle. Housing is an issue, and many of their clients are working multiple minimum wage jobs to try to sustain.

### **Kenai Police Department**

Lt. Ben Langham expressed his appreciation for the Boards as well as the large turnout of community members who came to observe the panel discussion.

Lt. Ben Langham stated that he has been with the Kenai Police Department (KPD) for 18 years and has an opportunity to see the changes in the community. He stated that in the last five years, KPD has seen a 20 percent increase in alcohol and drug-related calls for service. They have had almost double the number of mental health calls during the same time period. Although he doesn't have a statistic, he stated that it is a fact that almost all crime in the City of Kenai is fueled by drugs, alcohol, and mental health. He stated that it is people stealing to feed addictions, and people who are mentally ill that are committing crimes they don't mean to or don't even realize they're doing.

Lt. Langham stated that he and his coworkers deal with these issues at a very acute level. They are responding to crisis, and people need an answer right away. In these situations, officers have four choices:

1. The person has committed a crime, so they are going to jail.
2. Find someone for the person to go with, which is often difficult because the person has most likely burned all their bridges with others.
3. Take them to the hospital, which does not have a psych emergency room and often just releases the person.
4. Let them go.

Lt. Langham stated that when following the law, officers have to determine whether or not the person is gravely disabled or suffering from mental illness and is likely to cause serious physical harm to self or others. It is a pretty high standard for an officer to physically force someone to do something they don't want to do, and oftentimes, the people refuse help. If the person doesn't meet the standard, the officer tries to offer them some help and referrals and then releases them.

Lt. Langham stated that there is not a lot that law enforcement is able to do because of the staffing issues law enforcement is facing nationwide, but he also noted that law enforcement isn't the solution to the problem. He is concerned that they continue to perpetuate the problem by putting these individuals in jail where they do not belong and would be better served by the community with resources that can be provided.

Lt. Langham closed by saying that the community has organizations that are operating independently and aren't necessarily talking to each other. In addition, there aren't enough services available to have an effective response for the community.

### **Kenai Alternative High School**

Patti Lawyer, mental health counselor at Kenai Alternative School, stated that as a traditional school counselor, she had an opportunity to transfer into mental health services thanks to Project AWARE. This is her fifth year in that position, and the grant will be ending in a few days. She noted that after the grant is over, the Kenai Peninsula Borough School District will be

transferring her into the position of a district-wide mental health counselor. There will also be a mental health counselor based in Homer.

Patti Lawyer stated that what she sees often are students dealing with mental health issues but are not getting treatment. She will do risk assessments for the students, but it is a struggle getting them into services because there aren't enough services in the community. They do bring counselors into the school from CICADA to work with youth that have substance abuse issues, and it's nice to have resources to bring directly into the schools while school is in session, but during school vacations, the students are not receiving the help they need.

Patti Lawyer stated that they have a homeless liaison in the district to help students who are homeless or are couch surfing and may be struggling with food. She stated that she assists students in getting on public assistance and food stamps to get their basic needs met. She stated that it has also been really great to have Youth Mental Health First-Aid available on the Peninsula and statewide. 5,000 people have been trained in Youth Mental Health First Aid, and the program has been put in place for most of the high schools, and she has also trained the paramedics at the college.

Patti Lawyer stated that another program they have is Sources of Strength, which is a student-led program with adult supervisors whereby the students are able to hear if someone is in crisis or may be talking about, and the students can alert an adult. They are also doing the Fourth R to teach kids about healthy relationships.

Patti Lawyer felt like one of the struggles in the community is that mental health issues are not seen as a very serious issue, and people are left without services until they get to a critical crisis stage before anyone will help them.

### **Questions to the Panel**

Panel members then fielded questions from members of the Boards. Additional items shared during the Q&A are as follows:

- In terms of siloing in the community, and it was noted that there is a perceived competition between agencies because there is a limited amount of funding, and everyone feels that they are scrambling for the same piece of the pie.
- In discussing the issue relating to the community's perception of agencies, this is a small community where everyone knows everyone, and there are residual negative feelings toward past individuals at agencies that have continued on for many years, although the staff has turned over and changed.
- There has been a recent shelter development meeting, and one of the top priorities is to identify a place they can do supportive housing. Educating the city and borough governments as to the needs of the community are important because the homeless are an invisible population because they are living in the woods.
- The Kenai Peninsula Borough School District (KPBSD) was one of the three Project AWARE sites that put mental health counselors into the school. Although the grant

funding is concluding, KPBSD has kept their mental health counselor positions and will be funding those positions internally.

- Frontier Community Services also has a senior in-home program that serves the senior population living independently with case management and behavioral health services. Independent Living Center, although unrepresented in today's panel, provides many services to the senior population.
- An observation of the businesses in the community noted that there are numerous tobacco and marijuana shops.
- Title 47 needs to be revamped.
- Would love to see Fit Court available on the Kenai Peninsula.
- The faith-based community is in the early stages of developing the Safe Family Program for the Kenai Peninsula.

Bev Schoonover invited panelists and interested community members to attend the public testimony tonight at the Kenai Senior Center, and Teri Tibbett invited everyone to the advocacy training at PCHS on Friday, which is a free training available to advocates to learn to tell their story.

### **ALASKA MENTAL HEALTH TRUST AUTHORITY UPDATE**

Katie Baldwin-Johnson presented to the Boards on behalf of the Trust. She provided Board members with background information about the Trust by stating that it is a perpetual trust that is an endowment set up to ensure there is funding to support a comprehensive continuum of care for Trust beneficiaries who are individuals who experience mental illness, substance use issues, traumatic brain injury, Alzheimer's disease and related dementia, and intellectual and developmental disabilities.

Katie Baldwin-Johnson stated that Anita Halterman has been appointed as a new Trustee and will be confirmed in the next legislative session. In October the Trust will be initiating the Trustee nominating process with Boards and Commissions because Mary Jane Michaels and Loraine Derr will be terming out. The Trust will be working with Boards and Commissions on the process, and the beneficiary boards will all have a part to play in that.

Katie Baldwin-Johnson reported that they worked with all their partners and stakeholders to review the FY'20 and FY'21 budget. That budget had already been approved. When staff and various partners looked at what had been approved, some changes were made. For FY'20 the Trustees approved a total mental health budget of \$32.7 million, which includes both operating budgets for the Trust Land Office and the Trust Authority as well as Trust funds that are used for investing in grants and programs and services.

Katie Baldwin-Johnson stated that for FY'20 there was quite a bit of conversation about the uncertainties of not having an approved state operating budget as well as some of the other policy decisions that were being pursued and implemented such as provider rate reductions, grant reductions to community behavioral health providers, and the recommended elimination of the adult dental program, which all would have a very negative impact on Trust beneficiaries. In

looking at the FY'20 budget, Trustees supported that they increase the funding for dental services. This is not a permanent, long-term solution, and it is not an attempt to try to backfill the amount of resources available through the dental program. But with the information they had available to them, the Trustees learned there were quite a few beneficiaries left in a position of a procedure in progress with no additional benefit to complete the service. The Trust approved \$250,000 for those services.

