

Advisory Board on Alcoholism and Drug Abuse Alaska Mental Health Board

Quarterly Board Meeting Minutes
Held via Zoom
October 8 - 9, 2020

ABADA Members Present:

Philip Licht, chair
Monique Andrews
Cathy Bishop
Diane Fielden
Anthony Cravalho
Christine Robbins (day 1)
Katholyn Runnels
Enlow Walker
Renee Schofield
Lee Breinig (day 2)
Chase Griffith (day 2)

ABADA Members Absent:

Michael Alexander
Blake Burley
Brent Tri

Ex-Officio Members Present:

Tracy Dompeling
Sharon Fishel
Catherine Stone
Duane Mayes
Gennifer Moreau-Johnson
Adam Rutherford
Albert Wall

AMHB Members Present:

Charlene Tautfest, chair
Monique Andrews
Brenda Moore-Beyers
Cathy Bishop
Sharon Clark
Diane Fielden
Christopher Gunderson (day 1)
Fannie "Renee" Hoffard
Karen Malcolm-Smith

AMHB Members Absent:

Michael Alexander
Brent Tri

Staff:

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

Thursday, October 8, 2020
CALL TO ORDER – 12:00 p.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 and other grant funds.

Cathy Bishop

Employee of Set Free Alaska and has a family member that experiences a disability and is on Medicaid.

Katholyn Runnels

Member of the Controlled Substance Advisory Board and works for the Department of Law in a prosecutorial manner.

Brenda Moore-Beyers

President of the board of Christian Health Associates, which receives state grants and bills Medicaid. Member of other various coalitions that also receive state funding, but not on their executive committees.

Charlene Tautfest

On the board of Peninsula Community Health Services, which bills Medicaid and receives grants, some from the Trust.

Philip Licht

Executive director for Set Free Alaska, an organization that bills Medicaid and receives state grants. Chair of R.O.C.K. Mat-Su that receives state and federal support for their work. On the operations council for Recover Alaska, which receives state funding, and serves on the Mat-Su Health Foundation board of directors that grants out funding. The hospital and other businesses owned by Mat-Su Health Foundation receive Medicaid and Medicare funds for services provided.

Chris Gunderson

CEO of Denali Family Services, a grantee of the Division of Behavioral Health, and bills Medicaid.

Karen Malcolm-Smith

President of the David Dylan Foundation, which receives no funds and is privately run.

Sharon Fishel

Works for the Department of Education, recipient of a new SAMHSA grant, a suicide prevention grant from the Suicide Prevention Council, a trauma prevention grant from Division of Behavioral Health, and will be receiving funding from the Trust.

Diane Fielden

On the board of directors for Peninsula Community Health Services in Soldotna.

The other members of the Boards had no conflicts to declare. Guests Katie Baldwin-Johnson, Steve Williams, and members of the staff introduced themselves to Board members.

APPROVAL OF THE AGENDA AND PREVIOUS MEETING MINUTES

Cathy Bishop **MOVED** to approve the minutes from the February 2020 meeting, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**.

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

WELCOME

Welcome from the Chairs

Philip Licht welcomed members to the meeting and stated he and Charlene Tautfest will be taking turns chairing the meeting. He encouraged members of the Boards to stay engaged during this Zoom meeting noting that Zoom meetings are successful primarily based on the engagement of the members. He welcomed guests from the Alaska Mental Health Trust Authority as well as former Board member Bob Coghill.

Welcome from Senator Lisa Murkowski

Senator Lisa Murkowski appeared before the Boards in a pre-recorded video format. She thanked the Boards for the opportunity and noted that Alaskans with mental health and substance use disorders continue to encounter barriers to accessing critical care. COVID-19 has only exacerbated those challenges as Alaskans experience levels of stress and anxiety compounded with economic uncertainty. Additionally, as everyone seeks to follow the health guidelines, social distancing has led to increased isolation within communities and support networks. It is important for all Alaskans to find creative ways to safely come together and support one another.

Senator Murkowski stated that she continues to work to expand mental health services via telehealth to ensure Alaskans have access to care while still maintaining necessary physical distancing. The Tele-Mental Health Improvement Act was introduced to prohibit health plans from imposing additional barriers to telehealth. It would also require ERISA plans to cover mental health and substance use disorder services provided through telehealth at the same rate they would cover in-person services during the ongoing pandemic.

Senator Murkowski explained that she is also working to build on legislation that helps providers more effectively treat patients that are suffering from substance use disorders. She has introduced the Mainstreaming Addiction Treatment Act, which would eliminate the requirement that restricts providers from prescribing buprenorphine. The bill also addresses some of Alaska's unique challenges and would allow community health aides and practitioners to offer medication-assisted treatment working through a licensed provider through telemedicine.

Senator Murkowski stated that while Alaska continues to face challenges, especially given the shortage of behavioral health professionals, know that she will continue to work with the Boards

at the federal level to ensure they have all the resources that they need to support and promote healthy Alaskans. She thanked the Boards for the work they do and concluded her presentation.

Welcome from Commissioner Crum

Department of Health and Social Services (DHSS) Commissioner Adam Crum stated that during the response to COVID-19, one of the Governor's primary goals was the maintenance of the comprehensive health and well-being of Alaskans. DHSS has tried to do that through engagement with Division of Behavioral Health (DBH) and many partners across the state.

Commissioner Crum stated that DHSS pushed out \$750,000 to Western Alaska after suicide events to address postvention and intervention to help the communities deal with this. They also worked to set up the CARELINE, and they created an Alaska Responder's Line for professionals on the front line of dealing with the pandemic response.

Commissioner Crum stated that looking ahead, they have been working on rolling out the 1115 waiver. People have been signing up, have provided these new services, and have successfully billed against Medicaid.

Commissioner Crum explained that SB 120 was passed during the last legislative session, and that established crisis stabilization centers into statute so they are now a defined facility that DHSS can build their license type around. DHSS is working hand in hand with the Trust to get crisis services stood up, and they see it as one more key critical aspect in the continuum of care for behavioral health that they look forward to addressing. He noted that he appreciates the partnership with the Trust on educating lawmakers and other influential Alaskans so they understand the importance of addressing this gap.

Commissioner Crum explained that the state disaster declaration will expire on November 15th, and it can be continued or extended either by the legislature convening or the Governor extending it on his own. They have learned through this process that the flexibilities Centers for Medicare and Medicaid Services (CMS) and the federal government have extended has allowed states to access and better deliver telehealth services. He noted that once the federal disaster goes away, those flexibilities from CMS will expire somewhat. The State is looking to see what has worked well that they want to advocate for on the federal level to make permanent. Each division will be reaching out and collecting information about lessons learned about how business has been conducted during the pandemic response. He stated that they look forward to the Boards' input in that process.

Welcome from Deputy Commissioner Albert Wall

Deputy Commissioner Wall thanked the Boards for their part in treating Alaskans. Accessibility to mental health care and substance use treatment is extremely important and is a passion of his. He believes the 1115 rollout has gone well in terms of substance abuse services. He stated that there have been a few issues, and they are working with some providers on it. If anyone is having any problems, he asked that they let the department know.

Deputy Commissioner Wall stated that they continue to watch the national conversation about extending modifications on how services are delivered, particularly in the area of telehealth. He noted that behavioral health services have been on the forefront of the high utilization of telehealth services. He stated that one positive thing that has come out of the pandemic response is that it showed the system that they can continue to deliver services in an alternative way.

