

Advisory Board on Alcoholism and Drug Abuse Alaska Mental Health Board

Quarterly Board Meeting Minutes - **DRAFT**
Held via Zoom
March 10 – 12, 2021

Dually Appointed Members Present:

Cathy Bishop
Robert Dorton (Days 1 and 2)
Diane Fielden

Dually Appointed Members Absent:

Monique Andrews – excused
Brent Tri – excused

ABADA Members Present:

Renee Schofield, Chair
Lee Breinig
Anthony Cravalho
Christine Robbins
Katholyn Runnels
Enlow Walker

ABADA Members Absent:

Blake Burley – excused
Chase Griffith – excused
Philip Licht – excused

AMHB Members Present:

Sharon Clark, Chair
William Cook
Renee Hoffard (Day 2)
Karen Malcom-Smith (Day 1)
Brenda Moore-Beyers
Charlene Tautfest
Tonie Protzman

AMHB Members Absent:

Christopher Gunderson – excused

Ex-Officio Members Present:

Tracy Dompeling (Days 1 and 2)
Sharon Fishel (Days 1 and 2)
Catherine Stone (Days 1 and 3)
Duane Mayes
Gennifer Moreau-Johnson (Day 1)
Adam Rutherford
D.C. Albert Wall (Day 1)

Staff:

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

Wednesday, March 10, 2021
CALL TO ORDER – 8:30 a.m.

Chairs Sharon Clark and Renee Schofield welcomed the Board members to the meeting. Chair Clark reviewed the mission statement, and Board members introduced themselves and disclosed conflicts of interest as follows:

ETHICS DISCLOSURES

Cathy Bishop

Works for a substance abuse behavioral health agency that receives grant funding from the state; has a family member that experiences a disability and is on Medicaid.

Diane Fielden

Has grandchildren who receive Denali KidCare.

Katholyn Runnels

Works for the State of Alaska as a prosecutor in special prosecutions for drug crimes, and sits on the Controlled Substances Advisory Committee.

Dr. Enlow Walker

On the Fairbanks North Star Borough Health and Social Services Commission, which distributes grant funding, some of which comes from the State.

William Cook

Private attorney who in the past has sued the State of Alaska on behalf of clients. No such litigation is currently pending against the State.

Brenda Moore-Beyers

President of Christian Health Associates, which has State grants and is a Medicaid provider.

Charlene Tautfest

President of Peninsula Community Health Services, which bills Medicaid and receives State grants.

Tonie Protzman

Executive director of the National Association of Social Workers in Alaska, and a program administrator for Cornerstone Recovery, which is owned by Christian Health Associates.

Lee Breinig

On the Alaska Commission for Behavioral Health Peer Support Certification Advisory Board, Mental Health Trust beneficiary, and a tribally enrolled member of Tlingit and Haida as well as Sealaska and Kavilco.

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

APPROVAL OF THE AGENDA AND PREVIOUS MEETING MINUTES

Katholyn Runnels **MOVED** to approve the agenda, **SECONDED** by Brenda Moore-Beyers. Hearing no objection, the motion **PASSED**.

Brenda Moore-Beyers **MOVED** to approve the minutes from the October 2020 meeting, **SECONDED** by Charlene Tautfest. Hearing no objection, the motion **PASSED**.

WELCOME

Welcome from the Chairs

Sharon Clark recognized and thanked Bev Schoonover and all the staff for their hard work in putting this meeting together for the Board members. The chairs thanked Governor Dunleavy for taking the time to present to the Boards for this meeting.

Welcome from Governor Mike Dunleavy

Governor Mike Dunleavy reported that Alaska has done a good job across the state in terms of the pandemic response and the vaccines, and he noted the announcement from the day before that the vaccine is now available to anybody that wants to get a vaccination. He stated that unless Alaskans are really opposed to the vaccine, studies have shown that the vaccination is fairly safe, and he will be signing up for a vaccine soon.