Katie Baldwin-Johnson acknowledged that the budget uncertainty for community behavioral health providers was a difficult time in that organizations were having difficulty making payroll and started laying off staff because of the uncertainty, which the Trustees were particularly concerned about. Trust funding is not a mechanism for backfilling State dollars; however, Trustees wanted to figure out a way to utilize Trust resources to help calm some of that uncertainty for a very limited period of time to bridge that time period so that agencies were not laying off staff and losing their workforce while they were awaiting their funding from the State. That has been an additional resource that was approved for the FY'20 budget in the amount of \$750,000. To date, seven organizations have been assisted with approximately \$264,000.

Katie Baldwin-Johnson fielded questions from Board members and introduced Eric Boyer, program officer at the Trust.

Eric Boyer reported that one of his main roles is healthcare workforce. He stated that they have a cross-discipline health workforce coalition that meets monthly, and they are working through a five-year plan that addresses primary care, counseling, case management, et cetera. One of their efforts was getting SHARP-III passed through legislation this past session.

Katie Baldwin-Johnson stated that the Trust will be looking towards additional resources for traumatic brain injury, and as they begin looking into their FY'23/'24 budget cycle, recommendations from the beneficiary boards will be welcomed.

Katie Baldwin-Johnson stated that over the past several years, priorities for the Trust have been criminal justice and Medicaid reforms. The Trust will be stepping more fully into looking at how they can use their resources and partnerships to improve the state's crisis system of care in the behavioral health continuum of care. This will be to address people in acute psychiatric distress that have no alternative other than public safety intervening as the primary mobile crisis outreach, drug and alcohol crisis, and people taken to jail or hospital ERs because they lack the necessary community supports. The Trust has supported funding for the study of the civil and forensic side of this issue, and they are looking at the Crisis Now model.

Katie Baldwin-Johnson reported that the Trust has also supported looking at a feasibility study with the State of Alaska to determine whether or not API has any capacity for expansion.

**PRESENTATION: ALASKA'S BEHAVIORAL HEALTH CRISIS CONTINUUM: CIVIL AND FORENSIC**

Thea Agnew Bembem presented to the Boards the key findings and recommendations on Alaska's Behavioral Health Crisis Continuum, Civil and Forensic as follows:

The Trust recently partnered to complete two studies of Alaska's acute behavioral health system:

- Alaska State Hospital and Nursing Home Association's Acute Behavioral Health Care Improvement Project – Civil: Individuals with behavioral health needs in emergency departments and may require civil commitment,
- Division of Behavioral Health's Forensic Psychiatric Hospital Feasibility Study – Forensic: Individuals with behavioral health needs in the legal system who may be court ordered to the competency to stand trial evaluation and restoration process.

Two pressing issues in need of immediate action and long-term solutions:

- ❖ Psychiatric boarding in emergency departments.
  - This occurs when an individual with a mental health condition is kept in a hospital emergency department for several hours because appropriate mental health services are not available. The factors that contribute to the prevalence of psychiatric boarding include:
    - Lack of outpatient resources and treatment coordination.
    - Lack of inpatient capacity.
    - Psychiatric services are relatively unprofitable and are often perceived as less of a need.
- ❖ Backlog in competency to stand trial evaluations and restoration in the forensic psychiatric system. Sequence of events:
  - Competency evaluation ordered prior to the imposition of a sentence.
  - Competency to stand trial evaluation completed within three weeks for misdemeanors, five weeks for felonies.
  - Court date for decision is the next available date after evaluation report is received.
  - First commitment for restoration – 90 days.
  - Second commitment for restoration – 90 days.
  - Third commitment for restoration – 180 days.
  - Discharge is no more than 360 days after admission.

Thea Agnew Bembem reviewed the Sequential Intercept Model of Alaska's forensic psychiatric system that shows significant delays in ability for people to receive a competency evaluation and restoration as well as the paths for people based on the results at the various intercept points.

### **Scopes of Work:**

ASHNHA Acute Behavioral Health Care Improvement Project:

1. Convene stakeholders to identify goals and strategies to improve acute behavioral health services and address gaps and delays in the continuum of care.

2. Prioritize solutions for short and long-term implementation.

DBH Forensic Psychiatric Feasibility Study:

1. Explore feasibility and cost of relocating and/or expanding API's current forensic psychiatric unit.
2. Identify policy, process, and statute changes to address the competency evaluation and restoration backlog at multiple points in the system.
3. Research and analysis of alternatives to inpatient restoration, the forensic psychiatric workforce in Alaska, and improvements to data tracking.

**Project Goals:**

Civil – ASHNHA:

1. Improve patient outcomes and experience of care within the ED and inpatient care settings for patients presenting with behavioral health conditions.
2. Improve staff safety within ED and inpatient care settings.
3. Decrease avoidable ED visits for individuals with behavioral health issues who present to the ED.
4. Decrease avoidable ED revisits for individuals with behavioral health conditions who present to the ED.

Forensic – DBH:

1. Increase safety for individuals with mental illness and for the community, and reduce inflow to the system by reducing contacts with the criminal justice system that result in the initiation of competency proceedings.
2. Increase system efficiency so that individuals proceed through the process to the most appropriate disposition without delay.
3. Reduce returns to the system by connecting individuals with appropriate long-term supports to address health and social needs.

**Target Populations:**

Civil:

- Individuals experiencing acute behavioral health crisis presenting at an emergency department who could require admission to API or other inpatient psychiatric care setting.

Forensic:

- Those needing a competency to stand trial evaluation.
- Those deemed incompetent to stand trial and are in need of treatment to be restored to competency.
- Those non-restorable after treatment who were charged with serious crimes who may be civilly committed.

- Those deemed by the courts to be not guilty by reason of insanity and civilly committed to DHSS custody.

### **Theory of Change: Civil**

- Community Context – Primary prevention – Meeting behavioral health needs before the crisis occurs.
- Emergency Department – Secondary prevention – Addressing behavioral health needs in the ED.
- Return to Community – Tertiary prevention – Reducing readmissions, connecting with other treatment options.

Thea Agnew Bembem referred Board members to the chart for civil and forensic psychiatric continuums of care and noted that there is a great deal of overlap for the civil and forensic continuums because it is often the same population. She also addressed a chart that shows that beginning with the start of deinstitutionalization in 1935, there is a direct correlation between the decrease in institutionalization and the increase in prison and jail admissions nationwide.

### **Behavioral Health Crisis in the ED, a National Issue:**

- One in five ED visits are related to a primary behavioral health diagnosis.
- EDs have seen a 44 percent increase in acute behavioral health visits between 2006 to 2014.
- Patients spend three times longer in the ED than those with a medical diagnosis.
- ED staff spend twice as long locating inpatient beds for psychiatric patients.
- Vulnerable populations are disparately impacted: Low income, Medicaid enrollees, individuals with bipolar, depression, or anxiety diagnosis.
- There are not enough inpatient psychiatric beds or community-based behavioral health services to meet the need.

