



## **Summary Report of February 25-27, 2020 Board Meeting Held in Anchorage, AK**

### **Executive Summary**

The Alaska Mental Health Board (AMHB) and the Advisory Board on Alcoholism and Drug Abuse (ABADA) hold joint board meetings for the purpose of promoting the effective coordination of Alaska's behavioral health services and programs. Throughout the meeting the boards facilitated community discussions with local behavioral health providers. The boards also hosted a public comment hearing to gather personal testimony from providers and behavioral health consumers.

### **Anchorage**

Anchorage is located in Southcentral Alaska, on a peninsula formed by the Knick Arm and Turnagain Arm of the Cook Inlet. Anchorage is the largest city in Alaska and is accessible via direct flights from within Alaska and many major cities in the Lower 48. More than half of Alaska's population lives in Anchorage and the neighboring Matanuska-Susitna Borough. The 2019 update from the U.S. Census Bureau estimates the population of Anchorage to be 288,000.

Anchorage is served by a number of social services organizations. The following agencies and providers participated in the board meeting through presentations or by hosting a site visit:

- Alaska Housing Finance Corporation
- Alaska Mental Health Trust Authority
- Alaska Psychiatric Institute
- Alaska Training Cooperative
- Anchorage Coalition to End Homelessness
- Catholic Social Services
- Covenant House
- Hiland Mountain Correctional Center
- McLaughlin Youth Facility
- United Way of Anchorage
- Volunteers of America

### **Planning and Announcement of the Meeting**

The primary focus of this meeting was to introduce new board members to administrative behavioral health entities in Alaska and to conduct board business. A flyer was created for the meeting and distributed to Anchorage community providers. The meeting was also advertised on both the ABADA and AMHB websites, via online community calendars, online public notice, and a press release was sent to the media, resulting in a television interview with KTUU and an interview on the 'Daybreak' news show on KTVA.



## **Schedule of Events**

- February 24 Board staff arrive in Anchorage
- February 25 Board meeting with state and local presenters and ethics training
- February 26 Board meeting with state presenters, local community panel, public comment and site visits
- February 27 Board meeting with local presenters and site visit

## **Public Board Meetings**

Board meetings were held at the Dimond Center Hotel. Depending on the presentation, 5-10 members of the community attended the meeting in person

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

The City of Anchorage Mayor Ethan Berkowitz opened the meeting, making the following points regarding how mental health, homelessness, and the misuse of drugs and alcohol are affecting Anchorage:

- Anchorage has about 1,200 people experiencing homelessness.
- The City of Anchorage is creating programs and funding to promote vocational rehabilitation after state funding cuts forced providers to lay off staff and reduce services.
- Anchorage is utilizing a ‘Pay for Success’ model to address the problem of homelessness. The basis for this model is that costs such as emergency response and hospital services for individuals experiencing homelessness are more expensive than providing a longer term solution such as stable housing. As an example, the mayor shared that in one year a city or borough can expect to pay \$60,000-\$70,000 in emergency services for one person experiencing homelessness, but that cost drops to \$20,000 when stable housing is provided.
- Crisis stabilization is a crucial need within Anchorage. Without crisis stabilization centers, police officers often ride out a shift with someone in the back of the squad car, which is not an effective method of providing treatment.
- There is a need for reentry supports when individuals who are incarcerated return to the community. The mayor shared that the Department of Corrections (DOC) is the largest mental health provider in the state and that an estimated 80% of incarcerated individuals report at least one behavioral health condition. Individuals without access to social supports upon reentry are at high risk for homelessness.

The Native Village of Eklutna President, Aaron Leggett spoke next. President Leggett stressed that investing in mental health and addiction treatment is vital to having a healthy society. However, there is a lack of willingness to make progress by those who control funding. The Eklutna tribe has



about 300 members with history going back at least one thousand years. The Village Corporation recently worked with the Cook Inlet Tribal Council to relocate the Ernie Turner Center to a more secluded area. The center serves individuals with addictions and/or mental health disorders, as well as those experiencing chronic homelessness.

### **What We Learned: Legislative Update**

The Advocacy Coordinator for the Boards presented on a number of bills and budget items relevant to both AMHB/ABADA and the other Trust Advisory Boards for the 2020 session. A final legislative report will be shared with Board members later this year.

### **What We Learned: Presentations and Updates from Statewide Partners**

#### *Alaska Behavioral Health Association (ABHA)*

ABHA is a trade organization representing over 70 behavioral health providers in Alaska. The association is working on developing a system of care and network of behavioral health services in the state. ABHA shares information with partners through monthly stakeholder teleconferences and two in-person meetings a year. Resources include available appropriations and grants, National Council for Behavioral Health updates, and tracking of bills and budget items.

#### *Alaska Division of Behavioral Health (DBH)*

DBH introduced staff for Optum Alaska, the administrative services organization (ASO) awarded the contract to provide administrative oversight of Alaska's behavioral health system and 1115 Medicaid Waiver services. Optum is conducting provider engagement and trainings, building data and reporting systems, and starting service authorizations for 1115 substance use disorder (SUD) services. Approximately 500 claims for 1115 waiver services had been filed through Optum at the time of the meeting.

