

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

Quarterly Board Meeting Minutes  
Anchorage, Alaska  
February 25 – 27, 2020

## **ABADA Members Present:**

Monique Andrews - telephonic  
Cathy Bishop  
Lee Breinig  
Blake Burley  
Diane Fielden  
Philip Licht  
Christine Robbins  
Katholyn Runnels  
Enlow Walker  
James Duncan  
Philip Licht - telephonic  
Sydney Atwood  
Meghan “Sig” Topkok - telephonic  
Kenneth Swazer - telephonic  
Robert Coghill

## **ABADA Members Absent:**

Michael Alexander  
Chase Griffith  
Renda Heimburger  
Renee Schofield  
Brent Tri

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

Sharon Fishel  
Cathy Stone  
Duane Mayes  
Tracy Dompeling

## **AMHB Members Present:**

Monique Andrews  
Brenda Moore-Beyers  
Cathy Bishop  
Joanna Cahoon  
Sharon Clark  
Diane Fielden  
Christopher Gunderson  
Fannie “Renee” Hoffard  
Brenda Moore-Beyers – telephonic  
Charlene Tautfest

## **AMHB Members Absent:**

Michael Alexander  
Stephen Sundby

## **Staff:**

Bev Schoonover, Executive Director  
Teri Tibbett, Advocacy Coordinator  
Jennifer Weissaupt, Planner  
Kyle Galano, Administrative Assistant II  
Val Cooday, Statistical Technician I  
Stephanie Hopkins, Planner  
Eric Morrison, Project Assistant

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

Adam Rutherford  
Gennifer Moreau-Johnson

**Wednesday, February 25, 2020**

**CALL TO ORDER – 9:00 a.m.**

Chairs Philip Licht and Charlene Tautfest welcomed the Board members to the meeting. Board members introduced themselves and disclosed conflicts of interest as follows:

**ETHICS DISCLOSURES**

**Dr. Enlow Walker**

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.

**Lee Breinig**

Is a shareholder of Kavilco and Sealaska. Works for an organization funded by Indian Health Services.

**Cathy Bishop**

Has a family member that experiences a disability and is on Medicaid.

**Joanna Cahoon**

Works for the Disability Law Center of Alaska, which receives a grant from the state to do work for people with developmental disabilities.

**Diane Fielden**

Has two children who are recipients of Medicaid.

**Charlene Tautfest**

On the board of Peninsula Community Health Services, which bills Medicaid.

**Philip Licht**

Works for Set Free Alaska, an organization that bills Medicaid and receives state grants. On the Recover Alaska steering committee, which also receives funding from the state. Also represents an agency that is the contract provider for the Therapeutic Court and Wellness Court.

**Chris Gunderson**

Works for Denali Family Services, a grantee of the Division of Behavioral Health and the Mental Health Trust Authority, and bills Medicaid.

**Sharon Fishel**

Works for the Department of Education, which receives funding from the Division of Behavioral Health for Alternative Schools Coalition. Also receives funding from the Statewide Suicide Prevention Council.

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

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

Lee Breinig **MOVED** to approve the minutes from the September 2019 meeting, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**.

Enlow Walker **MOVED** to approve the agenda as published, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**.

## **TRADITIONAL AND COMMUNITY WELCOME**

### **City of Anchorage**

Mayor Ethan Berkowitz welcomed the Board members to Anchorage. He stated that Alaska, unfortunately, has a reputation for its inability to cope with sustained mental health and drug and alcohol issues. Anchorage has about 1200 people who live on the streets, and even a moderate reduction in funding from Juneau has a negative impact on that population. Anchorage is trying to take a more active role in vocational rehabilitation, a service traditionally provided by the state. Anchorage is trying to find housing for the homeless population, theorizing that the cost for housing is significantly less than the social costs associated with homelessness. Mayor Berkowitz also spoke about the criminal justice system, noting that about 80 percent of the people who are incarcerated have behavioral health issues. He stressed the importance of crisis stabilization, connecting people who are in crisis to immediate support. He thanked the Boards for all the work done and is optimistic about Alaska's character and its future, working together to help solve these issues.

The City of Anchorage is doing a Pay for Success model, a social impact bonding where they are trying to harness the private profit motive in order to advance a public policy goal, particularly housing people who are homeless. The theory is that there are social costs associated with homelessness, and it can cost \$60,000 to \$70,000 per person annually, but it's only about \$20,000 if housing is found for that person. The City of Anchorage does not have social service workers on the street and is not able to directly connect people to services.

Mayor Berkowitz discussed the criminal justice system and noted that about 80 percent of the people who are incarcerated have some behavioral health issue, making the Department of Corrections the largest mental health facility in the state. Alaska has the highest rates of domestic violence and sexual assault in the country, and that is contributing to homelessness. And with no stabilization centers, oftentimes police officers ride out their shifts with someone in the back of a squad car, which is not effective in terms of providing treatment that is required. Crisis stabilization is a proven effective methodology.

### **Native Village of Eklutna**

Aaron Leggett, president of the Native Village of Eklutna, explained that the tribe's history goes back at least a thousand years in this area. He stressed that investing in mental health and addiction treatment is a priority in order to create healthy communities, but there is a lack of will to really want to change the problem from the people who control the funding. It would also be helpful to change the idea of Alaska as being a transient place where people come in and make money and then retire elsewhere. The Eklutna tribe is small, about 300 members, but the Eklutna Village Corporation worked with Cook Inlet Tribal Center to relocate the Ernie Turner Center to a more secluded area, and he promoted the positive outcomes that can come from collaboration.

## NEW BUSINESS

### *Statewide Suicide Prevention Council Update*

Eric Morrison explained that the Statewide Suicide Prevention Council is a partner council to the ABADA and AMHB boards and is advisory to the legislature and Governor regarding advocacy, policy, and education issues related to suicide prevention. After having its funding reduced, the council was pleased to learn that the funding is included in this year's budget and is hopeful that it makes it through both houses and Governor approval.