### **In Alaska:**

- API's civil readmission rate is high, and length of stay is short.
- API's Taku Unit (forensic) has an average length of stay 3.8 times longer than API's civil units – 69 days compared to 18 days in FY'18.
- API's civil units (60 beds for adults, 10 beds for youth) have not been operating at full capacity for years. Taku has consistently remained open at or near capacity.
- Stakeholders shared that the lack of access to behavioral health treatment at the community or inpatient levels increases the number of individuals involved in the forensic psychiatric system.

### **Gaps Revealed in the ASHNSHA Study:**

- Psychiatric capacity – Evaluation and consultation about medication and treatment in the ED.
- Standard processes and protocols in the ED – Well-defined processes to care for psychiatric patients.
- ED staff capacity – Team trained and ready to care for psychiatric patients.

- ED coordination with community providers – Next-day follow-up appointments, shared care plans.
- Short-term treatment beds – Inpatient capacity for short-term psychiatric treatment.
- Long-term treatment beds – Inpatient capacity for long-term psychiatric treatment.

**Patient Characteristics:**

Volume - Civil

- The number of behavioral health patients in EDs increased by nearly 3,000 patients from 2016 to 2018.
- Behavioral health patients are waiting longer in 2018 than 2016. A growing number are waiting more than 156 hours or 6.5 days.

Volume - Forensic

- Between FY'16 and FY'18 there was a 17 percent increase in statewide competency evaluations completed by API. A 29 percent increase is forecasted from FY'18 to FY'19.

Diagnosis - Civil

- Most behavioral health patients in EDs (78 percent) have a primary or secondary diagnosis in the category of drug dependence.

Diagnosis - Forensic

- Among forensic psychiatric patients, schizophrenic disorders are the most common primary diagnosis, while substance use disorders are most common as a secondary diagnosis.

Age/Gender – The forensic population at API tends to be younger than the civil population. Gender for civil is close to 50/50 male to female, but it's 80/20 male to female for forensic.

Race – Forensic psychiatric patients are more likely to be people of color than civilly committed patients.

**Key Findings:**

Title 47 – Ex Parte Orders 2008 to 2018

- In 2009 – 2011, API policy changed, and they would no longer accept peace officer admissions.
- There was a significant increase in ex parte orders in 2010 – 2011 corresponding with the changes to the API admission policy.
- Another significant but smaller increase in number of orders in 2017 – 2018.

API Functioning

- API provides short-term stabilization, not long-term treatment.
- Compared with other states' psychiatric hospitals, API functions more like an acute care hospital.

- API's median length of stay is approximately five to six days, whereas most states' length of stay averages around 79 days.

### In Summary

- There are approximately 50,000 patients presenting to the ED with a behavioral health diagnosis each year.
- Only a small proportion of behavioral health patients spend 12 or more hours in the ED, approximately 2,500 people.
- There has been a notable increase in those staying 156 or more hours in 2018 – 125 people.
- Almost 80 percent (40,000) of patients have alcohol or drug-related diagnosis. This group stays four hours on average.
- A small number of patients (300), most diagnosed with schizophrenia, delusional disorders, or other non-organic psychoses, have the longest ED stays.
- Alaska is not effectively stabilizing and treating psychiatric patients and does not have capacity for long-term treatment or effective discharge to community services.

### **Best Practices for Acute Behavioral Health Patients in the Emergency Department**

#### Intake, Medical Evaluation, and Triage

1. Standardized assessment tool to quickly identify behavioral health patients.
2. Standardized medical clearance.
3. Access from other care settings to patient's history, care plans, and medication orders.

#### Initial Behavioral Health Consultation

1. Initial behavioral health assessment performed by a licensed behavioral health clinician to identify initial plan of action.
2. Timely access to psychiatric evaluation, within facility or using telehealth, if indicated, in clinician assessment.

#### De-escalate and Stabilization

1. Verbal de-escalation.
2. Limited use of seclusion and restraints.
3. Standing orders for stabilizing psychiatric medications.
4. Initiate ex parte order if needed.

#### Observation and Ongoing Reassessment

1. Dedicated areas for behavioral health patients.
2. Enhanced monitoring and security.
3. Rescind ex parte order when possible.
4. Discharge to home safely when possible.

#### Disposition

1. Admit to inpatient unit for short-term treatment if needed.

2. Develop care plan with patient, family, care coordinators, public guardians, and other provider(s).

#### Discharge: Return to Home and Community

1. Nurse follow up by phone after safe discharge.
2. Arrange next-day appointment with community behavioral health or primary care provider.
3. Refer to coordinated entry for people at risk of homelessness.
4. Assess for home and community-based waiver services and connect to providers.

### **Strategies to Strengthen Alaska's Continuum of Acute Behavioral Health Services**

#### Emergency Departments:

- Improve process for post-discharge follow-up.
- Increase designated observation units in EDs and inpatient.
- Guide implementation of Project BETA best practices.
- Hire psychiatric nurses and/or mental health aides in EDs.
- Initiate Medication Assisted Treatment in EDs.
- Implement brief intervention protocols (SBIRT) in EDs.
- Expand psychiatric ED model in Anchorage and Mat-Su.

#### API:

- Advocate for API to provide both acute and longer-term treatment in a safe and secure setting.
- Increase the average length of stay and reduce recidivism to API.

#### Hospital Inpatient Units

- Identify a reliable Medicaid reimbursement methodology for hospitals to increase inpatient capacity for short-term treatment.
- Advocate for a stable policy and reimbursement environment.
- Develop a statewide triage system for transfers of civil involuntary commitments to API to ensure highest acuity prioritized for transfer.
- Staff hospitals with case managers to coordinate and help access resources.
- Evaluate and potentially revise the Mental Health Treatment Assistance Program to optimize resources for treatment beds and secure transport.

#### Home and Community Settings:

- Secure agreements for next-day behavioral health follow-up appointments post-ED.
- Create a behavioral health Medicaid high utilizer program with required participation.
- Increase step-down programs to avoid discharge back to homelessness: Permanent supportive housing, group homes, recovery support.
- Increase intensive case management and assertive community treatment.
- Advocate for integration of behavioral health services in primary care settings.
- Advocate for additional provider types to bill Medicaid.

### Across the Behavioral Health Continuum

- Develop a shared telepsychiatry contract among hospitals for psychiatric consults in ED and inpatient units. Remove barriers to licensing for providers.
- Implement use of EDie across hospitals, behavioral health, and primary care providers. Start with addressing API's barriers to using EDie.
- Evaluate the need for changes to Alaska statutes regarding civil commitment, length of commitment, and use of involuntary commitment process to facilitate a patient's access to psychiatric treatment.

### Key Findings: Forensic Psychiatric

1. Alaska needs to divert more people experiencing mental illness and psychiatric crisis from the criminal justice system to appropriate behavioral health programs and address basic needs.
2. Alaska needs additional capacity for competency evaluation and restoration.
3. Individuals committed to API for competency restoration are most likely to be younger adult male with a diagnosis of schizophrenia and are more likely to be a person of color compared to the civilly committed population at API.
4. Nearly three-fourths of individuals engaged in the competency evaluation and restoration process are waiting in jail.
5. Nearly two-thirds of competency cases involve at least one felony charge, and over 50 percent of those evaluated are found incompetent to stand trial. Delays in the competency evaluation and restoration process sometimes leads to criminal charges being dismissed.
6. The restoration rates at API are low compared with other states and national averages.
7. There is a significant cycling of patients through DOC, the court system, and API's forensic and civil units due in part to limited options for safe discharge, especially for those deemed non-restorable and whose criminal charges are dismissed.