OLD BUSINESS

Action Items from Anchorage Meeting

Alaska Training Cooperative

Bev Schoonover stated that they had heard at the last board meeting that the Trust MHTAAR funding for the Alaska Training Cooperative might be changing. Direction to staff was to write a letter of support for the Alaska Training Cooperative. It was also requested that staff ask if ASAM levels of care training could be provided. A letter was drafted to this effect and was sent to the Trust Program and Planning Committee meeting. Staff worked collaboratively with the Alaska Commission on Aging and the Governor's Council to draft a letter of recommendation for the Alaska Training Cooperative budget item that was then sent to the Trustees in August. The Trustees received a lot of feedback on this issue, and they decided to keep those allocations in their budget.

University of Alaska Education Programs

Bev Schoonover reminded board members that they heard during public comment that the University of Alaska was cutting their education programs, and of particular concern was the special education programs. Staff were directed to look into this issue to see if a letter of support would help. After a discussion with the university, it was determined that some of the programs were cut because of losing accreditation, and while the university appreciated the Boards' interest and concern on this matter, the decisions had already been made prior to the Boards' meeting and there wasn't an opportunity to influence that decision. As a result, the Boards will not be drafting a letter of support for this issue.

Subcommittee Reports

Bev Schoonover directed members of the Boards to the written subcommittee reports in their packets. Charlene Tautfest encouraged Board members to go over the draft bylaws and provide feedback. She also encouraged Board members to join the bylaws subcommittee.

Charlene Tautfest provided a report on Alaska Psychiatric Institute (API) and stated that Scott York was hired as the CEO of API in March. She believes he is a very good addition because he listens and wants feedback. She stated that Jason Lessard with NAMI is on the API Governing Board and this past Tuesday held the first meeting facilitating a workgroup regarding API ethics

and a Patient's Rights Committee. She noted that she, Brenda Moore-Beyers, and Bev Schoonover participated in that meeting.

Charlene Tautfest further reported that the API Governing Board September meeting was focused primarily on board development. They had a presentation from Foraker where they discovered that the API Governing Board has no real authority because it is not in statute. Representative Spohnholz had introduced a bill that addressed that toward the end of the session last year, but due to COVID it did not get a hearing. Charlene would like to see something in statute going forward next year to address that so the API board has some authority. Brenda Moore-Beyers added that it was interesting discussing how the API Governing Board would be operating because API is a state entity.

NEW BUSINESS

Board Member Introductions and Discussions

Philip Licht opened up a conversation among members of the Boards to introduce themselves, explain where they are from, why they wanted to be on the Boards, their involvement in their communities, what they hope to learn by participating in the Boards, and to explain their areas of interest. He felt that given that this meeting needed to be conducted virtually, this would be a good opportunity to get to know each other better.

EX-OFFICIO BOARD MEMBER UPDATES

Charlene Tautfest provided ex-officio members an opportunity to share personal information about themselves as well as to provide an update from their respective divisions/departments. Department updates are as follows:

Division of Juvenile Justice (DJJ)

Tracy Dompeling began her report by stating that youth and families receiving necessary services in the community reduce the likelihood that the youth might end up in the juvenile justice system at some point. DJJ has been working recently on some system changes to address the needs of the individual youth. Specifically they have been looking to address secure treatment in their treatment facilities, and they identified the need to improve upon intensive substance abuse treatment as well as violent offender programming.

Tracy Dompeling stated that another area they realized needed improvement was addressing youth with neurobehavioral concerns who unfortunately find their way into the DJJ system. She stated that they had an opportunity in March to visit the MacLaren Youth Facility in Oregon, which offers a great program for youth with neurobehavioral needs. Alaska is currently looking to implement a neurobehavioral program at the Bethel DJJ facility. Once travel restrictions ease up a bit, they are hoping to get some of the people from MacLaren to come up and work with Bethel staff.

Tracy Dompeling stated that McLaughlin Youth Center has a secure treatment program where the majority of the violent offenders reside. DJJ will be exploring the Giddings school in Texas that has had some success with violent offenders and low recidivism rates when they are released. They would like to see what from that program can be implemented at McLaughlin to better meet the needs of that population. They will also be turning one of the units at McLaughlin into a specialized unit for intensive substance abuse treatment. Tracy also noted that in order to alleviate some of the pressure at McLaughlin Youth Center, they moved girl's treatment to Juneau, which has been successful to date. For some of the staff that were left over from the girl's detention unit at McLaughlin, their focus right now is looking at younger offenders that have mental health and other behavioral health needs that don't need to be in detention but need more support with the family or other types of placements in the community to be successful and still keep the community safe. They are working on the development of that program.

Department of Education

Sharon Fishel reported that the AK RISES project in Fairbanks is a grant received from the federal Department of Education to place mental health clinicians in four schools in the Fairbanks North Star Borough School District. They are working with Alaska Behavioral Health to hire the clinicians to make mini health clinics within these four schools. This project was ready to launch when COVID hit, so it has been slowly moving along with the intent to have a clinician working with each of the schools by November.

Sharon Fishel stated that Alaska's Department of Education received an Advancing Wellness and Resiliency in Education (AWARE) grant from SAMHSA for \$9 million for the next five years to place school counselors or school social workers in eight schools within three school districts. For this round of the grant, the school districts chosen were Fairbanks, Juneau, and Bering Strait. These school counselors will not be doing academic counseling. They will be doing social-emotional, prevention and intervention, and helping families work through the referral process for families if the child needs treatment or a therapist. Project AWARE will also offer opportunities for professional development across the state in evidence-based practices, restorative practices, trauma-engaged practices, social-emotional learning practices, and Youth Mental Health First-Aid.

Sharon Fishel stated that they are also doing an exciting collaboration between the Department and the Alaska Mental Health Trust Authority to pilot a temporary, non-perm type-C school counselor to provide access to the 13 school districts that do not have access to a school counselor, school social worker, or school nurse.

Sharon Fishel stated that she also serves on the Statewide Suicide Prevention Council, and they provide grants for school-based suicide prevention. Those grants are getting up and running. Most of those programs have been peer-to-peer activities with students, so they are trying to figure out how to operate them virtually. She also noted that virtual learning is not ideal for teachers' abilities to detect students in need when they may be experiencing trauma or other issues.

Division of Vocational Rehabilitation (DVR)

Duane Mayes reported that the Division is celebrating 100 years of public vocational rehabilitation. DVR is dedicated to serving people with disabilities and getting them competitive and integrated employment by working with all other employment programs within the state system. He noted that 55 to 60 percent of the individuals DVR serves have either a primary or secondary disability of mental illness.

Duane Mayes stated that DVR puts a tremendous amount of effort in engaging the employer community. DVR has a dual customer approach with clients as well as the employer. He noted that DVR plays a critical role in helping the economy rebound at both the state and national level. Right now there are issues within their system whereby DVR may be penalized because they have not been able to spend all their money due to the pandemic. They are currently working with the Congressional delegation to get waivers in place to move forward any federal money they haven't spent into next year.

Alaska Housing Finance Corporation (AHFC)

Cathy Stone with the Public Housing Department of AHFC stated that she oversees the voucher and Public Housing Program statewide. Her department also works closely with the Planning Department. She noted that her department houses about 13,000 people each night, and about 45 to 50 percent of those are persons with disabilities. The Planning Department oversees the federal grants programs. Of note is that right now there is a moratorium on evictions for non-payment of rent until January 1, 2021. AHFC has been working hard to make sure that people can stay on top of their payments, because rent payments aren't going away; they are just being postponed if people aren't paying their rent right now. AHFC had received some funds, and they operated the Alaska Housing Relief Program, which has concluded but may open back up if more CARES Act or stimulus funds are received. The goal has been to keep people housed through the pandemic and to try and stabilize everyone as much as possible.