The Council has 13 members, including one from the Alaska Federation of Natives, military, youth, public sector, clergy, two members of the House of Representatives, two members of the Senate, AMHB and ABADA. The ABADA seat is currently vacant. The Council is obligated to create a Statewide Suicide Prevention Plan, which was released in 2018 and will be updated in 2022.

In connection with the statewide crisis line, Careline, some posters and magnets are available as outreach materials, hopefully making people aware that there is help for persons having mental health struggles or suicidal ideation.

The Council has also been working on a "Lethal Means" campaign to raise awareness about limiting access to lethal means of suicide. There are about three times as many suicides by firearm than homicides by firearm, and it is important to keep guns safely locked. The Council, in partnership with the Alaska Federation of Natives and Veterans Administration, distributed over 200 gun locks last year.

During its quarterly meeting last week, the Council visited Bartlett Regional Hospital in Juneau, and learned that construction is about to begin on the new crisis stabilization unit, which was partially funded by the Alaska Mental Health Trust Authority. The Council also met with the Juneau Housing First complex, which is a long-term housing facility for chronic inebriates. That complex is expanding from 32 beds to 64, and they have approximately 90 people on the wait list.

The Council also met with Juneau's Suicide Prevention Coalition and attended a legislative reception hosted by Representative Sara Hannan.

A three-digit hotline number for the National Suicide Prevention Lifeline is in the public comment stage. The national line already has over two million calls a year, but the new three-digit number would be easier to remember, which would make it more accessible to people in need.

There is a Suicide Prevention Summit scheduled to be held in Wasilla on August 4th.

The Council generally meets four times per year, two meetings in person and two via video/teleconference. The next meeting will be a half-day video/teleconference meeting from 9 to noon on June 2nd, a videoconference in the Frontier Building in Anchorage.

## **OLD BUSINESS**

### **Kenai Written Report**

Jennifer Weisshaupt informed Board members that the report regarding the last meeting in Kenai was prepared and is available on the front page of the website. Chair Licht shared his appreciation for that summary report, and he believes that creating these reports from each meeting will be beneficial going forward.

## **NEW BUSINESS**

### **ABADA Member Appointment to SSPC**

Nominations were opened for a member appointment to the Statewide Suicide Prevention Council. Lee Breinig **MOVED** to nominate Diane Fielden, **SECONDED** by Christine Robbins. Hearing no objection, the motion **PASSED**, and Diane Fielden was elected to serve in the ABADA member seat of the SSPC.

### **Create Bylaws Review Committee**

Bev Schoonover stated that the bylaws were last revised in 2012, and she explained some of the bylaw revisions that she deems necessary. The executive director recruitment, hire, and appointment procedure is confusing and differs between boards. The bylaws should address how the boards work with the communities and how public comment is taken. To comply with the state Ethics Act, a special notice must be given for reviewing the bylaws edit recommendations, and a special part of the meeting must be set aside to allow for public comment. The special notices can be a part of the regular notice of meeting. The bylaws review committee would address both boards in order to align the bylaws between the boards as much as possible. Bylaws are needed for each board. Even though the boards work together; they are still separate boards. It was thought that two meetings, beginning in June, would be sufficient to complete the bylaws revision recommendations.

Enlow Walker **MOVED** to create an ad hoc committee to review and revise and make recommendations for the bylaws to the full boards at the next meeting in the fall, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**.

From the Alaska Mental Health Board, Renee Hoffard and Chair Charlene Tautfest nominated themselves to be on the bylaw revision committee. And from the Advisory Board on Alcoholism and Drug Abuse, Lee Breinig and Cathy Bishop nominated themselves for the committee. It was also noted that Cathy Bishop holds a seat on both boards.

Monique Andrew **MOVED** that the nominees be appointed to the committee, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**.

Bev Schoonover agreed to spearhead the logistics of the committee meetings.

### **ABADA Executive Committee Election of Chair Elect and At-Large Officer**

Chair Philip Licht explained that during the transition of seats by the administration, the ABADA board was left with two seats open, the chair elect and the at-large position. After receiving some feedback, recommendations, and input, Chair Licht recommended Renee Schofield for the chair elect position and Monique Andrews for the at-large officer position.

Enlow Walker **MOVED** to elect Renee Schofield and Monique Andrews to the chair elect and at-large positions, **SECONDED** by Cathy Bishop. During the discussion, the roles of both positions were explained as well as the role of the Executive Committee. Hearing no objection, the motion **PASSED**.

### **Legislative Update - Advocacy Coordinator Teri Tibbett**

Teri Tibbett explained her duties as advocacy coordinator. She works with the Boards' Legislative Advocacy Committee to identify and track certain bills through the legislative session. Subjects include suicide prevention, substance misuse and addiction, reducing recidivism through treatment, community-based services, workforce development, supported employment, supported housing, and Medicaid health coverage.

Bev Schoonover reported that they were tracking about 80 bills, but there are three that are priorities.

- HB 175 and SB 124 would establish the Alaska Psychiatric Institute Oversight Board in statute to provide management and oversight of the state psychiatric hospital, including patient safety and finances. The Alaska Mental Health Board was named in the legislation with the responsibility to vet candidates for the oversight board, and the API board members would then be appointed by the Governor.
- HB 187 would restrict the ability of Department of Corrections to send Alaska inmates to public prisons out of state except when specialized medical treatment is needed, when there are familial considerations, persons with a 99-year sentence, or for security reasons for the safety of the inmate.
- SB 120 would allow certain medical personnel in designated evaluation and treatment (DET) facilities to administer psychotropic drugs to patients without their consent in emergency situations.

Bev Schoonover explained that at this point they are gathering information and tracking these bills. She would need direction from the boards to advocate for or against the bills. She stressed that any member of the boards could talk to the legislature as individuals but not on behalf of the boards without the consent of the boards on topics the boards as a whole have approved.

Teri Tibbett listed the budget items for consideration as follows:

- Suicide prevention and postvention program.