Thea Agnew Bembien introduced Dr. Patrick Fox, a forensic psychiatrist from Colorado, and Dr. Fox stated that a number of other states have experienced this increase in the number of competency restoration orders and have had difficulty meeting the increased demand. He discussed the lawsuits that have occurred as a result and noted that some states are facing heavy daily fines while people await entry into services. As for how Alaska compares to other states:

- Alaska was the only state out of states studied that was not offering alternatives to inpatient restoration.
- Alaska's ratio of forensic beds to 100,000 residents is lower than the national rate and of states studied.

### Urgent Action is Needed

- Five Western states have been sued over delays in competency evaluation and restoration in recent years.

- Average wait times for restoration beds ranged from 32 days to six months at the time of lawsuits. Average wait for bed at API from completion of evaluation to admission was four months in 2018.
- Settlement agreements in all five states limit time waiting for beds to seven to 28 days.
- Washington has paid tens of millions in fines since 2016, and Colorado is paying \$33,000 per day for failing to meet the terms of the settlement agreement.
- At \$500 or more per person per day waiting, if Alaska were under a similar order as Colorado, the estimated cost to the state in fines in 2018 could have been at least \$3.4 million.

**Crisis Stabilization: Crisis Now Model**

Call Center Hub – Mobile Outreach – Subacute Stabilization

A robust crisis response system can:

- Reduce wait times for law enforcement to connect people in crisis with appropriate care.
- Reduce jail bookings associated with mental illness.
- End unnecessary emergency room admissions.

**Diversion: Recommendations**

Strategy	Lead	Needed Resources or Next Steps	Timeframe
Increase availability of co-responders to CIT teams	Trust	Funding for mental health co-responders, training in CIT model, workforce development	Immediate
Implement a Crisis Now crisis stabilization model	Trust, DBH	Technical assistance contract with RI International to provide recommendations on development of crisis stabilization in Alaska	Medium
Create a court liaison pilot program in the Anchorage District Court	Anchorage District Court, Community BH Provider	Funding for court liaison position, program model	Medium

**Court Process and Competency Evaluation: Status Quo**

- Forensic psychologists provide both evaluation and treatment services.
- Current supply of evaluators cannot keep up with demand.
- Limited oversight.
- Court system does not track cases statewide.
- No statewide standardization of court process – limited data sharing, tracking, and communication across the system

**Court Process and Evaluations - Recommendations**

<b>Strategy</b>	<b>Lead</b>	<b>Needed Resources or Next Steps</b>	<b>Timeframe</b>
Expand evaluation staffing	API	In progress, contracted evaluators in place	Immediate
Contract for external oversight of forensic evaluation services	API	Funding and FRP process for contractor	Immediate
Include a screening for level of restoration treatment in initial evaluation	API	Research best practice screening, develop screening tool and format for reporting findings to court	Immediate
Implement a statewide competency calendar	Alaska Court System	Additional staff to expand Anchorage competency calendar statewide.	Medium

**Restoration Status Quo:**

- Only one option for competency restoration – 10-bed Taku unit at API.
- No clear process for restoration of juveniles with competency issues.
- No formal process for program evaluation or system improvements.
- Difficult to obtain orders for involuntary medication.
- Data and outcomes not consistently tracked or shared.
- An average of 34 percent of Taku patients required a seclusion, restraint, hold, or COSS from FY’16 – FY’19. The remaining patients could potentially be eligible for jail-based restoration.

**Restoration Recommendations:**

<b>Strategy</b>	<b>Lead</b>	<b>Needed Resources or Next Steps</b>	<b>Timeframe</b>
Temporarily add 10 forensic beds to existing API footprint	API	Funding and RFP process for contractor	Immediate
Implement jail-based outreach restoration	API/DOC	Funding for additional staff	Immediate
Formalize process for restoration of juveniles	API/DJJ	Memorandum of agreement	Immediate
Designate a unit for jail-based restoration	DOC/API	Funding and RFP process for contractor	Medium
Amend Title 12 statute to provide clarity on administration of involuntary medication	DHSS – Criminal Justice Commission	Revive Behavioral Health Workgroup	Medium
Expand API by 25 beds to	API	Funding and RFP process for	Long-Term

create 25 forensic beds		contractor	
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**Discharge Status Quo:**

- Limited discharge options for forensic patients found IST after restoration, especially those who are homeless and difficult to house.
- Low rates of restoration compared to the nation.
- Not all forensic patients meet criteria for civil commitment.
- Individuals with a primary diagnosis of psychosis are less likely to be restored.

**Discharge Recommendations**

Strategy	Lead	Needed Resources or Next Steps	Timeframe
Update the Urgent Forensic Discharge MOA and use statewide	Trust	Reconvene parties named in the MOA	Immediate
Designate a 10-bed complex behavior unit at API	API	Identify unit modifications and staffing needs	Medium
Develop appropriate community supports for patients found IST after restoration	DHSS	Funding for community supports	Medium

**Across the Forensic System – Status Quo:**

- Limited oversight for forensic system.
- No coordinated data tracking and reporting.

**System Recommendations:**

Strategy	Lead	Needed Resources or Next Steps	Timeframe
Establish a Forensic Mental Health Coordinating Council	Trust/DHSS	Identify members and convene a coordinating council	Immediate
Develop a data tracking and reporting system	API, DOC, Alaska Court System	Select key data points, identify data tracking system and mechanism for communication	Medium

Thea Agnew Bembem fielded questions and comments from Board members and concluded her presentation.

**PRESENTATION: CRISIS NOW MODEL OF CARE FOR CRISIS STABILIZATION**

Eric Boyer began his presentation by showing a video to Board members that was produced by Recovery Innovation International and can be found on CrisisNow.com.

Eric Boyer reiterated that an Alaska team took a recent trip to Arizona to look at their crisis system of care, and Crisis Now is one component of that. He stated that Crisis Now is a framework created about four or five years ago to provide stability for someone having a psychiatric mental health crisis in the community. He stated that the Trust has entered into a contract with RI International, and they recently conducted 21 key informant interviews in Anchorage with 30 to 35 providers and stakeholders.

Eric Boyer shared that RI has applied the Crisis Now model in Maricopa County as well as Georgia, and he shared some of the data they have gathered in the last four or five years. The Crisis Now model is built on four elements, and the first is a call center to do in-the-moment triage. The call center in Georgia has access to all the mobile crisis teams by GPS, and they also have access to inpatient and outpatient beds in real time. 90 percent of the time they are able to meet patients where they're at, stabilize them, and help them through the next steps.