Charlene Tautfest asked if a scenario could be that people are evicted come January 1st in the middle of winter when people can't backpay all their rent. Cathy Stone stated that yes, this is a real scenario right now for people. She doesn't know if any protections will be forthcoming from the federal government, but proactively her department has created a safety net program to provide assistance to people so they are not in that situation.

Department of Corrections (DOC)

Adam Rutherford began his report by recognizing the dedication of his staff. DOC can't work from home, and they have to be present to provide services. He has a lot of respect and is very thankful for his staff in that with all the stressors that are going in in the world, they go in every day to help people that are very troubled. COVID has had a huge impact on the DOC system with the things they have had to do to accommodate the needs of their population.

Adam Rutherford stated that he is very excited about their integrated care unit at Hiland Mountain. He reminded members of the Boards that they had an opportunity to tour Hiland to see the site for this unit. They are projecting April for completion of the unit, and he hopes to be able to bring the Boards back out to tour the new women's mental health unit and integrated care unit.

Adam Rutherford stated that they have moved to a new ASAM program called CONTINUUM to screen people for substance use disorder services. Part of the program has an electronic screening and triage-based component that Alaska DOC was able to help develop into a paper version that could be utilized as self administered. This has the potential to help Alaska's system tremendously and can also impact other systems nationwide.

Adam Rutherford reported that DOC added an additional psychiatric provider in this last year. They have also expanded their medication-assisted treatment (MAT) services. They are also looking at how they can expand to be a true MAT provider throughout their entire system.

During this time of the pandemic, Adam Rutherford explained that DOC is working on not just the wellness of their offender population but also the wellness of staff. They have been using the tenants outlined by SAMHSA as their guideline to help implement some staff health and well-being pieces.

DOC has also started a substance abuse re-entry coordination program where they will have a group of individuals that will do a warm hand-off to connect people that are struggling with addiction to providers in the community before the individual leaves the DOC facility. They will also follow them and be able to help for up to 60 days beyond incarceration. DOC also added additional residential treatment beds that went out for RFP and was recently awarded. They have awarded contracts to be able to provide substance abuse services within DOC probation offices in the two pilot sites of Kenai and Fairbanks. DOC has also added some dual diagnosis clinicians through the system to help treat people struggling with addictions and mental health issues.

ROBERT'S RULES OF ORDER TRAINING

Robert Coghill appeared before the Boards to provide a training regarding Robert's Rules of Order. He reviewed the responsibilities of the chairperson during the course of the meeting, and provided examples of how to make motions and amendments to motions. He also acknowledged that it is customary for these boards, and is indicated in the bylaws, that ex-officio members do not get to vote and that quorum is made up of the members of the Boards. He stressed that Roberts Rules of Order is to ensure there is courtesy, that the chairperson is a neutral party, and that everyone on the board has the responsibility to be engaged and use the motion process.

A VISUAL HISTORY OF AMHB/ABADA

Teri Tibbett reviewed a PowerPoint presentation titled: A Brief History of the Boards, and she highlighted the following information:

Mental Health in Territorial Days – 1940s - 1959

Prior to 1959 when Alaska was still a territory, there were few services available for individuals with mental illness and/or developmental disabilities. Territorial law allowed that people, including children, with a mental disability unable to care for themselves or by a family member or guardian, were charged and convicted as “an insane person at large,” and sent by the federal government to live at Morningside Hospital, a private institution in Oregon. During the transition to statehood, the U.S. Congress passed the Mental Health Enabling Act of 1956 to bring individuals home to Alaska. At statehood, the responsibility for providing mental health services was transferred from the federal government to the new state. As the new state had no financial means to provide that support, the federal government provided cash to construct some service facilities, initial operating funds, and one million acres of land for the state legislature to hold in trust to generate funds for ongoing expenses.

Alaska Mental Health Trust Settlement – 1982 - 1994

Following mismanagement of the initial land assets by the state legislature, a class action lawsuit was filed in 1982 by the father of son who experienced a mental illness alleging a breach of trust (Weiss v. State). The suit was ultimately settled in 1994, resulting in the million acres of land for the Trust being reconstituted, \$200 million in cash assets, as well as the creation of a state corporation, the Alaska Mental Health Trust Authority, to administer the trust overseen by a board of seven trustees. Another result of the settlement was that beneficiaries were defined to include “all persons who are past, present, and future beneficiaries of the mental health lands trust....residents of the State of Alaska who are mentally ill, mentally defective or retarded, chronically alcoholic suffering from psychoses, senile and, as a result of such senility, suffer from major mental illness, and such other persons needing mental health services as the legislature may determine.” While antiquated, that language informed the categories of beneficiaries the Trust serves today. Trust beneficiaries include people with mental illness, developmental disabilities, chronic alcohol or drug addiction, Alzheimer’s disease and related dementia, and traumatic brain injuries.

- AMHB and ABADA were established during these litigation years.
- AMHB was established in 1987 by both Alaska State Legislature and Federal Public Law.
- ABADA was established in 1988 by the Alaska State Legislature and Executive Order.

Before 1988, the state operated two separate councils for drug and alcohol issues: the Review Board on Alcoholism and the Advisory Board on Drug Abuse, which were combined into the Advisory Board on Alcoholism and Drug Abuse. Jeff Jessee, one of the principle attorneys arguing for the settlement, and who served for 21 years as CEO of the Trust, recalled that the advocacy from the Boards was paramount for bringing the voices of individuals and families impacted by mental illness and substance use disorders to the negotiations.

Governor Murkowski Administration – 2002 - 2006

Under Governor Murkowski, the two divisions that oversaw substance abuse and mental health issues were consolidated into one division, the Division of Behavioral Health (DBH). During a multi-year process to consolidate state mental health and substance use disorder efforts in Alaska,

the structure of AMHB and ABADA was rearranged to co-locate the two Boards under one executive director and staff. Since 2005, the Boards have operated under one executive director and staff. In the first couple of years, they met separately, but eventually began to meet jointly. While the Boards continue to maintain separate officers as required by statute, they have since established a joint executive committee, joint priorities, and have carried out joint projects and advocacy efforts.

Advocacy Highlights

- Behavioral Health Treatment and Recovery Grants
- Complex Behavior Collaborative
- Opioid Response – Coordinated the Alaska Opioid Policy Task Force. Board staff continue to participate in the ongoing efforts of the Opioid Statewide Workgroup and the Opioid Incident Command Structure.
- Medicaid Services:
 - Medicaid Expansion
 - 1115 Behavioral Health Medicaid Waiver
 - Behavioral Health Rate Reimbursement.
- Alaska Psychiatric Institute – advocated for appropriate crisis and transporting practices, adequate staffing, patient rights, and forensic beds for justice-involved patients.
- Early Childhood and Transitional Youth:
 - Adverse Childhood Experiences (ACES):
 - Alaska ACEs research and data analysis
 - Facilitating the addition of ACEs questions in the BRFSS surveys
 - ACEs trainings and presentations (state, national, international)
 - ACEs awareness materials, media outreach
 - Statewide Trauma-Informed Schools Framework
 - Publication of *Overcoming ACES In Alaska* (2015)
 - Advocacy for Early Periodic Screening and Diagnostic Treatment (EPSDT)
 - Bring the Kids Home (2004 – 2014)
 - Youth Policy Summit (2012 – 2015)
- Fetal Alcohol Spectrum Disorders (FASD)
 - Alaska FASD Partnership (2010 – present)
 - Successfully advocating for state funding for FASD case management in rural Alaska, substance abuse treatment for pregnant women, FASD screening in Corrections, and FASD awareness.
 - Collaborated with legislators to develop and pass legislation (SB 151) that added FASD to the list of mitigating factors that judges may consider in sentencing.
 - Annual collaboration with CHARR (Alaska’s alcohol industry) to promote FASD awareness on table tents distributed in restaurants statewide for September International FASD Awareness Day. The greatest reach was 56 restaurants in six communities (over 800 tables).