Governor Dunleavy shared some points about where they are in the pandemic. He stated that 2020 saw a lower crime rate in Alaska than 2019, and they will be doing additional research to determine what caused the lower crime rate during this period. Another surprising data point was that Alaska saw five fewer cases of suicide in 2020 than 2019, which they also want to study to determine why this was because it runs counter to what many people thought would happen. The pandemic has been incredibly stressful on everybody, and the Governor has no doubt that behavioral health organizations are going to be very busy and will be busy for some time.

Governor Dunleavy thanked the Boards for preventing substance abuse and supporting the frontline healthcare system, the court system, and working to develop long-term solutions to Alaska's mental health, emotional health, and substance abuse issues. He particularly thanked those individuals on the boards who have lived experience and are here helping others today.

Governor Dunleavy stated that the goals for the state this year are dealing with the pandemic and flexibilities and responses to the pandemic that impact mental health. He noted that they were concerned about the substance abuse issues that would be associated with the pandemic. They have directed DHSS to maximize flexibility, and one example of that would be telehealth. They have suspended a number of regulations to be able to get frontline healthcare workers doing their job as soon as possible and also suspended some regulations to ensure the telehealth reach is a lot greater than it would have been without the suspension of those regulations. They have also directed CARES Act funding to help with suicide prevention efforts.

Governor Dunleavy stated that the success of the 1115 waiver is also something that needs to be highlighted. This waiver improves access to care, especially in rural Alaska, and it is helping to improve outcomes. There are better data and accountability reforms also as a part of that process, so they are committed to this waiver's success. Other efforts the Governor highlighted include:

- Increased coordination between high intensity drug trafficking areas, area staff, and public health surveillance.

- Continue to support the prescription drug monitoring programs such as the Alaska Medical Drug Utilization Review Program.
- Continue to support youth-focused initiatives such as the Marijuana Education Program.

Governor Dunleavy stated that the ultimate goal is to save lives. A positive mental and emotional health component is the key to a life worth living.

Governor Dunleavy stated that the work of these Boards was a part of discussion points they would periodically have in the decisions they were making at the State to battle the pandemic, and how that was going to impact the individual lives and mental and emotional health of Alaskans with substance use issues. As the State gets through the physical health issue of this pandemic, they know that they will be dealing with the mental and emotional health and the substance abuse issues for some time after this. It's through the partnerships with the State of Alaska and others that they will be working together for some time to understand what occurred last year and how they can improve the lives of others.

Governor Dunleavy thanked and complimented the Boards for all the work they all do, and stated that they will do all they can to work with the Boards to provide better outcomes for Alaskans.

LEGISLATIVE SESSION UPDATE

Teri Tibbett introduced herself for new Board members and explained her role as the advocacy coordinator for the Boards and the other Alaska Mental Health Trust Authority advisory boards. Trust beneficiaries include people with mental illness, substance use disorders, intellectual developmental disabilities, traumatic brain injury, and Alzheimer's disease and related dementia. She highlighted that the Boards are statutorily charged with the responsibility to advise, plan, advocate, and coordinate behavioral health services.

Teri Tibbett stated that at the last board meeting, the Boards decided on the priorities for this legislative session, and she reviewed them as follows:

- Increase access to appropriate and person-centered substance use disorder and/or mental health treatment and supports.
- Increase access to safe and person-centered psychiatric care in Alaska.
- Increase early intervention and prevention activities.
- Reduce the stigma of living with substance use and/or mental health disorders.
- Increase access to institutional and community supports for justice-involved Alaskans with behavioral health concerns.
- Increase supportive employment services for Alaskans with mental health and substance use disorders.
- Increase access to housing and housing supports for Alaskans with behavioral health concerns.
- Encourage behavioral health and primary health care integration.
- Reduce consumption and the harm caused by alcohol misuse.

She stated that the Boards also participate in a joint advocacy effort with the Trust to advocate for supports and services on behalf of all Trust beneficiaries. The joint advocacy priorities for 2021 have been identified as follows:

- Community-based services
- Medicaid health coverage
- Behavioral health services
- Supportive housing
- Supported employment.