The next step for the remaining 10 percent that could not be completely helped with the call center have mobile crisis teams dispatched to them. Mobile crisis teams are two-person teams that may contain a licensed counselor and/or peer support specialists. The Crisis Now model is a peer-heavy model. Mobile crisis teams are able to stabilize 70 percent of the people they respond to.

Eric Boyer stated that the next option is the receiving center, and this is the element for the 30 percent that could not be fully served by the mobile crisis team, and the receiving center is based on the Living Room model. The Living Room model is 23-hour observation where 100 percent of people that arrive are accepted in. They have recliners, which allows for flexibility of state licensing because they aren't beds, and the guest is first met by a peer. In addition to peers, the facility has medical staff and licensed psychiatric staff. The average length of stay in the receiving center is four to six hours. Approximately 70 percent of people are stabilized at the receiving center and have a discharge and safety plan to return to the community.

The next level of Crisis Now for the approximately 30 percent of people that cannot be served by the receiving center is short-term inpatient psychiatric care from one to seven days. The inpatient psychiatric care is located on the same campus as the receiving center, so there is a warm handoff. Approximately 70 to 80 percent of people are stabilized in inpatient psychiatric care, and the remainder go on to a higher level of care.

Eric Boyer reported that in Maricopa County, they formed a great relationship with the 23 police departments, and the police officers welcome the process. They know there is a cost savings to police and fire departments, but they do not have all the data available yet.

The final element to Crisis Now is a commitment to evidence-based practices.

Eric Boyer stated that the Trust will review the recommendations of the team that was up visiting Anchorage last week and the Valley this week. The team will be back up to do an assessment of a third Alaskan location. He noted that they may focus on large population centers initially, and elements of this model are being built into the 1115 waiver for adults.

Katie Baldwin-Johnson noted that as they explore this model, they will need to right size it to the unique needs of Alaska and utilize existing resources and partners in the state. They have just begun the conversations around exploring this model, and they are looking for stakeholder support and buy-in as they continue their efforts forward. When they receive the reports back from the site visits to Anchorage and the Mat-Su, the Trust will make those reports available to everyone.

Eric Boyer and Katie Baldwin-Johnson fielded questions and comments from Board members and concluded the presentation.

## **BOARD BUSINESS, CONTINUED**

### **Site Visit Review**

#### **LeeShore Center:**

- Hard working staff.
- Center for women and children that have been in abusive situations.
- Very impressive.
- They have no telecom system for meetings and no funding to purchase one.

#### **Dena'ina Wellness Center:**

- Full-service institution – optometry, dentistry, phlebotomy, gym, integrated primary care and behavioral health as well as a separate behavioral health.

#### **Peninsula Community Health Services:**

- Offer an amazing array of services – medical home.
- Impressed with their ability to serve people with no insurance, people on Medicaid and Medicare, as well as private insurance.
- Learned about the bridge device to titrate off MAT.
- Heard about the need for reliable transportation for patients to get to appointments.

#### **Central Peninsula Hospital:**

- Went to their long-term treatment facility, which is offsite from the hospital. Beautiful facility, and staff seems to be committed and doing a good job.
- Heard about the need for reliable transportation for patients to get to appointments.

#### **Kenai Peninsula Youth Facility**

- Very nice facility.
- Detention only, not a treatment facility, and it is very transient.
- They recently hired a transition coach for kids transitioning in and out of the facility.

- Facility has a really good relationship with the school district. Patti Lawyer will be spending some time with the students there each week.
- Staff seem to love what they are doing, very passionate.

#### Wildwood Correctional Center

- Pleased to see some things, but also disappointed that some programs have been lost.
- Nice to see the dogs on the prison grounds as well as bicycles. The dogs are rescue dogs from kill shelters that the inmates train and then adopt out.
- Saw some cultural items being made in the shop.
- They do on-site farming and grow vegetables.
- Staff seem to love what they are doing, very passionate.

#### Public Comment Preview

Board members discussed the upcoming public comment period at the Kenai Senior Center.

#### PUBLIC COMMENT

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

#### RECESS

The meeting recessed at 4:12 p.m.

#### Thursday, September 26, 2019

**CALL TO ORDER – ROLL CALL – 9:00 a.m.**

#### BOARD BUSINESS, Continued

Lee Breinig opened the floor for board members' comments related to public testimony. Members shared their perspectives on the public comment as follows:

- With regards to the workmen's compensation hearing officers' handling of confidential information, Duane Mayes volunteered to discuss that with Director Mitchell. Other members noted that the ombudsman's office might be the right place to bring that issue.
- With regards to community members with complex and/or co-occurring conditions being referred around in circles in the community, Brenda Moore-Beyer noted that the Complex Behavioral Collaborative might be a resource for training providers.
- Robert Coghill noted that the lack of transportation and housing was a common theme throughout the public comment. He requested that a representative from the Division of Behavioral Health attend the board meetings.
- Sharon Fishel noted that the 1115 waiver is not going to make a difference until there are people to provide the services. She pointed out that food insecurity is an issue for young adults on the Peninsula.

- James Duncan expressed that he's never heard that many heartbreaking stories in succession. He noted that the issue related to pretrial assessment needs further attention by the Boards.
- Elizabeth Schultz noted that an overwhelming number of people mentioned suicide by either a family member, a child, or they themselves considered suicide.
- Bree Swanson commented that as heartbreaking as the public comment was, she hears similar stories in her community all too often. Her region was plagued last year with death by suicide; 14 deaths in 12 months. Suicide prevention has become the number one priority in her region.
- Sharon Clark noted that the Boards should have a further discussion related to the siloing of resources and the effect it is having in the region.
- Jaye Palmer noted that Freedom House could benefit from Mental Health First-Aid training.
- Lee Breinig noted that there is an opportunity on the Peninsula for the Boards' assistance.
- Renee Hoffard commented that she made contact with the veteran who spoke and directed him to a resource that may be able to assist him.
- Duane Mayes commented that it is critical to the Boards' reputation that they are responsive to the communities.

Brenda Moore-Beyers recommended the Boards write a report detailing the messages they heard in public testimony and their visit to the Peninsula and send it to the Governor's office, the legislature, and the appropriate departments informing them of the findings of what the Boards encountered in Kenai.

James Duncan **MOVED** to have Duane Mayes capture the tone and discussion points from the meeting and submit that to the executive officers for a report with the acting director's input, and that it goes through the department to capture their meeting, **SECONDED** by Sidney Atwood. During the discussion, it was clarified that the Executive Committee would write the report. During the discussion, Robert Coghill encouraged defeat of the motion because it was complicated. The chair called for the question, and the motion was **DEFEATED**.

James Duncan **MOVED** that the Executive Committee draft a report on the Kenai visit, **SECONDED** by Robert Coghill. During the discussion, Sharon Clark asked that the motion include all meetings of the Boards. No formal amendments were made. The chair called for the question, and the motion **PASSED**.

Sharon Clark **MOVED** to write a report that goes to every community always when the Boards visit, **SECONDED** by Enlow Walker. During the discussion, Charlene Tautfest asked that the motion include the local government. Robert Coghill **MOVED TO AMEND** the motion to remove the word "always," **SECONDED** by Sidney Atwood. The chair called for the question regarding the amendment, and the motion **PASSED**. The chair called for the question regarding the amended motion, and the motion **PASSED**.