- Sponsored statewide events including FASD Family Voice events (conferences, legislative fly-ins) which highlight the voices of individuals and family members impacted by FASD.
 - Currently participating in a Statewide Five-Year Strategic Planning Workgroup addressing primary prevention, screening and diagnosis, education and training, FASD awareness and outreach, systems change, and serving justice-involved Alaskans with FASD.
- Justice Involved Alaskans:
 - Advocacy for funding for treatment in prisons, Therapeutic Courts, reentry and transitional supports, housing and employment assistance, and holistic defense for pretrial defendants in the Public Defender Agency.
 - Participation in Smart Justice Reform efforts (2014-2016) that expanded capacity for community reentry coalitions, established individualized reentry case management 90 days before release, expanded treatment in prisons and halfway houses, strengthened probation and parole, and improved prison population management.
 - Established the Alaska Reentry and Justice Partnership (2019-present), a statewide coalition of individuals with lived experience of incarceration, case managers, peers, service providers, corrections, social services, and Trust staff, advocating for supports and services for justice-involved Alaskans.
 - Between 2002-2006, funding was removed from the Department of Corrections budget for most mental health and substance use disorder treatment programs. Believing that treatment is a critical component for rehabilitation, the Boards prioritized advocacy for putting these programs back into Alaska's prisons. Working with the Trust and other stakeholders, board members and staff educated policymakers about the value of treatment in reducing recidivism, and the constitutionally-protected right for inmates to have access to rehabilitation programs.
 - During the same period, the Boards advocated for replacing the supplanted alcohol tax funds that had been removed from behavioral health programs, believing that these programs needed more funding, not less.
- Housing and Homelessness:
 - Developed a statewide effort to gather and analyze housing data.
 - Chaired the Alaska Coalition on Housing and Homelessness.
 - Promoted Housing First projects across Alaska, including facilitating the establishment of Juneau's first Housing First facility.
 - Advocacy for funding for Homeless Assistance Program and Special Needs Housing Grants before the Alaska State Legislature.
- Suicide Prevention:
 - Development of Recasting the Net: Promoting Wellness to Prevent Suicide in Alaska Statewide Suicide Prevention Plan (2018 - 2022).
 - Advocacy for the Suicide Awareness, Prevention and Postvention (SAPP) grant program that provides training, curriculum development, peer-to-peer and culturally relevant e-learning programs across the state.

- Promoting programs that reduce access to lethal means through gun lock distribution and medication disposal.
- Promotion of CARELINE, Alaska’s 24-hour, toll-free crisis hotline.
- Developing and distributing postvention guide and resources.
- Public service announcements that promote prevention and stigma reduction.

Ongoing Boards’ Statewide Planning Efforts:

- SAMHSA block grant application
- Comprehensive Integrated Mental Health Plan
- Healthy Alaskans State Health Improvement Plan
- Traumatic/Acquired Brain Injury State Plan
- Recover Alaska Advocacy Committee
- Oversight and Legislative Workgroup for Crisis Now
- BRFSS and YRBS Workgroups
- PAL-PAK Advisory Group
- Statewide Opioid Workgroup
- Alcohol Alliance
- Alaska Statewide Violence and Injury Prevention Partnership
- COVID-19 Employment Task Force
- Alaskans Together for Medicaid
- Alaska Early Childhood Coordinating Council
- Statewide FASD Five-Year Strategic Planning Workgroup (2017-2022)

Other Activities of the Boards and Staff:

- Public comment forums
- Community potlucks
- Statewide advocacy trainings
- Presentations to stakeholders, conferences
- Statewide coalition building
- Meetings with policymakers
- Legislative reports and newsletters
- Statewide awareness month activities
- Rural outreach and advocacy
- De-stigmatization through public information and education
- Advocacy for workforce development and supported employment
- Advocacy for Peer Support
- Advocacy for Title IV (alcohol laws) rewrite and alcohol tax efforts
- Hosting television and other statewide public events
- Collaboration with DHSS and the Trust
- Data and research gathering and analysis

PUBLIC COMMENT

Public testimony was heard, and a full transcript was prepared. During public comment, testifiers and members of the Boards engaged in a discussion regarding telehealth for treatment services during the pandemic.

RECESS

Sharon Clark **MOVED** to recess the meeting, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**, and the meeting recessed at 4:30 p.m.

Friday, October 9, 2020

CALL TO ORDER – 12:00 p.m.

ALASKA DIVISION OF BEHAVIORAL HEALTH (DBH) UPDATE

Leah Van Kirk began her presentation by discussing suicide prevention efforts within DBH as follows:

- DBH identified that their statewide crisis call line, CARELINE, was not being accessed by youth for whom the leading cause of death is suicide. DBH recognized they need to implement outreach to youth and tailor those services to fit their needs. This year, with the support of the Statewide Suicide Prevention Council, they will be able to offer 24/7 texting. There will also be dedicated staff to follow up with youth after they contact the CARELINE.
- Training behavioral health providers on evidence-based, culturally relevant approaches to treating individuals at risk for suicide. DBH identified Collaborative Assessment and Management of Suicidality (CAMS) as a framework that could be trained to behavioral health providers across the state. The Alaska Training Cooperative will be delivering the training in conjunction with CAMS. This should be available toward the end of October, beginning of November.
- Postvention training and community planning. Trainer goes to the community, and the community develops a plan of how to respond after a suicide that utilizes the resources within that community.
- Funding the Alternative Schools Coalition Initiative.
- Building up the behavioral health workforce to respond to the high need due to suicidal ideation and people dying by suicide in Alaska. Developed a program through the University of Alaska, which is a behavioral health occupational endorsement. DBH offers scholarships for this endorsement. 15 people completed the endorsement last year, and 12 scholarships have been funded this year.
- Comprehensive Behavioral Health Prevention and Early Intervention grant focuses on advocating for substance misuse prevention as well as preventing suicide and promoting wellness. There are 16 coalition-led grantees across the state that have different strategies based on the community's need.
- DBH was awarded \$750,000 in CARES Act funding to mitigate impacts of COVID-19 on mental health and address associated risk factors for suicide.

Gennifer Moreau-Johnson shared the following DBH updates with members of the Boards as follows:

DBH implemented the following in response to the pandemic:

- Regulatory relief - Federal relief through the Section 1135 waiver. There were some long-term flexibilities discovered that may be of interest to pursue once the public health emergency is over. Some of the positives are that the service delivery method worked, it helped contain costs, and improved access to care.

- Regulatory relief – State public health emergency goes through November 15th and could be extended by the Governor or the legislature.
- DBH received over \$2 million in U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Emergency COVID-19 grants. This funding is going out across the state to different regions to support different levels of services. CARES Act funding is being used to improve suicide prevention and awareness and to connect people and communities with existing resources.
- DBH has established the AK Responders Relief Line (844-985-8275) as a resource to support the overall well-being of these first responders and their family members.
- COVID-19 Response Individualized Services Program (CRISP) funding available to behavioral health providers. This funding is available to help assist families who need help accessing care during some of the restrictions during COVID.

Section 1115 Behavioral Health Demonstration Waiver

Gennifer Moreau-Johnson explained to Board members that the 1115 waiver is an opportunity to work with the federal government on a Medicaid program whereby Medicaid rules can be waived in order to deliver services more effectively and remain cost neutral. SB 74, Medicaid Reform, was passed by the legislature in 20216, which required the Department to apply for an 1115 waiver. A lot of work was done to understand the needs in the state and how a waiver could help Alaska meet those needs, and the demonstration will continue for five years with an option to renew for another five years beyond.