- Re-entry services, reducing recidivism through treatment and reentry supports. In addition to serving people who are leaving incarceration, they also support people who have not yet been sentenced as well as people who are incarcerated.
- Therapeutic Courts offer case management throughout the state for people with mental health disorders. This \$420,000 grant would add staff in Palmer and a statewide deputy coordinator.
- Holistic defense in rural communities would put a social worker in the Public Defender Agency, so someone in pretrial status can talk to the social worker and the conversation is protected from disclosure. This \$372,000 grant would allow them to expand to more rural communities.
- A \$1.62 million grant for capital projects for the Alaska Psychiatric Institute (API) corrective action plan would expand the capacity of API to service people with severe mental illness.
- Medicaid was underfunded last year, and they would like it to be fully funded both for last year and the coming year.
- Expanded development and implementation of standardized training and certification to peer support workers statewide, which would be funded from the Mental Health Trust.
- Pediatric telehealth for behavioral health disorders would also be funded from the Mental Health Trust.

There was discussion regarding the source of the funds, whether the funds are in the current budget and will continue, or if the funds would be new to the budget. Also discussed was the difference between Mental Health Trust funds and the general funds.

An informal vote was taken on the budget items, and it was discovered that more information and discussion was needed for all of them.

### **ALASKA BEHAVIORAL HEALTH ASSOCIATION (ABHA) OVERVIEW**

Tom Chard, CEO of ABHA, explained that ABHA is a member-led, nonprofit corporation that acts as a clearinghouse for information gathered from 70 association member organizations. The common goal is to help Alaskans access cost-effective, quality treatment services.

ABHA provides critical services toward developing their network and system of care. They maintain an important venue for leaders, a conference among colleagues. The association works to disseminate information from stakeholders and partners to the behavioral health providers. The association also solicits and summarizes providers' experience and perspective to help inform policy, planning, and system advocacy. With membership in ABHA, Alaska behavioral health providers have access to the resources of the National Council for Behavioral Health, so even the smallest providers in rural Alaska have access to federal policy and information.

ABHA holds monthly stakeholder teleconferences that includes a standing report from ABADA, and two face-to-face meetings each year.

ABHA has a list of bills and budget items it is tracking with the intent to help inform the sponsors or committees on what the potential impacts might be associated with the bills. Usually ABHA does not come in with a thumbs up or thumbs down approach but rather tries to give information about the consequences of particular bills.

ABHA is focused on having the available resources to provide the treatment services that communities need, so they look generally at the appropriations for the treatment and recovery grant line. They are also increasingly focused on changes involving Medicaid, whether it be supplemental funding or policy changes that would increase administrative burden.

A lot of the legislation is focused on workforce, so when funding is decreased, additional counselors or clinicians cannot be hired, needed training cannot be provided, and perhaps the workforce would be downsized. Some of the legislation addressing stigma is also of interest to ABHA, ideally helping to improve access to treatment.

On the federal level, the focus is primarily on Medicaid. Tom Chard also stated that Alaska might have an opportunity to bring the Certified Community Behavioral Health Center designation back to the state.

The National Council for Behavioral Health will hold its annual conference in April in Austin, and Tom Chard encouraged anyone who is able to attend to do so. He also stressed that ABHA is a partner to be relied upon and invited the members of the Boards to use ABHA as a resource.

## **ALASKA DIVISION OF BEHAVIORAL HEALTH OVERVIEW**

Farina Brown, deputy director of the Division of Behavioral Health (DBH), introduced herself and gave a brief history of her background.

Shelis Jorgensen, the executive director of Optum Alaska, the administrative services organization for the Division of Behavioral Health, addressed the Boards as follows:

- She works in Anchorage a few days a week, works remotely sometimes, and travels to work in other areas.
- Optum is a contractor of the Division of Behavioral Health to help implement changes to increase access to behavioral health. Specific tasks include the following:
  - About 500 claims have come through so far for the 1115 waiver substance use disorder (SUD) behavioral health services.
  - Started provider engagement and trainings.
  - Started building data and reporting.
  - Started service authorizations.
- Optum's role is to not only augment and help fill the gaps and provide referrals to agencies but also to assist directly when needed.

Deb Etheridge, chief operating officer and quality manager of Optum, spoke briefly to the Boards about her background.



Farina Brown explained the role of the Division of Behavioral Health as follows:

- Ensure a robust continuum of care across the state from cradle to grave for all Alaskans through Medicaid and grant-funded systems.
- Ensure that Alaska is meeting a critical need with behavioral health. The 1115 demonstration waiver was approved and began on July 1, 2019, which expanded the continuum of care of services available.
- The first arm of the 1115 is the SUD component, a large part of which involves the opioid epidemic.

Farina Brown discussed the continuum of care services under the 1115 waiver. The 1115 waiver lifted the restriction of having no more than 16 individuals served at one time in an Institution for Mental Disease (IMD). The 1115 waiver is a five-year demonstration, and she stressed that the Boards should bring information back to the Division on what each community's needs are. She also would like to hear from the Boards what went right and what things could be improved.

Independent practitioners such as Licensed Marriage and Family Therapists will have the ability to enroll as 1115 providers. There is also a mechanism in place to provide step-down placement care through community recovery support and peer support.

Bev Schoonover discussed the history of the creation of the 1115 waiver demonstration and pointed out that the Boards were instrumental in the drafting of the concept paper of the 1115. The Boards also visited different communities to gather public comment and held a series of webinars.

During a question and answer session, the following points were made:

- The Boards' role with Optum always goes through the Division. As the administrative services organization, Optum will engage with the behavioral health providers, but the Boards' engagement would always be through the Division.
- Regarding assessment of individuals with substance use disorder, they are trying to move toward a standardized assessment and screening. Assessments will always be linked to treatment that the service provider provides or refers out to be provided.
- The 1115 does not make any regulatory requirements that would eliminate the provision of behavioral health services in schools.
- It is very early in the program, and it is difficult to say what the quality program will look like, but it is almost time to bring the consumer voice into one of the quality committees.
- This is not managed care where a consumer's ability to choose is limited. An individual can use Medicaid at any provider that accepts Medicaid.
- There is a constant workforce shortage, and it is a problem to accommodate providers that want to expand their services.