## Strategic Priorities

Bev Schoonover led the Board members through an exercise to gauge their level of interest with regards to the strategic priorities and what they want the staff to be working on for FY'19. She listed a synthesis of the boards' statutory duties as follows:

- Assist in planning and coordination of prevention treatment and recovery services.
- Assist in the evaluation of Alaska's publicly funded behavioral health system.
- Educate the public and policymakers about mental health and substance use disorders.
- Advise and help coordinate state and local governments, partner advisory boards, community organizations, and private entities about behavioral health matters.
- Advocate with Alaskans experiencing mental health and substance use disorders, their families, and the providers who are serving them in their communities.

Following is a list of the activities Board members and staff identified as currently being worked on or activities the Boards would like to see movement in:

- Participate in the statewide task force for the 1115 waiver
- Participate in the statewide criminal justice planning
- Report on ACEs
- Participate in the Comprehensive Behavioral Health Plan
- Work collaboratively with the Statewide Suicide Prevention Council (SSPC) on school-based programs
- Participate in trauma-informed care training
- Participate in API reformation
- Track and compile legislation
- Participate in the opioid task force
- Activate psychiatric patient's right subcommittee
- Participate in the Statewide Planning Council for the Traumatic and Acquired Brain Injury Network
- Participate in the advocacy committee of Recover Alaska
- Work with the Child Welfare Academy and OCS in the Family First Act prevention efforts.
- Engage with stakeholders
- Review all legislation/regulation that impacts the behavioral health systems at the state level
- Plan site visits for the Boards
- Collect data that tells the story of behavioral health
- Serve on proposal evaluation committees
- Serve on the ASO proposal evaluation committee, reviewing grant proposals
- Continue coordination and communication with the Trust
- Participate in the API Governance Committee
- Work collaboratively with the Trust, Alaska Behavioral Health Association (ABHA), the Commission on Aging, and the Governor's Council on Disabilities and Special Education on initiatives
- Participate in the Alaska Early Childhood Coordinating Council (AECCC)

- Participate in the Epidemiology Workgroup
- Participate in the Employment Conference
- Participate in joint advocacy and the Joint Advocacy Report
- Develop and share PowerPoints on the needs of behavioral health stakeholders
- Update the website
- Perform legislative visits to educate new legislators, provide resources to all legislators
- Continue data collection
- Work on executive director outreach to the State of Alaska leadership
- Participate in stigma busting
- Work on barriers to licensure for providers
- Collaborate with the Department of Education and Early Development (DEED)
- Partner with other advisory boards and communicate with directors and staff
- Work with the Statewide Housing and Homelessness Coalition on various issues
- Engage with local governments during board meetings
- Work closely with the Department of Corrections to coordinate services
- Engage with DJJ
- Engage with tribal entities/behavioral health directors
- Participate in the Alaska State Hospital and Nursing Home Association (ASHNHA) civil psychiatric workgroup
- Engage with the Alaska Peer Support Consortium
- Advocate for the military
- Participate in peer certification.

Bev Schoonover gave the Board members a sheet of dots and asked them to place a dot by the activities they deem a priority. She noted that the staff would take that information and report back out on the top priorities. She indicated that the staff did not intend to stop doing the activities they currently do, but will be able to prioritize the Boards' desires.

### **Board Elections**

#### **Lee Breinig opened the floor for nominations for the ABADA chair.**

Robert Coghill **NOMINATED** Philip Licht, **SECONDED** by Cathy Bishop. Hearing no opposition, Philip Licht was **ELECTED** as chair.

#### **Brenda Moore-Beyers opened the floor for nominations for the ABADA vice-chair.**

Lee Breinig **NOMINATED** Kenneth Swazer, **SECONDED** by James Duncan.  
Robert Coghill **NOMINATED** Sidney Atwood, **SECONDED** by Cathy Bishop.  
A vote was taken, and Sidney Atwood was **ELECTED** as vice-chair.

#### **Lee Breinig opened the floor for nominations for the ABADA recorder/treasurer.**

Robert Coghill **NOMINATED** Cathy Bishop, **SECONDED** by Enlow Walker. Hearing no opposition, Cathy Bishop was **ELECTED** as recorder/treasurer.

#### **Brenda Moore-Beyers opened the floor for nominations for the ABADA at-large member.**

Lee Breinig **NOMINATED** Kenneth Swazer, **SECONDED** by James Duncan. Hearing no opposition, Kenneth Swazer was **ELECTED** as the at-large member.

**Lee Breinig opened the floor for nominations for AMHB officers.**

The AMHB nominating committee **NOMINATED** a slate as follows: Charlene Tautfest as chair, Brenda Moore-Beyers as vice-chair, Christopher Gunderson as secretary, Renee Hoffard as treasurer, **SECONDED** by Jaye Palmer. Hearing no opposition, the slate of officers was **ELECTED**.

**Lee Breinig opened the floor for nominations for the AMHB at-large member.**

Brenda Moore-Beyer **NOMINATED** Sharon Clark, **SECONDED** by Renee Hoffard. Charlene Tautfest **NOMINATED** Elizabeth Schultz, **SECONDED** by Renee Hoffard. A vote was taken, and Sharon Clark was **ELECTED** as the at-large member.

**PRESENTATION: ALASKA LONGITUDINAL CHILD ABUSE AND NEGLECT LINKAGE PROJECT (ALCANLink)**

Jared Parrish joined the meeting and shared a PowerPoint presentation on the *ALCANLink* Project.

Background

Jared Parrish reported that over a life course, people are going to experience different life events that are going to impact and promote, or events that are going to distract and mitigate their health and development to what could be optimized. Adverse effects do not necessarily produce trauma, but these events can result in stress, and the stress can turn into trauma, and that trauma can impact their overall health and development. There is research occurring on the connection between trauma, health and development, and adverse childhood experiences (ACEs). The accumulation of adverse events is linked to a variety of negative health outcomes and a range of unwanted social issues in adulthood. Jared reported that one of the goals of the *ALCANLink* Project is understanding what factors predict experiencing ACEs so that hopefully they can build in prevention efforts or improve resources or toolkits to try to either address these if they have occurred or prevent them from ever happening. The timing of prevention and/or intervention can have differential impacts. Course correction ultimately takes fewer resources, less time, and less effort to get back on track, which is the theory behind early intervention.

Methodology

*ALCANLink* is a population-based public health approach that uses existing epidemiological and administrative data resources to understand the factors that contribute to ACEs, which could lead to poor outcomes. *ALCANLink* integrates the Pregnancy Risk Assessment Monitoring System (PRAMS) with child welfare, vital records, Permanent Fund Dividend, some law enforcement agencies, education records, and the Alaska Childhood Understanding Behaviors (CUBS) survey response data to understand better the factors that contribute to contact with child welfare. Jared

Parrish reported that MOUs are being sought with other administrative agencies to add to the data.