DBH and Optum are ensuring a robust continuum of care across the state through Medicaid and grant-funded behavioral health systems which were expanded through the 1115 waiver. The waiver is a five-year demonstration project and the Boards will be relied on to bring feedback on community needs during that time. The first arm of the waiver is the SUD component, largely working to address the opioid epidemic. DBH is working to draft legislation to address workforce shortfalls, including adding licensed marriage and family therapists and professional counselors to the list of providers that can bill Medicaid for behavioral health services.

#### *Alaska Mental Health Trust Authority (The Trust)*

The Boards received a presentation on the creation and ongoing management of the Trust, Trust lands and the associated revenues. The revenues are used to support state agencies, nonprofits, tribes and local governments through grants.



The Boards are an advisory board to the Trust and have a statutory responsibility to vet individuals who wish to become Trustees before the candidates are sent to the Governor. The Boards also advise the Trust on the Comprehensive Integrated Mental Health Plan and collaborate on legislative advocacy and a number of other projects.

### Crisis Now Update

The Trust provided an update on the Crisis Now system, sharing the four key elements for transforming crisis services:

1. Crisis call centers (Care Traffic Control)
2. 24/7 mobile crisis response
3. Crisis stabilization programs
4. Essential principles and practices

The Trust is working with RI International to find opportunities to improve existing services to get closer to the Crisis Now model. RI provided a final report that outlined fourteen recommendations to move the model forward. The Crisis Now is an urban model, and there is a lot of additional work to be done to adapt to rural Alaska. The Trust also provided an overview of the inpatient 23-hour stabilization method which mimics the Living Room Model; a community crisis respite center that offers individuals in crisis an alternative to obtaining behavioral health services in an emergency room. This model circumvents traditional access to care hurdles by utilizing recliners rather than beds, and capping stays to under the 24 hour outpatient limitation.

### *Alaska Training Cooperative (AKTC)*

AKTC provided an overview of the programs and mission of the Cooperative, which began in 2005. AKTC is housed within the University of Alaska Anchorage and works to address workforce shortages in Alaska's behavioral health system.

Each year AKTC hosts the Full Lives Conference dedicated to direct service providers, and smaller trainings conducted in smaller communities. Last year AKTC had over 7,500 training seats with 4,618 participants in 117 communities. AKTC utilizes the Learning Management System (LMS) to track data relating to participation in the trainings. Those who complete AKTC trainings are eligible for continuing education credits. Continuing education is required to maintain licensing for substance abuse counselors, licensed therapists and registered nurses working in behavioral health.

One of the most popular programs provided by the Training Cooperative is Mental Health First Aid. The course teaches laypeople how to recognize mental health and substance use symptoms and form an action plan. The Mat-Su Health Foundation tracked interactions between police officers and the public following mandatory Mental Health First Aid training for their local police and noted the following trends:



- Decreased use of force.
- More involuntary interactions.
- Able to deescalate.
- Reduced emergency care access.
- Increased collaboration with behavioral health system.

### *Statewide Suicide Prevention Council (SSPC)*

The SSPC held its quarterly meeting the week prior to the AMHB/ABADA Board meeting and shared these updates:

- Bartlett Regional Hospital (Juneau) construction is about to begin on the new crisis stabilization unit, which was partially funded by the Alaska Mental Health Trust Authority.
- Juneau Housing First complex is expanding from 32 beds to 64 and currently have approximately 90 people on the waiting list. This complex is a long-term housing facility for chronic inebriates.
- Council members met with the Juneau Suicide Prevention Coalition and attended a legislative reception hosted by Representative Sara Hannan.
- The National Suicide Prevention Hotline is working to add a three-digit hotline number and is in the process of receiving public comment. The national line has over two million calls per year, however a three-digit number will be easier to remember and be more accessible to people in need.
- Upcoming Suicide Prevention Summit to be hosted in Wasilla on August 4, 2020.

The Council generally meets four times per year, twice in person and twice via video/teleconference. The next meeting will be a half-day video/teleconference meeting on June 2, 2020, 9:00 am-12:00 pm.

### **What We Learned: Community Panel on Mental Health and Substance Use Housing Supports to Address and Prevent Homelessness**

The Boards received presentations from the Anchorage Coalition to End Homelessness, Alaska Housing Finance Corporation Supported Housing Programs, United Way, Integrated Housing Services at Volunteers of America, Catholic Social Services and Covenant House. Many presenters shared the impact funding cuts have made on the successes of their programs and the lives of those they serve, as well as the difficulties of securing rentals to be used in these programs.

### *Funding Cuts*

Housing organizations in Anchorage had a 20% reduction in State of Alaska general funds last year due to budget reductions. This led to staff layoffs, reduced day services, and a spike in the number



of homeless camps in the summer. Some of that funding was restored through the legislative process, however according to the presenters the overall organizational budgets are functionally 27% smaller than in 2009. In addition to the cuts to homeless services, state budget reductions for other social services increased the overall number of people needing access to homeless services. For example, when senior benefits were cut, many seniors had to choose between rent and groceries.