Mental health clinician Rick Calcote reported that DBH wants to focus more on prevention. Many people who go to the emergency room or to a primary care physician are really there for other than medical reasons, and if they are screened for a behavioral health issue, treatment can begin before emergency services are needed.

A bill passed last year provided that a mental health physician clinic could be staffed by any physician rather than requiring a psychiatrist to be present for at least 30 percent of the operating hours. That 30 percent rule was very difficult to comply with, and some clinics were closing.

DBH is also drafting regulations to go with the statute adding licensed marriage and family therapists to the list of providers for behavioral health services to deliver and bill Medicaid. They are also drafting regulations for SB 74 which was passed in 2016. That bill provided the means for an organization to become a community behavioral health services provider even though they do not receive money from the state, but they can provide services and bill Medicaid. Hopefully the new regulations will significantly reduce the documentation burden for provider organizations.

DBH has developed a data reporting and collection plan in order to show a cost neutrality in Medicaid by utilizing the 1115 waiver. One of the goals of the plan is to keep the individual burden of data collection as small as possible.

Jennifer Weissaupt announced that the Boards had been invited to tour a part of Alaska Psychiatric Institute after the McLaughlin Youth Facility visit tomorrow afternoon.

### **EXECUTIVE BRANCH BOARD OF DIRECTORS ETHICS TRAINING**

Assistant Attorney General Maria Bahr, who is the ethics counsel for the Department of Law, talked to the Boards about the Executive Branch Ethics Act, which was enacted in 1986. It is basically a list of things that are not permitted. Highlights included the following:

- Applies to all public officers under the executive branch, which includes members of boards and commissions.
- Applies if there is a financial interest held by you or immediate family member, which includes involvement or ownership in a business, property, or professional relationship.
- Applies if there is an interest held by you or your immediate family, including membership in any organization – fraternal, nonprofit, charitable, for profit, political – from which you derive a benefit.
- A benefit can be a dividend, an acquisition, a transfer, a grant, a promise to pay, or anything else that you would like to have.
- Your immediate family members are your spouse or your conjugal partner, your children, stepchildren, parents, siblings, grandparents, aunts, uncles, and your in-laws.
- Applies if you take an official act on something such as giving advice or participating, assisting, making a recommendation, making a decision, approving, disapproving, voting, or other similar action.
- Cannot use your state time, state resources, or even your state title to engage in partisan political activities, which are those activities that are intended to benefit or harm a candidate, potential candidate, political party, or group.

- The designated ethics supervisor is the person you go to for assistance in figuring out whether something is okay or not. For the Boards, it's your chair. For the chair, it's the Governor or designee. But anyone can contact Maria Bahr at any time and have a confidential conversation about ethics.
- The basic premise is to avoid substantial and material conflicts of interest. You and your immediate family may not benefit financially or personally from your position and actions as a state officer, and you may not confer unwarranted benefits on others.
- Independent pursuits should not be discouraged, however. Many of the members are here because of independent pursuits and interests, and some minor and inconsequential conflicts of interest are unavoidable.
- If your ownership interest or value in a company is less than \$5,000, it is presumed to be insignificant.
- Your ownership interest in a matter is also presumed to be insignificant if it is held generally by the public at large or by a larger class of persons, such as the Permanent Fund Dividend.
- If your action or your influence would have only an insignificant or a conjectural effect on something, then it is not considered to be prohibited.
- Misuse of official position is a list of things prohibited:
  - Can't use position for personal gain.
  - Can't use position to secure other employment.
  - Can't use position to accept or solicit outside compensation.
  - Can't use state resources to benefit a personal or financial interest.
  - Can't take or withhold official action on matters in which you have a personal or financial interest unless it's insignificant or held by the public.
  - Can't coerce subordinates to do something for your own personal or financial benefit.
  - Can't attempt to influence the outcome of an administrative hearing by privately contacting the hearing officer.
  - Can't use state funds, equipment, or facilities for partisan political purposes.
- Special considerations for board members include (1) the declaration of potential violations by members of boards or commission and (2) improper representation.
- Gifts cannot be accepted if the gift is intended to influence action or judgment in official duties, and all gifts from lobbyists are presumed to be improper.
- Certain gifts are proper to accept but must be disclosed. Gifts over \$150, gifts from other governments, and any gift that might seem to be given to influence you must be disclosed.
- A current or former public officer may not disclose or use information gained in the course of official duties that could in any way result in a benefit to the officer or immediate family members if the information has not been publicly disseminated or is confidential by law.
- A public officer or immediate family member cannot attempt to acquire, receive, apply for, or have a personal or financial interest in a state grant, contract, lease or loan if the public officer may take action that affect the award.
- There is a two-year restriction for working for pay on a matter in which you substantially participated in your official capacity. Also, if you leave this board, there

is a one-year restriction from your being able to be a member of another board that was regulated by this board.

## **RECESS**

The meeting recessed at 4:14 p.m.

**Wednesday, February 26, 2020**

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

## **ALASKA MENTAL HEALTH TRUST AUTHORITY (AMHTA) Overview**

Mike Abbott, chief executive officer of the Mental Health Trust Authority, introduced the other members of the team: Katie Baldwin-Johnson, senior program officer; Eric Boyer, a program officer; and Allison Biastock, the chief communications officer.

Mike Abbott began his presentation by relating a short history of the Trust. It was created by Congress in the 1950s in anticipation of Alaska statehood to create revenue in order that persons with mental illness or developmental or behavioral issues could be treated in the state and not be sent out of state for treatment. The Trust is land-based and was managed by the legislature until the mid-1990s when a lawsuit regarding the mismanagement of the Trust was settled, and the Mental Health Trust Authority was born. Today the Trust is a state corporation that is led by seven Trustees appointed by the Governor.