They identified three broad populations of individuals that tended to be consumers at the high end of care:

- At-risk youth 0 to 21, particularly youth involved in welfare and juvenile justice.
- Individuals experiencing substance use disorder
- Individuals who have a mental health diagnosis.

Gennifer Moreau-Johnson reviewed charts with members of the Boards that depict services previously offered through the Division and the array of services for these populations that are now available to be billed through the 1115 Medicaid waiver. She highlighted that there is a focus on early intervention and engagement services for at-risk youth through the waiver.

Gennifer Moreau-Johnson then discussed the Crisis Now model of care that the Division is excited to partner with the Trust on. Crisis Now depends on four components of care, three of which are included in the 1115 waiver:

- Call center (the only aspect not included in the 1115 waiver). Statistics show that 80 percent of crises are resolved at this level of care.
- Mobile crisis response.
- 23-hour crisis stabilization.
- Short-term crisis residential.

This Crisis Now model won't succeed unless there are other community services to refer out to. There is a lot of interdependency on the ancillary services. A lot of the new services under the Medicaid waiver support these crisis services, and each of the populations served under the waiver have crisis response services available to them at the community and early intervention level.

DBH is also trying to align the residential level with ASAM to ensure they are delivering quality care aligned with national standards.

Gennifer Moreau-Johnson explained that they are grateful to see agencies billing for these services. She reminded everyone that the Medicaid reform efforts were tied to cost containment with the concept being to phase out the grants and phase in Medicaid services with the notion that agencies would roll into Medicaid and be less reliant on GF funded grants. She also noted that the agencies billing the 1115 are broadly seeing that revenue being drawn down through Medicaid is equal to or more than agencies were drawing down through their grants.

Access to Behavioral Health through the Administrative Services Organization (ASO)

How Optum partners with the State to improve access, outcomes, and efficiency:

- Access to behavioral health through the ASO
- Provider regional capacity development and support - liaisons and provider relations
- Claims processing
- Service access and utilization
- Quality and outcomes management
- Data management
- Participant outreach, communication, and support.

Gennifer Moreau-Johnson stated that she has been very impressed with Optum, and it's been astounding to see how quickly Optum was able to turn on a state system that is working very well.

Current status of Optum DBH ASO:

Access to Behavioral Health through the ASO:

- 99% of providers are onboarded
- Service providers are billing
- Provider Capacity and Support Program is under development
- Claims paid: \$29.5 Million, 109K claims (at the time this presentation was prepared)
- Top three diagnosis:
 - Alcohol use d/o, severe – 32.8%
 - Opioid use d/o, severe – 22.7%
 - Amphetamine – substance use d/o, severe – 18.5%

Charlene Tautfest asked if Crisis Now will be available to people with commercial insurance or if it would just be through the Medicaid waiver. Gennifer Moreau-Johnson discussed the differences between the 1115 waiver and Crisis Now. The three services offered through the 1115: Mobile

crisis response, 23-hour crisis stabilization, and short-term crisis residential are available to be paid through Medicaid. There may be private payers that pay for those services, so if an agency stands up that service, there may be private payers covering the cost of that. She noted that the 1115 pays for that service when the person is a Medicaid-eligible individual and that service is medically necessary. Crisis Now is no wrong door. Crisis Now means anyone who goes to that 23-hour crisis stabilization center is welcome no matter their ability to pay. If Medicaid is not an option to bill, that is a gap, and private insurance is under consideration. Other partners engaged in this project are also potential participants for paying by contributing to the cost of that gap. At this point, the Trust is taking a look at how to stand up a no-wrong-door service when Medicaid only covers Medicaid services.

Adam Rutherford asked if there were any statutory barriers specifically related to the Crisis Now model. Gennifer Moreau-Johnson stated that they are not at the point of establishing barriers, but they are definitely at the point of identifying things they have to solve to cover that gap. She stated the fact that crisis services being stood up under the 1115 allows a chance for people to begin to discover what crisis response services look like, particularly outside of the major population centers. She also noted that to properly answer that question, all the right people should be at the table to address it.

Adam Rutherford further asked if there was anything the Boards could advocate for in order to support the Department. Gennifer Moreau-Johnson stated that absolutely, and the Trust is consolidating and generating ideas of the best way to advocate, but the gap between what Medicaid can cover and what the full model of what no wrong door can cover will need advocacy. Katie Baldwin-Johnson agreed and stated that the Trust is looking at how to figure out how to braid additional funding in to meet the enhanced staffing and facility needs to provide no wrong door. At some point there will probably be the need for some advocacy related to additional funding that may have to come through the legislature as well as statutory changes that need to be addressed with the ability to serve involuntary individuals in settings other than the designated evaluation centers. The Trust is working closely with the Department to figure out how to bring forward some fixes to Title 47 that support moving forward with the Crisis Now initiative without taking on the entire Title 47 package.

An unidentified Board member asked that with the sunset of the State Plan coming on December 31st, are there any concerns the State has for organizations not being ready and/or plans to mitigate that if that comes to pass at the end of the year. Gennifer Moreau-Johnson stated that the State Plan services that are going to sunset have been compliance issues that were raised by CMS over the past decade. The State has attempted multiple fixes that were denied by CMS. Today the State has the 1115 waiver to stand up an array of services that will backfill for the services the State is being required to remove from the State Plan. She encouraged everyone to take a good, hard look at what can be backfilled, look at the rates, and look at the manual. Everything providers were doing under the State Plan is available to providers in a different form in the 1115.

Anthony Cravalho commented that there are needs outside of the 1115, especially in rural Alaska having to do with staffing challenges and the ups and downs of billable services. Hopefully they keep that in mind that sometimes a fee for service doesn't fill all the needs.

Additional questions that were not answered during the Q&A portion of this presentation will be forwarded to Gennifer Moreau-Johnson in writing.

ROUNDTABLE: The Impacts of COVID-19 on Behavioral Health in Alaska

Office of Children's Services (OCS)

Danielle Milliron stated that when COVID-19 first hit and in-person service had to be shut down, there was an immediate gap in the work of OCS and also trying to connect clients to other services. OCS serves the entire state, and there is a huge need for travel to ensure child safety. The inability to travel hindered their work in investigations and assessments of child safety concerns. They also work with families on reunification and engaging in services to work towards behavioral change, and all aspects of that were impacted. OCS also needed to balance new worker safety protocols, and they have implemented programs related to using PPE in the field. They have also had to learn how to engage clients through virtual platforms. They have received feedback that it is difficult to engage with a parent when people are wearing masks and face shields. OCS has also started staff support groups to help them problem solve how to be more productive and efficient in their work with all these new barriers.

Danielle Milliron stated that they have unfortunately seen an impact on the clients they serve. They have had a higher rate of teen suicides that they have seen in many, many years. They are also seeing a drop in their protective services reports but an increase in concerns for child safety. Many of OCS's mandatory reporters are from the school districts, and classes haven't been happening in person, so there is a gap there.

Norton Sound Health Corporation

Lance Johnson commented that this has been a very difficult time for everybody. They are all hearing about the increases in domestic violence across the country as well as the increase in suicidal behavior. No one has been immune to any of that, unfortunately. He believes the new normal is the normal at this point, and it will be for some time. He feels that accepting that helps them to move forward a little bit better.