According to the presenters, one impact of state budget reductions is that the staff and utilities were cut at the Brother Francis Shelter and Clare House. Case management services were cut at the Homeless Assistance Program. To offset the impacts of these cuts, volunteers stepped in to continue staffing and the Municipality of Anchorage provided one-time funding. However, the layoff of trained personnel is still impacting the programs as they work to recruit and train new staff. Covenant House was forced to decrease the number of beds available for homeless youth (from sixty to forty) so the program could still be staffed without a decrease in personnel.

### *Securing Locations*

Supportive housing programs provide stable housing to improve mental health, substance abuse and reconnection problems. The vision of programs like these is to have housing facilities scattered throughout the community in rental properties with vouchers and subsidies. These programs have demonstrated success, but it is hard to find housing vouchers to fund new programs, as well as landlords willing to work with the clients. Vouchers are provided by organizations like the Alaska Housing Finance Corporation to pay portions of rent for low income Alaskans. Landlords refusing to accept the vouchers creates barriers to services and programming.

### *Workforce*

According to the presenters due to funding cuts for homelessness services, many Anchorage programs were forced to layoff staff. Some programs received additional funding to reinstate the positions, putting organizations in the position of recruiting and training new personnel. Positions like case managers and clinicians are particularly difficult to fill, necessitating a nationwide search in some cases.

## **Public Comment and Community Reception**

An opportunity for Public Comment was held at the Dimond Center Hotel. The board heard comments for over one hour from a total of 7 community members and 9 calling in from other areas around the state.

Comments from attendees of the Anchorage meeting included:

- Advocating for more low income housing for people in recovery.



- Sharing lived experiences trying to find housing and healthcare services for themselves and family members.
- Inadequate number of services in comparison to the number of people in need.
- Concerns regarding the University of Alaska Anchorage’s Master of Social Work program and continuing funding.
- Sharing the results of other states who have utilized trauma informed care programs in schools.
- Sharing difficulty caring for adult children with mental health conditions, including a lack of notification system for adults released from psychiatric care, lack of appropriate residential programs, and limited resources for residents outside of major population hubs.

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

- Concerns regarding matters of Workers’ Compensation and handling of personal health information for staff employed at the Alaska Psychiatric Institute (API).

### **Community Site Visits**

The Boards visited three community agencies:

- **McLaughlin Youth Facility.** The 110-bed campus houses youth involved with the juvenile justice system, as well as youth in custody who have not been adjudicated. McLaughlin has several units including Girls Treatment, Boys Treatment, Core Cognitive Restructuring, Boys and Girls Detention and Secure Treatment. In addition, the center provides a team of staff dedicated to transitional services, detention court, as well as an on-site high school.
- **Alaska Psychiatric Institute (API)** is the State of Alaska’s psychiatric hospital. API provides emergency and court-ordered inpatient, psychiatric services followed by a referral to an appropriate level of care and support for recovery from mental illness
- **Hiland Mountain Correctional Center (HMCC)** is the State of Alaska’s dedicated facility for housing female prisoners. It is a multi-level adult correctional facility located in Eagle River, Alaska. The institution includes 11 buildings, containing approximately 120,000 square feet of space. It sits on approximately 62.7 acres of land adjacent to the community of Eagle River. HMCC has the capacity for approximately 400 prisoners.

Board members were impressed with the staff and facilities, however there was a recurring theme of staff shortages and turnover. The Boards were pleased to find that staff at McLaughlin had Mental Health First Aid training and that a teacher from the New Path High School visits a number of times each week. API was found to be using half of available beds, which was a concern, and members thought there may be a way to repurpose these beds to fill other needs. The Boards were impressed with the staff at Hiland Mountain, who had positive attitudes, clearly cared about the inmates and did not have the same level of turnover as the other facilities. There were concerns voiced about



Hiland's behavioral health unit, which was very small in comparison to the number of inmates served, and had poor lighting.

### **Board Business and Follow-Up**

Following the presentation from the Alaska Training Cooperative, the Boards directed staff to draft a letter of support to the Trust asking that funding for the training programs either be maintained or increased. That draft is complete and will be sent to the Executive Committee for review.

Board members asked if AKTC could provide training on the American Society of Addiction Medicine (ASAM) level of care tool. This tool would help providers transition to services provided under the 1115 Waiver. Staff followed up with AKTC and learned at this point they are not planning on doing ASAM trainings due to the high costs and staffing needed to maintain fidelity with the program.

Staff were also directed to research University of Alaska's (UAA) special educational programs relevant to behavioral health and associated funding changes. Staff followed up with program staff at UAA and the Department of Education and Early Childhood Education following the meeting. One of the reasons the special education programs were cut is that UAA lost certification for their initial licensure and low enrollment numbers. There does not seem to be much support in the UAA system to reverse this decision, however there are implications related to the critical need for professional education in this field. Staff will report to the Executive Committee, at which time a letter from the Boards will be drafted if appropriate.

At the conclusion of the meeting, the Boards passed a motion to direct staff to determine if the budget would allow for Dutch Harbor to be the location for the next in-person Board meeting. If that is not an option, the Boards elected Sitka as the next host.