The Trust was given a million acres of land by Congress together with \$200 million which was to be invested, not spent. Today the Trust has about 970,000 acres and more than \$600 million. If permits are issued on land or if the land is leased, those funds can be spent. If land is sold or is used for mineral or oil extraction, the funds coming in from that must be reinvested in the Trust. Most of the Trust funds that are invested are co-mingled with the Alaska Permanent Fund Corporation.

Most of the land owned by the Trust is in Southeast, and the rest is scattered around the state. The largest block of land the Trust owns is about 100,000 acres in the Chilkat River Valley near Haines. The lands are managed by the Trust Land Office to make money in order to pay for their own expenses and for mental health programs.

The lands are used to generate revenue in a variety of ways: timber harvest mostly in Southeast, Fort Knox Gold Mine near Fairbanks, and natural gas development on the Kenai. A small piece of land on the waterfront in Juneau was recently sold for \$20 million.

The Trust is allowed to take a fixed percentage of the value of its invested assets each year on a four-year rolling average. This year about \$25 million from the Permanent Fund will be available for spending.

Between 2009 and 2015, the Trust Authority invested about \$40 million not in the Permanent Fund, but in a series of commercial real estate investments in Alaska, Washington, Utah, and Texas. This type of investment has not been repeated, and all investable income has since been sent to the Permanent Fund to be invested there.

The Trust uses its money to support its beneficiaries by grants to state agencies, nonprofits, tribes, and local governments. Four focus areas are Substance Abuse Prevention and Treatment, Beneficiary Engagement and Employment, Long-Term Services and Supports, and Disability Justice. The Trust also engaged in multi-year projects such as: Bring the Kids Home, closing Harborview, Medicaid Reform and Medicaid Expansion, and crisis intervention system in Alaska.

Bev Schoonover clarified what the Boards' duties were regarding the Trust. The Boards are an advisory partner board to the Trust and have a statutory duty to vet applicants for Trustees before the names are forwarded to the Governor. They also advise the Trust on the Comprehensive Integrated Mental Health Plan. In addition, the Boards are working with the Trust on several projects.

### **Crisis Now Update**

Katie Baldwin-Johnson stated that a study was funded by the Trust to do an analysis of the behavioral health system and to look at what the impact would be with Medicaid expansion. The expansion provided an opportunity for access to healthcare for many of their beneficiaries who had no access to healthcare. Because of the concern that Medicaid expansion would increase costs, they looked at opportunities to make the health system more efficient and more effective and increase accountability of the providers.

One real issue is the continuum of care, because across the state there is not a coordinated system of behavioral health services. There are the state-funded programs and the tribal health system, but particularly notable is the lack of an effective way of responding to individuals in mental health or behavioral health crisis. Law enforcement officers wind up being the primary responders to people in crisis, and emergency rooms and hospitals end up having individuals languishing there for lack of other options.

In looking for a solution on how to plan for this expansion or improvement of a continuum of care, they are exploring the Crisis Now model.

Eric Boyer explained that several years ago the Surgeon General declared a national emergency around meeting the needs of people in the community who are having a behavioral health crisis. In 2016, the Crisis Now model was introduced to bring all the treatments together in a model so individuals in the community can be treated at a variety of different levels.

There are four core elements for transforming crisis services: (1) crisis call centers, (2) 24/7 mobile crisis response, (3) crisis stabilization programs, and (4) essential principles and practices. The call center in this model is called Care Traffic Control, and it provides for engaging someone in the community and staying with them until they get to that level of care that keeps them safe. The

call center works with the mobile crisis team, which is a licensed counselor coupled with a peer for support. The team goes to the person to support them in place. These two levels of care meet the needs of about 70 percent of the people in need. The remaining percentage usually need to go to some kind of inpatient level.

One inpatient option is the 23-hour stabilization at a Living Room Model facility. If that does not meet the need, the next level is an inpatient subacute, which is a small facility that can take someone for less than a week. The principles and practices are the foundation under the services, things like peer support and the best practices around how people are treated culturally.

Katie Baldwin-Johnson reported that the Trust contracted with RI International to see where there might be opportunities to optimize existing services to get closer to the Crisis Now framework. RI made 14 broad recommendations to gain accountability that provides oversight and management of the functioning of the team.

Katie Baldwin-Johnson pointed out that the Crisis Now model is an urban model, and there is a lot of work to do to adapt the model to rural Alaska. She discussed what next steps are anticipated in order to continue to develop the Crisis Now model.

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

**COMMUNITY PANEL ON MENTAL HEALTH AND SUBSTANCE USE  
HOUSING SUPPORTS TO ADDRESS AND PREVENT HOMELESSNESS  
Facilitated by AMHTA Program Officer Kelda Barstad**

Kelda Barstad, a program officer with the Trust, thanked the Boards for inviting the panel to the meeting and introduced the members as follows:

- Jasmine Boyle, executive director of the Anchorage Coalition to End Homelessness.
- Jennifer Smerud, planner for Alaska Housing Finance Corporation Supported Housing Programs.
- Eric Glatt, project director at United Way.
- Barry Andres, vice-president of Integrated Housing Services at Volunteers of America.
- Lisa Aquino, executive director for Catholic Social Services.
- Heidi Huppert, senior program officer at Covenant House.

Jasmine Boyle started the presentation with a look at homelessness in Anchorage. The Point in Time Count shows that the homeless population in Anchorage has remained steady for about ten years while other West Coast cities have had a drastic rise in homelessness, particularly unsheltered homelessness. When there are about 1100 homeless people in Anchorage, there are only about 100 living outside; the rest are being served by the system.

The housing organizations in Anchorage had a 20 percent reduction in functional dollars. That reduction led to staff lay-offs, a reduction of day services, and a spike in the number of camps

during the summer. Some of that reduction was restored, but using the Department of Labor inflation calculator, the housing organizations are functionally operating at 27 percent less than in 2009.