Lance Johnson stated that the Norton Sound region has 15 surrounding villages with 9,800 people in their region, 3,500 are in Nome. They realized early on that in order to keep everyone safe, they were going to have to go to distance-delivered services regardless of location. There is some on-the-ground support in the villages through village-based counselors, but clinics, the hospital, and primary care were only open for emergencies. They still meet with people one on one locally if it would be a detriment for them not to be seen one on one.

Lance Johnson stated that there have been lessons to be learned throughout the pandemic. They discovered that they didn't have to be one on one in a room with all people. They realized that some people were uncomfortable being one on one and didn't share their entire story. Culturally, there is a feeling of safety for some people being on the phone or on video. No-shows have gone

down, and people have been getting into service because of this protective factor of distance delivery. They have also found that a lot of people were comfortable using their phones because they could go to a location they felt comfortable and peaceful. It also allowed people the opportunity to not come into the clinic in Nome or in the villages where people know why they are going into that building.

Lance Johnson stated that the discontinuation of emergency regulations allowing for distance-delivered services would be detrimental to providing meaningful services to many people. He believes they need to advocate for these regulations to be permanently in place and be services that will be billable and allowable. He discussed the stressors of homeschooling children and businesses closed down and the importance of letting people know how to access services, because providers have a new audience they have never seen before.

Lance Johnson also discussed the need to ensure behavioral health providers are able to care for themselves during these stressful times. He stated that he is very proud of how Norton Sound has treated its employees during the pandemic. Employees 65 or older stayed home and did not have to work if they didn't want to but were paid their full wages. They also paid other staff to stay home and work, and those staff that had to be onsite were afforded COVID leave of 20 hours per week of annual leave for every week they worked onsite eight hours a day. They actually ended up cashing people out for their leave because they couldn't use it. These measures have helped employees feel valued.

Lance Johnson closed his presentation by stating that they cannot use the pandemic as an excuse or a cause for everything they are now seeing. Some of the teen suicides they are seeing are not all pandemic related. They must not lose focus on the things they were doing before the pandemic such as prevention in schools. People were hurting before the pandemic, and some are hurting exponentially more because of it. He reminds his staff to not lose focus on the things they were doing and they still need to do.

Lee Breinig asked if Norton Sound is seeing a digital divide with a population that is less adept at using technology and accessing healthcare through it. Lance Johnson stated that people understand how to use the technology, and most everyone has phones in the villages. For those who do not, Norton Sound was able to get a grant from the Trust to provide 75 phones for people. When he ordered the phones from GCI, he was told by GCI that there wasn't enough bandwidth for up to 20 phones in some villages. The most GCI could handle with data is about three or four in each village. But overall he noted that they didn't have anyone drop from service because of not having the technology or knowing how to use it.

Karen Malcolm-Smith asked how they are getting crisis information out to the public. Lance Johnson stated that they have done flyers in the village stores, ads in the newspapers, broadcasts on radio stations, Facebook ads, and they are looking into creating a texting opt-in program. They are also trying to develop an app.

Fairbanks Reentry Coalition

Bobby Dorton shared his personal story of how he came to be an advocate for peer support and reported on the impact of COVID for inmates after being released as follows:

- In person 12-step programs are closed down, causing an increase in relapse. Some estimate this number to be as high as 90% during COVID.
- Many people are feeling isolated and depressed. This is resulting in poor eating habits, sleeping habits, declining hygiene, bottling up emotions, and skipping or avoiding virtual support meetings. This is leading to more people relapsing.
- He was personally infected with coronavirus and saw firsthand the loneliness due to isolation. He felt ashamed, embarrassed, and guilt for contracting the virus.
- Many people are struggling with online appointments. For example, making it to doctors' appointments, applications for housing, food stamps, Medicaid, and getting an ID, drivers license, or Social Security card.
- For in-person appointments, there is a fear of getting COVID from riding the public bus system or taxi cabs. People are not asking friends for rides due to social distancing.
- He has a personal friend who fell so far into depression that they asked to be returned to prison rather than suffering from depression at home.
- Reentrants being released to the Rescue Mission talk of having to be quarantined for 10 days with meals being delivered to their rooms. They have a separate smoke break from the rest of the population. This ultimately leads them to feeling like they are back in prison, and they want to leave before the quarantine is completed.
- Reentrants suffering from mental illness are having a very tough time because of the mask restrictions. All of the isolation is making their mental state even worse from depression.

The Importance of Peer Support During COVID:

- Mentors in a variety of different churches help battle the relapse rate.
- Sponsors and self-help groups help by working a set of 12-steps and providing accountability.
- Leadership role models, including family members and close friends, are communicating throughout this pandemic.
- As a community what can we do to establish an emergency task force during these difficult times through initiating peer support services?

Bobby Dorton concluded his presentation by stating that peer support is needed now rather than later. It's not happening fast enough, and lives are being lost. Peer support can help people right now. He also would like to see something like Seeds of Change in Fairbanks where they could start gardening for the homeless population by utilizing one of the warehouses that exists in Fairbanks.

Alaska Coalition on Housing and Homelessness

Brian Wilson stated that homelessness in Alaska was an extreme challenge before the pandemic because of Alaska's geographic size, limited transportation network, and limited service array for housing and homelessness. Many communities in rural Alaska have no organizations that are dedicated to serving individuals who are homeless. The system is also set up on an urban and rural hub system, and there is not the funding to set up a full service array in every community across the state. The reason he wanted to start his presentation talking about pre-pandemic is because he believes people are pointing to these issues as being caused by the pandemic. He believes the pandemic has just shed light on the struggles they have been dealing with for a long time. Last year alone, nearly 14,000 unique individuals accessed homeless assistance and homeless prevention programs in Alaska. At any given time there are 1,700 Alaskans residing in shelters. The last Point in Time Count identified 224 individuals that were sleeping outdoors in the middle of January, but that figure is under represented because of the challenges of counting that population across the state.

Brian Wilson stated that when the pandemic hit, they did not have a response system that was prepared to establish quarantine and isolation centers. They did not have proper PPE and equipment, and providers had to create expanded technology services at their drop-in centers because when the public spaces closed, their clients lost access to the Internet, which is necessary for accessing benefits. One of the other challenges has been shifting from congregate shelters to non-congregate shelters because they are super spreader locations. He stated that the response depends on the community. Anchorage is utilizing the Sullivan Arena for a mass shelter, Juneau established an emergency shelter at an arts and cultural center downtown, and many other communities are using CARES Act money or donations to put people up in hotels or extended stays. He gave credit to the creativity of the local coalitions and homeless service agencies to establish safety protocols and proper sanitation routines in very quick time.

Brian Wilson addressed the COVID outbreaks among the homeless population that have occurred in Alaska that were some of the worst in the nation, so much so that officials flew from Washington, D.C. to Anchorage to look at the response and provide recommendations. Alaska implemented those recommendations, and they are now reflecting on the changes that occurred and are going forward to become more compliant with CDC recommendations to keep people safer. Recommendations included:

- Convene a multiagency task force to coordinate the response. This has been done and includes the state epidemiologist, HUD, FEMA, Alaska Coalition on Housing and Homelessness, Anchorage Coalition to End Homelessness, the Governor's office and others. They have already made some improvements in terms of getting services in the gap in their homeless service array.
- Improve isolation and quarantine locations. One of the challenges is that in most of the communities, isolation and quarantine are in the same location. It is difficult for Alaska to identify multiple locations for those activities because there are infrastructure shortages in a lot of the state.