### What We Are Learning

Jared Parrish reported that people are used to seeing the prevalence data, and that could be why they have been under the assumption that child abuse and neglect is a rare event, but it is not when you look at it from a life-course perspective. Jared shared the following information from the life-course perspective:

- Approximately a third of children born in Alaska are reported to child welfare before their 7<sup>th</sup> birthday.
- One out of every 20 births will be removed from their home before their 7<sup>th</sup> birthday.
- A child is three times more likely to be reported to child welfare if a mother reports four or more ACES pre-birth.
- Risk and protective factors cluster together but cluster differently by race.

### Next Steps

Jared Parrish invited board members to visit the ALCANLink website for more information and data. He noted that they have developed scientific publications, and have more papers under peer review. They are also developing one-page briefs, which will be summaries of interesting information and trends.

Jared Parrish reported that when the ALCANLink Project presented to the 1115 waiver project, they used their data as the impetus for why early childhood intervention is needed and why there is a need to address the family unit as a prevention strategy, and not just the child as the target for health and development.

Jared Parrish reported that they are working on developing other research questions. He noted that they would be holding a series of meetings in October to set a research agenda, prioritize research questions, and identify gaps in the state. He invited Board members to forward research needs related to child well-being, and he will include them in their overall development of a research agenda.

Jared Parrish noted that his presentation would be available to Board members after the meeting for further review.

Bev Schoonover reported that the Trust funded the Research Analyst III position for the ALCANLink Project for FY'20, and polled the Board members to find out if she could contact the Trust to see if they would extend that funding through FY'21. The Boards agreed and directed Bev to contact the Trust and report back to the Executive Committee.

## **PRESENTATION/TEEN PANEL: SOURCES OF STRENGTH SUICIDE PREVENTION PROGRAM**

**Sources of Strength (SOS) is one of Kenai Peninsula Borough School District's (KPBSD) suicide prevention programs positioning students to become peer-leaders of suicide prevention in their schools and community.** Unlike other evidence-based suicide prevention programs, Sources of Strength focuses on positive protective factors in students' lives, such as trusted adults and mentors, healthy activities, and positive friends. These strengths aid students in developing help-seeking behaviors, coping mechanisms, and resilience that can assist in overcoming difficulty and adversity in their lives. Students, with support from their adult leaders, design campaigns to promote wellness in their school.

Sharon Fishel presented a panel consisting of students involved in the KPBSD SOS program, along with Melissa Linton, the curriculum coordinator for the KPBSD, who shared that their journey with SOS began four years ago when they received a grant from the Department of Education. They used their grant to provide two social-emotional counselors to their alternative schools, who, using data and the Youth Risk Behavior Survey, identified particular needs of that student population. Shortly after, an opportunity through the Department of Education came out with a Suicide Prevention and Postvention Grant, and they applied for and received the award. They began looking for a program that met their criteria of being impactful, evidence-based, and student-led, which brought them to SOS. Melissa Linton noted that SOS programming is focused on capitalizing on strengths, not promoting shock, trauma, and awe, which are the cornerstone of programs in the past that were ineffective. She reported that SOS is focused on eight strengths:

- Generosity
- Spirituality
- Medical access
- Mental health
- Family support
- Positive friends
- Mentors
- Healthy activities

The SOS model includes supportive adult advisors to provide a caring connection, diverse peer leaders to provide influence with different social groups, and strength messaging campaigns to engage students to interact and apply strengths, which leads to positive culture change and positive social norming. Melissa Linton noted that although SOS is technically evidence-based around suicide prevention, there is an extensive pilot study underway with rural and urban school districts looking at the SOS model and other preventions, for example, bullying, substance abuse, and other social-emotional issues. The hope is that those studies will support that the program can be expanded to address other social-emotional issues.

Melissa Linton shared that their program has trained over 500 students, and it continues to grow. She will be looking forward to building community support for the program and hopefully garner sponsors to assist in the messaging.

Melissa Linton introduced the panel of students and mentors involved in the local programs. Each student had an opportunity to describe their favorite and least favorite things about the program.

**Favorite things included:**

- Knowing what to do if someone you contact is in crisis
- Interaction with peers that you don't usually contact
- Fun activities
- Learning and being able to teach peers coping skills.

**Least favorite things included:**

- Public speaking
- Planning activities
- Engaging with peers who are not interested.

Tiffany Eck, a mentor at Skyview Middle School, shared that they have 57 students participating in their program. She described a few of the activities the students participated in, such as Chains of Support where they build paper chains that identified mentors and strengths, a 21-day thankfulness journal, a positive music playlist, and the SOS Rock Paper Scissors game, which promotes team building. Tiffany shared that her favorite part of the program is the all-inclusiveness, involving students from every walk of life, and her least favorite part is having to see kids go through a crisis.

Melissa Linton shared that the local program receives grant funding from the Suicide Prevention and Postvention Grant from the Department of Education, the NoVo Social Emotional Innovative Climate Grant, Alaska GCI Grant, Alaska Children's Trust Suicide Prevention Grant, Project AWARE, and a variety of federal title funding. Melissa encouraged Board members to follow up on the KPBSD's website for photos of activities and further information on the program.

Brenda Moore-Beyers stated that the Statewide Suicide Prevention Council has an open seat for a youth representative, and she encouraged the students to think about applying for that seat to

help the Council benefit from a youth perspective. Sharon Fishel offered to assist with the application to Boards and Commissions.

The panel fielded questions from Board members and concluded the presentation.

### **STATEWIDE SUICIDE PREVENTION COUNCIL UPDATE**

The Statewide Suicide Prevention Council (SSPC) members joined the meeting and introduced themselves and their position on the board. Eric Boyer, a program officer at the Alaska Mental Health Trust Authority (AMHTA), began by sharing that the Trust is taking a very active and strategic stance to support suicide prevention, and his role consists of supporting the Council and finding ways the Trust can partner with them, other boards, and communities throughout Alaska to prevent suicide.

Eric Morrison, staff to the SSPC, introduced Barbara Franks, the chair of the Council, who shared her journey as a survivor of an adult son who died by suicide. Eric then shared a brief history of the Council, and the Council's statutory obligations as follows:

- To improve health and wellness throughout the state by reducing suicide and its effect on individuals, families, and communities.
- Broaden the public's awareness of suicide and the risk factors related to suicide.
- Enhance suicide prevention services and programs throughout the state.
- Develop healthy communities through comprehensive, collaborative, community-based, and basic approaches.
- Develop and implement a statewide suicide prevention plan.
- Strengthen existing and build new partnerships between public and private entities that will advance suicide prevention efforts in Alaska.

Eric Morrison described the four priority areas and an example of an activity as follows:

- Support services: Advocate for funding for the Careline.
- Outreach: Partner with the American Foundation for Suicide Prevention Alaska Chapter.
- Training: Partner with DEED on e-learning modules.
- Collaboration: Partner with the Arctic Resource Center for Suicide Prevention on their faith-based curriculum.