When any other societal support system changes, homelessness increases. For instance, when senior benefits were cut, many seniors had to choose between rent or groceries.

Jennifer Smerud explained how the funding is distributed statewide among different categories of homeless persons. Veterans and victims of domestic violence and families get the biggest share. Other categories receiving assistance are:

- The literal homeless (no stable and safe place to live);
- The chronically homeless (more than three incidents of homelessness in three years);
- The at-risk population (eviction or change in family structure);
- The overcrowded (more than one person per room).

Funding from the federal government is mostly from HUD and has specific strings attached about who is served, how they qualify, and how it is reported. The state funding is subject to annual appropriation and pays mostly for operation and salaries.

Kelda Barstad asked the panelists to consider what the impact was of the funding cuts on their programs and describe some challenges that the programs experienced.

Barry Andres described his background of working in the behavioral health field since the 1990s, with later emphasis on housing transition-age youth into adulthood. When the budget cuts came, they were running various housing facilities, and it was feared there would be evictions or sell-offs. Finally, funding was made available to stabilize the situation. He is associated with Volunteers of America youth homeless demonstration project. Presently they have nine youth that are housed.

Eric Glatt is involved with the Home for Good project. In order to qualify for the project, three principle criteria must be met:

- History of recidivism;
- History of homelessness;
- Demonstration of high need.

This population cycles through hospitals, API, Department of Corrections, and the shelter system. He was concerned that the program could not be launched because of the budget cuts, but the project came with its own dedicated funding stream financed by the Trust and Rasmuson Foundation.

Lisa Aquino explained that Catholic Social Services is one of the largest social services agencies in Anchorage, and its mission is to serve vulnerable people and advocate for social justice. They are the largest homeless provider in Anchorage with the Brother Francis Shelter, Clare House, and

Homeless Family Services. Even though about 80 percent of funding comes from donors, the budget cuts forced them to cut staff and utilities at Brother Francis and Clare House and case management at the Homeless Assistance Program. Fortunately, volunteers in the community stepped in and helped keep the doors open, and the municipality provided one-time funding, but they are still trying to catch up on staffing trained personnel.

Heidi Huppert described Covenant House as a 60-bed facility that serves youth ages 13 to 20 that are experiencing homelessness. It provides a place for youth to simply walk in and get help if they are in some sort of trouble. They also have other programs that deal with housing and transitional living. The budget cuts required thinking of different plans, such as making the 60-bed facility into a 40-bed facility so it could be staffed without a decrease in personnel.

Kelda Barstad asked the panel to talk about the relationship between affordable housing and supportive services, describing an example of a successful program or a barrier that the program experienced.

Barry Andres spoke about RurAL CAP's supportive housing facilities Karluk Manor, 325, and Sitka Place, and the transitional facility Safe Harbor. Each facility had an outpatient clinic in the bottom apartment of each building that served as a community mental health center and helped to serve those who would otherwise have repeatedly gone to the emergency room.

It is difficult to fill positions for case managers and clinicians, so workforce is a barrier. He has had some good interns, but they had to learn on the job. He added that fewer people are available, and he has started to look nationwide for people.

Eric Glatt said that one of the biggest challenges that he has in supplying new housing units is figuring out where to find more housing that's appropriate for the clients. He envisions housing facilities scattered throughout the community in rental properties with vouchers and subsidies, but some landlords are apprehensive about renting to the clients.

Jennifer Smerud spoke about AHFC's 811 program that brings together the property owner, Department of Behavioral Health, and the agencies that serve individuals. But property owners are reluctant to step into the 20-year commitment that is the federal requirement.

Jasmine Boyle talked about permanent supportive housing, sometimes called Housing First, where mental health alleviation, substance abuse, and reconnection problems can be addressed once the client is in stable housing. It is a challenge to find vouchers and get landlords to work with the clients, but the successes are phenomenal, although complicated and time consuming. She told one success story of a man who had been unsheltered for 20 years who finally was housed and has now been sober for over a year and has reconnected with his family.

Lisa Aquino said that a lot of providers think of permanent supportive housing as being more intensive and that it's going to be long term. Catholic Social Services is performing housing case management duties in a partnership with NeighborWorks. Catholic Social Services is training NeighborWorks staff on how to provide some trauma-informed care and motivational interviews.



One of the challenges is figuring out how to get different funding sources to come together to pay for services like this. Often the vouchers are not paired with the case management funds.

Heidi Huppert talked about the youth homelessness demonstration project. Inside the project are four separate projects:

- Choosing our Roots Project to develop host homes and training families to take in LGBTQ youth.
- Youth Task Force where youth who had experienced or are experiencing homelessness can participate in informing people nationwide about programs, policy, and procedure.
- Rapid rehousing home is using the Housing First model, and 33 young people are out of shelters and into their own first apartments.
- Permanency navigation, relationship-based case managers who can accompany the client on difficult errands and are available to the client for problem solving.

Kelda Barstad stressed that supportive housing is a key to ending homelessness, because in order for people to progress in their recovery, they need to be safe, which means being housed.

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

### **PUBLIC COMMENT**

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

### **RECESS**

The meeting recessed at 3:01 p.m. to attend site visits to McLaughlin Youth Facility and Alaska Psychiatric Institute.

**Thursday, February 27, 2020**  
**CALL TO ORDER – 9:00 a.m.**

### **PRESENTATION: ALASKA TRAINING COOPERATIVE**

Lisa Cauble, director of the Alaska Training Cooperative, and Tom McRoberts and Jill Ramsey, behavioral health training coordinators, introduced themselves.

Lisa Cauble began her presentation by describing the mission of the Alaska Training Cooperative:

- Promote career development opportunities for direct support professionals engaged with Alaska Mental Health Trust Authority beneficiaries.
- Collaborate with Alaskan communities to train rural behavioral health care providers.
- The current directive is around Medicaid expansion and reform and redesign as well as criminal justice reinvestment.