- They also have a lot of improvement to do in providing services at these locations and meeting the clients where they are at. A lot of the locations don't have dedicated staff or case management onsite. The Division of Behavioral Health is reaching out to its grantees to see if any of them are willing to provide onsite case management, onsite withdrawal management, peer support, and intervention and connections to treatment.
- Coordinating housing options upon completion of isolation and quarantine. COVID or not, the dangers to the individual are less severe if they are exiting into a housing situation. Who is making those connections? Who is reaching out to housing options in rural communities for these individuals?

Brian Wilson stated that they are also talking about getting ready for vaccine administration to this population once a vaccine comes online. He also noted that they are preparing for the long-term economic effects of the pandemic. One in four Alaskans is currently out of work right now, and one out of four Alaskan renters indicated in a recent survey that they did not make their last month's rent payment or they doubt they will be able to make the next one. When the eviction moratorium expires, it does not keep renters off the hook for back rents, so they may be looking at a tsunami of evictions coming down the line. They are advocating for attempts at the federal level as well as emergency rental assistance to come through in the next relief package. He also noted that Alaska 211 is seeing a 300 percent increase in call volume for people asking for assistance.

Sharon Clark asked if any of the empty buildings around Anchorage or Fairbanks could be used to establish some sort of option for the homeless or at least be used as a winter shelter. Brian Wilson noted that some of the communities are using buildings that aren't traditionally used for shelters and are also utilizing hotels to spread out the congregate shelters or for isolation/quarantine. The biggest decision maker in this is who is receiving funding from the federal government to spend on things like that. There has been CARES Act money as well as Emergency Solutions grant funding that can be used to purchase additional shelter or make improvements for more spacing. He hopes they see more coordination and prioritization of this population because the conversation is currently very fragmented across the state.

Southcentral Foundation

April Kyle stated that Southcentral Foundation serves the regional hubs of Anchorage and the Mat-Su Valley. They directly operate services in about 20 small villages, and their service area includes 50 villages. When they activated their COVID response plan in March, they had to decide how to change their service delivery model across their system. Specifically around behavioral health they developed key principles to guide their response:

1. Behavioral health work is critical and essential.
2. All services have to be open, and everybody currently served must continue to be served so that nobody falls through the cracks.
3. Access points have to continue.

April Kyle stated that there are about 400 people come to work in behavioral health every day, and Southcentral Foundation's total workforce is approximately 2,600. Some of their programs such

as hospital-based behavioral urgent response teams, residential youth program, and Dena A Coy needed to remain onsite. Some of their other programs they could consider for a mix of distance-delivered service and services onsite. They quickly transitioned to distance-delivered service, and their approach was to create a toolbox of options to offer to the customer owner. They determined that the customer owner, the family, and the care team are best to know how to walk that journey forward with the tool they choose that best fits the life and environment of both the clinical team and the customer owner group.

April Kyle then shared challenges and successes as follows:

Challenges:

- When the clinic lights are off and the parking lot is empty, it looks like they are closed. Needed to do a lot of advertisement to let the community know they are still open for business.
- Because they are a large healthcare system, they identify peoples' needs for behavioral health intervention at various touch points in their lives. As everyone is becoming more separated, it's becoming harder to tell how people are doing. Southcentral Foundation's internal referrals have been declining, and they were nervous they were missing people.
- It has been difficult to help people walk through the loss of a loved one during COVID, especially in smaller communities when they can't get together to grieve the loss.
- Travel has been difficult and sometimes villages have been without a clinician for a long time with or without a behavioral health aide.
- Alaska has a thin network of behavioral health providers, and the demand is much bigger than the supply. Providers are trying to stretch themselves to cover everyone without the resources to do it, and this has been strained tremendously during COVID. People are trying to keep up with the demand in communities while also having to worry about keeping their organizations afloat. There has been relief in how providers can be reimbursed for services, but Southcentral is still providing a lot of services that don't always translate to how Medicaid pays, but they are the right thing to do for the person.
- Behavioral health reform and trying to figure out how to deliver services during COVID with the 1115 environment upon them. Providers are not ready to have a conversation about expanding community services while they are just trying to keep up with COVID.

Successes:

- No-show rates have gone down.
- They have gotten really good at distance-delivered care and doing video care. For some people, video care is clinically better. This also allows them to support people who have had barriers to service such as transportation or childcare.
- They have gotten better at doing virtual learning circles or groups.
- They were able to transition to distance-delivered services as an organization because they have developed quality relationships, but this will only work in the short run, because it is difficult to develop solid relationships virtually.
- Same-day access points they have in their system through their integrated behavioral health providers with walk-in access and outpatient treatment have been a little bit easier to do.

Lee Breinig asked April Kyle to speak about any plans Southcentral Foundation may have to incorporate peer support services into their behavioral health delivery. April noted that just this morning she had a conversation specifically about how Southcentral as a healthcare system can grow their competency related to peer services. She noted that there are a lot of leaders in the community around developing and implementing effective ways for peers to connect and lead clinical care, such as Cook Inlet Tribal Council (CITC). She stated that Southcentral Foundation has not been one of the organizations that has done the most with peers, and she believes it's a missed opportunity and is something they should do more and more of. She also noted that Southcentral Foundation has partnered with Providence Hospital and the Trust to visit states to learn about the Crisis Now model. There are three models they are interested in learning from, and all of them have peers.

BOARD BUSINESS, Continued – Roll Call

Roll call was conducted to ensure a quorum of the Boards was met to conduct business.

FY'21 Board Priorities Discussion

Stephanie Hopkins stated that a survey was sent out to members of the Boards on September 16th. The response rate was 43 percent of members of AMHB, 31 percent from ABADA, and 25 percent holding joint seats. 87 percent of respondents were voting members, most of whom have served on the Boards for longer than a year.

Stephanie Hopkins noted that there was a question that was conditioned on whether or not members had been on the Boards for less than a year or greater than a year regarding the mentorship program, and the responses were split, so staff will be reaching back out to Board members about that in the future. Most people were supportive of the idea of having a program but were not able to commit that level of time. People who had been on the Boards less than a year were in favor of starting the program.

Bev Schoonover reviewed priorities as they were ranked by Board members in the survey:

1. Increased access to substance use disorder and/or mental health treatment services.
2. Increased access to psychiatric crisis intervention and stabilization services.
3. Early childhood intervention and early prevention.
4. Reduce Adverse Childhood Experiences and childhood trauma.
5. Alaska Psychiatric Institute oversight.
6. Behavioral health and primary health care integration.
7. Reduce the stigma of living with substance use and/or mental health disorders.
8. Housing and housing supports for Alaskans.
9. Access to institutional and community supports for justice-involved Alaskans with behavioral health disorders.
10. Supportive employment services for Alaskans with mental health and substance use disorders.
11. Alcohol misuse prevention.

12. Tobacco misuse prevention.

Bev Schoonover asked if the Boards agree with the priorities or if they can identify other issues that are not addressed in this list that they would like to see addressed. Board members provided feedback as follows:

- In their past rural meetings, they heard from communities that alcohol is a big problem and is a gateway in the villages.
- The prevention category is all inclusive of the misuse of all substances, which may be why alcohol and tobacco misuse might have ranked toward the bottom.
- Substance misuse could be under a more global category in terms of addressing substance use from a harm reduction perspective, and a couple of the categories above could be consolidated under that.
- The barrier crimes matrix needs to be addressed to allow people to be able to become certified peer support providers. Barrier crimes is in statute and would need to be addressed legislatively. This is also an aspect of the workforce challenge, but part of that conversation would also involve talking about protecting the vulnerable population of beneficiaries.
- Priorities seem to have a good balance of acute treatment and early intervention and prevention.
- Would like to see something in the priorities addressing COVID-19:
 - Evictions
 - Youth in school
 - Behavioral health challenges
 - Extending telemedicine
- Many specific items can be dovetailed into the priority categories, and these 12 priorities are broad strokes that will encompass smaller goals.
- Combine the early prevention and reduction in ACES as one category.
- Combine access to psychiatric care and API oversight into one category.
 - Follow up and aftercare.
- Create information for the Boards that shows how the day-to-day work staff is doing dovetails into the priorities the Boards have agreed on and how they tie back to advocacy. This will give the Boards a big picture view of how it all connects.
- Peer support/family support.
- Intertwine or address the role discrimination plays in some of the access to services and treatment. Have an emphasis on culturally relevant, evidence-based practices that incorporate cultural competencies that support equity in mental health and substance use treatment and prevention efforts.
 - Maybe under behavioral health and primary health care integration along with peer support. Holistic approach.