Eric Morrison shared the following statistics related to death by suicide:

- Between 2008 and 2017, 1,701 Alaskans died by suicide.
- The rate of death by suicide in 2017 was 26.9 per 100,000, compared to the national average of 14 per 100,000.
- Alaska Natives continue to have the highest rate of suicide in Alaska and the country. In 2017, the rate for Alaska Natives was 51.9 per 100,000, compared to the national average of 14 per 100,000.
- Rural Alaska communities continue to have the highest rate of death by suicide in Alaska. In 2017, the Nome region was by far the highest with 72.8 per 100,000, compared to the national average of 14 per 100,000.
- Males are far more likely to die by suicide than females. In 2017, 79 percent or 1,348 deaths by suicide in Alaska were male.

Leah VanKirk reported that Careline is Alaska's crisis line. She shared the following data for Careline activity:

- 2015 – 10,270 calls to the Careline; 4,632 were new calls
- 2018 – 20,976 calls to the Careline
- 2019 – 20,617 calls to the Careline
- 2018 and 2019 – new calls had decreased by approximately 15 percent
- Suicide is the leading cause of death for the 15- to 19-year-old age group
- The Alaska Youth Risk Behavior Survey 2009 to 2017 has shown a steady increase in students reporting that they felt sad or helpless for 2 or more weeks in the past year.
- The top five presenting issues described in 2019 Careline calls include anxiety, relationships, depression, crisis, and loneliness.

Bev Schoonover and Sharon Fishel took the floor to describe the legislative advocacy effort the Boards and Council participated in in the last session. They described the challenging environment with regards to the legislators' understanding of suicide prevention efforts, challenges that arose in public testimony, and the challenges related to statewide budget proposals and the funding the Council was in jeopardy of losing. In summary, Bev Schoonover reported that there was a \$61,000 reduction to the grant line, and the Council will have \$400,000 that they pass to DEED in FY'20. She stated that the five-year projection for the grant line is a zero-dollar line item. She noted that according to DHSS, unless DHSS specifically puts that funding back in at that time, the funding is gone. Bev shared that they have been asked to write a report to the legislature demonstrating a long-term sustainability plan for suicide education training and an emphasis on train-the-trainer, which is due December 1<sup>st</sup>.

Sharon Fishel stated that fortunately, only eight of the ten grants that DEED had available had been applied for, which accounted for \$50,000 of the \$61,000 reduction, and she cut the other \$11,000 in various budget items.

Sharon Fishel implored the Board members to help the Council. She stated that this would be a test of the partnership SSPC has with ABADA and AMHB to help advocate for funding in the state budget for the course of the Council's life. She directed the Board members to call their legislators and reach out to others who would be willing to advocate for the Council funding.

Bev Schoonover reported that the next steps include her directing the staff to review the five-year plan, create a list of measurable indicators, and formulate a plan to track those indicators from a few years back to now to be able to show the progress the Council has made.

Eric Morrison reported that one of the roles of the Council is collaboration, and with funding from the Trust, the Council, the Trust, and the Division of Behavioral Health created a public media campaign around gun safety that included brochures, cards, and posters. The Council also partnered with the Alaska Federation of Natives (AFN), which donated space at their next convention, and the VA, which provided the Council with 200 gun locks that they will distribute along with information at the AFN Convention.

Leah VanKirk reported that the Council has been working on a lethal means reduction project. They are working with the Juneau Police Department by supplying them with cards that have resources for people in crisis or their family members that the police officers can hand out to people when doing a welfare check.

Bree Swanson shared a project Maniilaq is doing in their region. They hired a public relations company to create a social media campaign, “We Need You,” targeting youth with positive messages. Maniilaq is also leading a restricting means campaign, “Make It Ten Minutes Harder,” which includes locking ammunition and being aware of restricting other lethal methods used by people in crisis. She encouraged members to go to the Maniilaq website to view the social media campaign materials.

Council members and staff fielded questions from the Boards and concluded the presentation.

### **FINAL COMMENTS**

Lee Breinig opened the floor for final comments. Board members expressed their appreciation to the staff for a very well organized and successful meeting in Kenai, among other sentiments. Board members conveyed their gratitude to Charlene Tautfest for her efforts in advance of the meeting to bring awareness of the meeting to the Kenai community and her assistance in setting up site visits. Board members overwhelmingly expressed that the meeting was informative and stimulating, and the public testimony was enlightening and inspiring.

Bev Schoonover shared that there are ABADA and AMHB members who are up for reappointment soon, and she wanted to take a moment to thank the Board members for their service and expressed her and the staff’s appreciation to them for their support. She stated that they have provided significant value to the Boards, and she looks forward to a continued partnership with them. She encouraged them to continue to advocate for the things they are passionate about, and she looks forward to seeing them at future board meeting public testimony.

Bev Schoonover disclosed that Brenda Moore-Beyers celebrated her birthday during the board meeting on the Kenai this year, and the Board took a moment to share birthday wishes with her.

### **Next Meeting Date**

Charlene Tautfest **MOVED** to plan the next board meeting during the week of January 12<sup>th</sup> – 18<sup>th</sup>, 2020, **SECONDED** by Sharon Clark. Hearing no opposition, the motion **PASSED**.

### **ADJOURN**

Jaye Palmer **MOVED** to adjourn, **SECONDED** by Monique Andrews. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 4:10 p.m.

## MOTIONS

1. Robert Coghill **MOVED** to approve the minutes from the March 2019 meeting, **SECONDED** by Sharon Clark. Hearing no objection, the motion **PASSED**. Page 2.
2. Robert Coghill **MOVED** to approve the agenda as published, **SECONDED** by Jaye Palmer. Hearing no objection, the motion **PASSED**. Page 2
3. James Duncan **MOVED** to have Duane Mayes capture the tone and discussion points from the meeting and submit that to the executive officers for a report with the acting director's input, and that it goes through the department to capture their meeting, **SECONDED** by Sidney Atwood. During the discussion, it was clarified that the Executive Committee would write the report. During the discussion, Robert Coghill encouraged defeat of the motion because it was complicated. The chair called for the question, and the motion was **DEFEATED**. Page 34.
4. James Duncan **MOVED** that the Executive Committee draft a report on the Kenai visit, **SECONDED** by Robert Coghill. During the discussion, Sharon Clark asked that the motion include all meetings of the Boards. No formal amendments were made. The chair called for the question, and the motion **PASSED**. Page 34.
5. Sharon Clark **MOVED** to write a report that goes to every community always when the Boards visit, **SECONDED** by Enlow Walker. During the discussion, Charlene Tautfest asked that the motion include the local government. Robert Coghill **MOVED TO AMEND** the motion to remove the word "always," **SECONDED** by Sidney Atwood. The chair called for the question regarding the amendment, and the motion **PASSED**. The chair called for the question regarding the amended motion, and the motion **PASSED**. Page 34.
6. Charlene Tautfest **MOVED** to plan the next board meeting during the week of January 12<sup>th</sup> – 18<sup>th</sup>, 2020, **SECONDED** by Sharon Clark. Hearing no opposition, the motion **PASSED**. Page 43.
7. Jaye Palmer **MOVED** to adjourn, **SECONDED** by Monique Andrews. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 4:10 p.m. Page 43.