Lisa Cauble discussed the history of the Alaska Training Cooperative from 2005 to the present. She then mentioned that each member of the current training team has experience as a direct service provider. They are supported by a technical support team, which enables them to deliver training statewide.

Each year they hold the Full Lives Conference that is dedicated to the direct service providers, and they give an award to a direct service provider in all five of the Trust areas.

The Alaska Training Cooperative reports each year to the Alaska Mental Health Trust Authority summarizing their activity. Last year they had over 7,500 training seats with 4,618 participants in 117 communities, with many people taking more than one training. A “training” can be an hour or an all-day event or a multi-day workshop, and last year they had 319 training events. The surveys of satisfaction of the participants to the training was 94 percent last year. They receive \$984,000 from the Trust each year together with smaller grants from the Trust and other agencies.

The Alaska Training Cooperative charges \$10 a contact hour for training. It used to be free, but when attendance hovered around 50 percent, they started charging and attendance is now around 95 percent.

The Learning Management System (LMS) is a data collection system tracking the number of LMS users, how many trainings are in the catalog, the number of agencies using the system for marketing, the number of trainings using LMS for registration, as well as the number of participants registered and how many completed trainings. This system also has an E-portfolio that tracks the different trainings for participants.

Tom McRoberts addressed behavioral health continuing education credits necessary to maintain behavioral health professionals’ licenses, including substance abuse counselors, licensed therapists, and even registered nurses who work in behavioral health. They offer 12 ethics hours, 60 Alaska Native specific hours, including collaboration with elders to provide traditional wisdom as part of the training.

They recently performed a survey of behavioral health professionals across the state regarding the topics that are required or that they want to know more about. The topics most requested are trauma-informed care, Alaska Native care, ways to work successfully in native communities, evidence-based practice for anxiety disorders, and traumatic brain injury. They then look for presenters that align with the popular topics.

Jill Ramsey explained the Mental Health First-Aid program that falls under the Training Cooperative. It started about ten years ago and had few people trained at first. Today there are over 16,000 people who have gone through the eight-hour certification course that teaches laypeople to recognize mental health and substance use symptoms and form an action plan. The feedback from this class showed that even the clinicians who were providing behavioral health services were receiving more training in this class than they had received before. Some agencies now require Mental Health First-Aid for their staff.

The Mat-Su Health Foundation is tracking the interactions between police officers and the public and notes the following trends:

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

The Mental Health First-Aid program is now embedded in the Anchorage Police Department at the cadet level, at the Alaska State Trooper Academy, and at the academy for the Department of Corrections.

Lisa Cauble asked for support from the Boards in the funding cycle because the Alaska Training Cooperative is a training entity that has the structure, the ability, the expertise, and the technology to continue to offer high-quality, professional training.

## **SITE VISITS**

The meeting recessed to attend a site visit to Hiland Mountain Correctional Center.

## **BOARD BUSINESS**

### **Site Visit Review**

#### **McLaughlin Youth Center**

- Receives funds from Education in Secondary School Act, state funding for youth in detention, and a federal competitive grant.
- Being trained in Mental Health Awareness and trauma 101 training.
- Have Mental Health First-Aid trainers on staff.
- Nice to know that a teacher from New Path High School visits McLaughlin once or twice a week.
- Impressed with the facilities and the dedicated staff.
- Concerned about workforce problems.
- Glad to know that they have a dedicated facility for girls and one for boys.
- Facility was well managed, and staff seemed very positive.

#### **Alaska Psychiatric Institute**

- Concerned about the staff turnover. The CEO is the ninth in three years.
- Only using half the beds available, and no adolescents there at the present time.
- Maybe the empty beds could be repurposed.
- Thought the facility was beautiful.

## Hiland Mountain Correctional Center

- Interesting to see that there doesn't seem to be any staffing difficulties.
- Very caring staff.
- Happy to see they are getting the much needed new behavioral health unit.
- Disappointed with the small 800 square foot space with 26 people in it.
- Impressed with the positive attitude.
- Impressed that the level of aggressiveness was low as compared to a men's institution.
- Concerned that low-risk youth are being put in an area with higher-risk youth.
- Noted that the lighting was very low in the acute mental health ward and looked forward to better lighting in the new addition.
- Facility did not feel like a prison but rather a rehabilitative place.

**ROLL CALL** – Quorum Present.

## **BOARD BUSINESS**

### **Alaska Training Cooperative Funding**

Bev Schoonover reported that the Alaska Training Cooperative requested that the Boards write a letter to the Trustees saying how important the Cooperative is, how much they offer to direct service professionals, and how they help behavioral health systems. Adam Rutherford said that the Cooperative has a tremendous impact within the system regarding workforce development. Lee Breinig urged that the motion should mention basic core competency training and for specific continuing education. Renee Hoffard stated that the Cooperative is good at making sure that the professionals in rural areas have access to continuing education. Chair Licht noted that he would like to keep specifics out of the letter of support so it is not too prescriptive.

Chair Licht **MOVED** to instruct the staff to draft a letter of support to the Alaska Mental Health Trust Authority on behalf of the Alaska Training Cooperative that funding for their training programs would either be maintained or increased, **SECONDED** by Renee Hoffard.

Lee Breinig **MOVED** to **AMEND** the motion to include encouragement in the letter to address the 1115 waivers, call for specific training in the American Society of Addiction Medicine placement criterion, and level of care. **SECONDED** by Blake Burley. Hearing no objection, the amendment to the motion **PASSED**. The chair called for the question, and the motion **PASSED**.

### **University of Alaska Education Programs**

Blake Burley **MOVED** to direct the staff to write a letter to the University of Alaska system addressing the Boards' support for the education programs and the impact that they have on the community and the importance of keeping all of the education program intact, especially special education. **SECONDED** by Diane Fielden. During the discussion, it was questioned whether

UAA had recovered its education program accreditation that it lost last year. The chair called for the question, and the motion was **DEFEATED**.

Enlow Walker **MOVED** to direct the staff to find out what the situation really is, and then if it is a situation where a letter would be beneficial, the Executive Committee could authorize the letter to be written. **SECONDED** by Lee Breinig. Hearing no objection, the motion **PASSED**.