Bev Schoonover stated that staff will create a document for the Boards with this information.

Board Officer Elections

ABADA

Philip Licht stated that the Nominating Committee comprised of joint representatives of both Boards, Board chairs, and staff utilized information from the survey about Board members' willingness to serve, and they developed the following slate of officers:

- Cathy Bishop – Chair Elect
- Enlow Walker – Secretary
- Anthony Cravalho – Member-at-large

Renee Schofield has already been voted in as incoming chair.

Diane Fielden **MOVED** to forward the slate as it stands, **SECONDED** by Monique Andrews.

During discussion, Lee Breinig asked for further clarification on how the slate was decided. He shared his concern about the lack of involvement in the Nominating Committee from additional members of the Boards. Philip Licht noted that the Executive Committee and the entire Boards were invited to participate on the Nominating Committee, and they moved forward with the interest that was expressed. He stated that they would love to have increased involvement and engagement both in the Nominating Committee and in the officer process, but that will be dependent on people's willingness to step forward in a timely manner.

Lee Breinig **MOVED to AMEND** the slate to include his name within one of the positions of the Executive Committee, preferably the member-at-large position.

Monique Andrews questioned whether or not Anthony Cravalho wanted to be removed from the at-large position, and Bev Schoonover stated that Anthony has indicated he would like to serve. Philip Licht stated that if there is no second to the amendment, the motion to amend would die. If that happens, they could move the chair, chair elect, and secretary positions forward as a slate and then vote on the at-large position between Lee Breinig and Anthony Cravalho.

Hearing no second, the motion to amend **FAILED**.

Renee Schofield noted that it would be greatly beneficial for Lee Breinig to attend the Executive Committee meetings and help mentor Anthony Cravalho in his position as member-at-large. Lee Breinig stated that he would love to mentor and he enjoys helping shape and guide people who are new to processes, and he could speak with Anthony to see if he is interested in that. Philip Licht encouraged all Board members to participate in the Executive Committee meetings. He also thanked Lee for his willingness to serve and for his leadership and engagement over the last several years.

A roll call vote was taken of the members present with 7 in favor, 3 abstentions, and 0 opposed. The motion **PASSED**.

AMHB

Charlene Tautfest explained that the slate was developed through interest via the survey, the Nominating Committee, and personal phone calls to get interest in serving. The following slate was developed:

- Sharon Clark – Chair
- Brenda Moore-Beyers – Vice Chair
- Charlene Tautfest – Treasurer
- Renee Hoffard – Secretary
- Monique Andrews – Member-at-large

Cathy Bishop **MOVED** to move the slate forward as presented, **SECONDED** by Diane Fielden. Hearing no discussion, a roll call vote was taken with 3 in favor, 5 abstentions, and 0 opposed. The motion **PASSED**.

Charlene Tautfest noted that in their bylaws revision, the treasurer position on the Alaska Mental Health Board may be removed to align with the bylaws of the ABADA board.

Committee Assignments

Bev Schoonover stated that they wanted to discuss committee assignments during this meeting specifically because the Advocacy Committee will be gearing up for the legislative session in the next few months. Other standing committees include the Executive Committee and the Nominating Committee.

Bev Schoonover stated that the Advocacy Committee needs to have at least three members from each Board, and they only meet during the legislative session. Teri Tibbett and Bev are staff to that committee, and the committee meets every couple of weeks to review bills, budget items of concern, and to make recommendations for legislative action by the Boards. The committee also vets letters of support the Boards want to send to the Governor, the legislature, or the department.

Teri Tibbett noted that Advocacy Committee members won't need to meet until after all of the budget information has been assessed when the Governor releases his budget on December 15th. Philip Licht encouraged members of the Boards to volunteer for the Advocacy Committee, and interested members can contact Teri Tibbett for further information or to volunteer, and staff can develop a list of interest. He asked staff to e-mail the entire Board distribution list explaining the time commitment for the Advocacy Committee and to request volunteers.

Diane Fielden volunteered as a dual member of both boards. Charlene Tautfest wondered how many members they would need on the Advocacy Committee if dual members volunteered. Bev Schoonover stated that she hopes they receive six volunteers who are interested in this very important and vital part of the Boards' work. Cathy Bishop stated that she would volunteer if they don't get enough interest, but she thinks it would be a great opportunity for other people to get involved.

Teri Tibbett informed members of the Boards that advocacy trainings will be held this fall. Anyone interested in being on the Advocacy Committee is recommended to attend one of those trainings.

FINAL COMMENTS

Board members offered their final comments of the meeting summarized as follows:

- Prefer meeting in person better. People are more focused and having side conversations during meals and breaks is a valuable way to build relationships.
- Enjoyed seeing Bob Coghill and receiving Robert's Rules of Order training.
- All the presentations were very good.
- The roundtable was very informative and insightful.
- Appreciate everyone willing to serve on the Executive Committee. Looking forward to Sharon Clark serving as chair, and she will do great.
- Staff did a great job of pulling off this virtual meeting.
- Grateful to be able to attend remotely. If in person, would not have been able to attend.
- Learned a lot of valuable information at the meeting.
- Appreciated the presentation on the history of the Boards.
- Sharing of personal stories during introductions was valuable.
- Thank you to the chairs for their hard work on this meeting and for all of their leadership.
- Staff did a lot of work to pull this meeting together, and there were no glitches.
- Enjoy getting to see the new and old Board members.
- As a new board member, beginning to catch up and understand what is going on with the Boards.
- Stephanie Hopkins did a great job with the technology for the meeting.
- Looking forward to working on the priorities they have set.

ADJOURN

Diane Fielden **MOVED** to adjourn, **SECONDED** by Cathy Bishop. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 4:30 p.m.

MOTIONS

Cathy Bishop **MOVED** to approve the minutes from the February 2020 meeting, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**. Page 3.

Enlow Walker **MOVED** to approve the agenda as published, **SECONDED** by Renee Hoffard. Hearing no objection, the motion **PASSED**. Page 3.

Sharon Clark **MOVED** to recess the meeting, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**, and the meeting recessed at 4:30 p.m. Page 13.

Diane Fielden **MOVED** to forward the slate as it stands, **SECONDED** by Monique Andrews. Lee Breinig **MOVED to AMEND** the slate to include his name within one of the positions of the Executive Committee, preferably the member-at-large position. Hearing no second, the motion to amend **FAILED**. A roll call vote was taken of the members present with 7 in favor, 3 abstentions, and 0 opposed. The motion **PASSED**. Page 26.

Cathy Bishop **MOVED** to move the slate forward as presented, **SECONDED** by Diane Fielden. Hearing no discussion, a roll call vote was taken with 3 in favor, 5 abstentions, and 0 opposed. The motion **PASSED**. Page 27.

Diane Fielden **MOVED** to adjourn, **SECONDED** by Cathy Bishop. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 4:30 p.m. Page 28.