### **2020 Legislative Priorities**

Chair Licht **MOVED** for approval of the legislative budget item priorities as set forth by the Legislative Committee, **SECONDED** by Diane Fielden. During the discussion the process for prioritizing the legislation was clarified. The chair called for the question, and the motion **PASSED**.

### **Next Meeting Location**

Bev Schoonover stated that their next meeting is a rural meeting. Because one of the primary duties of the Boards is to read and comment on the state's mental health block grant application, the Boards receive federal funds from SAMHSA for their rural trip, and there is \$25,000 in the budget for travel. During the rural trip, the Boards meet with the schools and educators and do site visits. Suggestions for the meeting location included Nome, Ketchikan, Sitka, Cordova, Dillingham, Dutch Harbor, and Petersburg with possibly a side trip to Kake, and Valdez.

Lee Breinig **MOVED** that the Boards host the next larger board meeting in Sitka, **SECONDED** by Diane Fielden. During discussion it was pointed out that there are two separate populations there and places for excellent site visits. There was a concern that the Boards have spent a lot of time in Southeast in the last few years and not much time in Western Alaska. It was noted that Sitka is very different from Juneau, and it is a culturally rich and diverse community.

Blake Burley **MOVED** to **AMEND** the motion to direct the staff to determine the monetary feasibility of hosting the board meeting in Dutch Harbor; and if it's not feasible, then to host it in Sitka, **SECONDED** by Lee Breinig. The amended motion **PASSED**.

### **FINAL COMMENTS**

The Boards' comments included the following:

- Thank you for coming to Anchorage.
- Very good meeting, and nice to meet all the new board members.
- Great job coordinating the site visits.
- Very informative meeting, great information.
- Public comment period should have been longer to accommodate the large number of people who appeared to testify. More time should have been given to people who needed longer time to share their story.
- Schedule of the meeting was convenient with evenings off to recover and regroup.

- Enjoyed the meaningful discussions and different perspectives.
- Very appreciative of staff's efforts toward this successful meeting.
- Encouraged about the good progress made with API.
- After hearing public testimony, it is clear that a strong staff is needed, and the boards have the ability to impact change in the mental health systems.

Bev Schoonover thanked everyone for attending the three-day meeting and said it was a pleasure to see everyone again. Stephanie Hopkins is new to Alaska and was impressed with the helpful presentations and the welcoming spirit of everyone. Jennifer Weisshaupt agreed that public comment period could have been longer and thought the site visits were valuable. Teri Tibbett thought the correctional aspects of the meeting were very important and appreciated the passion of the staff in working with the forgotten population of people with drug and alcohol problems in prison.

### **ADJOURN**

Philip Licht **MOVED** to adjourn, **SECONDED** by Renee Hoffard. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 3:51 p.m.

## MOTIONS

Lee Breinig **MOVED** to approve the minutes from the September 2019 meeting, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**. Page 2.

Enlow Walker **MOVED** to approve the agenda as published, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**. Page 2.

Nominations were opened for a member appointment to the Statewide Suicide Prevention Council. Lee Breinig **MOVED** to nominate Diane Fielden, **SECONDED** by Christine Robbins. Hearing no objection, the motion **PASSED**, and Diane Fielden was elected to serve in the ABADA member seat of the SSPC. Page 5.

Enlow Walker **MOVED** to create an ad hoc committee to review and revise and make recommendations for the bylaws to the full boards at the next meeting in the fall, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**. Page 5.

Monique Andrew **MOVED** that the nominees be appointed to the committee, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**. Page 5.

Enlow Walker **MOVED** to elect Renee Schofield and Monique Andrews to the chair elect and at-large positions, **SECONDED** by Cathy Bishop. During the discussion, the roles of both positions were explained as well as the role of the Executive Committee. Hearing no objection, the motion **PASSED**. Page 6.

Chair Licht **MOVED** to instruct the staff to draft a letter of support to the Alaska Mental Health Trust Authority on behalf of the Alaska Training Cooperative that funding for their training programs would either be maintained or increased, **SECONDED** by Renee Hoffard. Page 20.

Lee Breinig **MOVED** to **AMEND** the motion to include encouragement in the letter to address the 1115 waivers, call for specific training in the American Society of Addiction Medicine placement criterion, and level of care. **SECONDED** by Blake Burley. Hearing no objection, the amendment to the motion **PASSED**. The chair called for the question, and the motion **PASSED**. Page 20.

Blake Burley **MOVED** to direct the staff to write a letter to the University of Alaska system addressing the Boards' support for the education programs and the impact that they have on the community and the importance of keeping all of the education program intact, especially special education. **SECONDED** by Diane Fielden. During the discussion, it was questioned whether UAA had recovered its education program accreditation that it lost last year. The chair called for the question, and the motion was **DEFEATED**. Pages 20 and 21.

Enlow Walker **MOVED** to direct the staff to find out what the situation really is, and then if it is a situation where a letter would be beneficial, the Executive Committee could authorize the letter

to be written. **SECONDED** by Lee Breinig. Hearing no objection, the motion **PASSED**. Page 21.

Chair Licht **MOVED** for approval of the legislative budget item priorities as set forth by the Legislative Committee, **SECONDED** by Diane Fielden. During the discussion the process for prioritizing the legislation was clarified. The chair called for the question, and the motion **PASSED**. Page 21.

Lee Breinig **MOVED** that the Boards host the next larger board meeting in Sitka, **SECONDED** by Diane Fielden. Page 21.

Blake Burley **MOVED** to **AMEND** the motion to direct the staff to determine the monetary feasibility of hosting the board meeting in Dutch Harbor; and if it's not feasible, then to host it in Sitka, **SECONDED** by Lee Breinig. The amended motion **PASSED**. Page 21.

Philip Licht **MOVED** to adjourn, **SECONDED** by Renee Hoffard. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 3:51 p.m. Page 22.