Teri Tibbett stated that they follow legislation during the session, and a contractor has been hired by the Trust to produce a spreadsheet of the legislation that impacts Trust beneficiaries. That spreadsheet is sent out every Thursday night, and Fridays at 12:15 meetings are held to discuss it. She directed members of the Boards to www.alaskamentalhealthtrust.org/jointadvocacy for learning about the Action Network, tips for advocating from home, tips for meeting with policymakers, and learning how the advisory boards all interface with each other. She directed Board members to the educational materials in their packets and shared that joint advocacy reports go out at the end of the session, and she encouraged Board members to review the 2020 Joint Advocacy Report.

Teri explained that she also does advocacy training for 200 to 300 people a year to help citizens, people with lived experience of a disability, family members, professionals, et cetera to teach them tips on how to have a meeting, send an e-mail, or otherwise get their voice to a legislator or policymaker. This year virtual advocacy trainings were held with between 20 to 30 people at each of the trainings, and they trained roughly 100 people this fall.

Teri Tibbett explained to Board members how they can go onto the Alaska State Legislature website and follow different piece of legislation and learn the biographies of legislators. Board staff utilize Bill Tracking Management Facility to track bills of interest. She noted that her favorite feature of the website is the ability to watch hearings live or view them in the archives.

Teri explained to the Boards that they are entitled to contact their legislators about issues of importance to them as a citizen. The only time they are allowed to talk to legislators on behalf of the Boards is when they are discussing an agreed upon Board priority with the agreed upon talking points.

Teri Tibbett then directed Board members to the document titled: *2021 Legislative Tracking, version 3, 3/5/21*. She stated that the following bills and budget items impacting Alaskans with behavioral health disorders, family members, and providers of services have been vetted through the AMHB/ABADA Advocacy Committee. Staff are tracking them as they move through the legislative process. She and Bev Schoonover reviewed the legislation as follows:

BILLS:

HB 20 – Medical Assistance Program (Rep. Josephson). Requires the state medical assistance program to provide services; relates to cost containment and payments for adult dental services.

HB 25 – Public Schools, Social Emotional Learning (Rep. Hopkins). Relates to statewide standards for instruction in social-emotional learning; duties of the state Board of Education and Early Development.

HB 60 – Public Schools, Mental Health Education (Rep. Claman). Requires State Board of Education and Early Development to develop guidelines for instruction in mental health in public schools.

HB 76 – Extending COVID 19 Disaster Emergency (Governor Dunleavy). Extends the public health disaster emergency to September 30, 2021. Includes allowing for authority to administer federal COVID-related funds; transferring funds between divisions within DHSS, except for transfers from Medicaid Services; and policies related to professional and occupational licensing, telemedicine and telehealth, fingerprinting, shareholder meetings, charitable gaming, and online tickets sales.

HB 105 – Detention of Minors (Governor Dunleavy). This bill brings state law into compliance with new federal requirements outlined in the Juvenile Justice Reform Act (JJRA) of 2018 related to the detention and placement of juveniles under the age of 18 in adult jails or correctional facilities, which go into effect on December 21, 2021. It also brings state law into compliance with JJRA provisions related to runaways and missing children held in secure juvenile facilities without requisite court findings. (SB 91 by Governor Dunleavy is the companion bill).

HB 118 – Expand Prisoner Access to Computers, ID Before Release (Rep. Kreiss-Tomkins). This bill expands the allowable uses of inmate access computers to include re-entry planning, healthcare, visitation, and legal reference materials. Additionally, it requires the Division of Motor Vehicles to send an ID/Driver's License to the Department of Corrections upon request for eligible inmates serving 120 days or more before the inmate's release.

SB 2 – Peace Officers De-Escalation, Misconduct (Sen. Gray-Jackson). Relates to de-escalation procedures used by peace officers, reporting acts of misconduct by peace officers, peace officer certificates, and activities related to the Alaska Police Standards Council.

SB 9 – Alcohol Beverage Control (ABC) Board, Alcohol Regulations (Sen. Micciche). Related to regulation of manufacturers, wholesalers, retailers of alcohol beverages; alcohol licensure, permits; transporting or delivering alcoholic beverages; changes to the ABC Board.

SB 26 – Repeal Certificate of Need Program (Sen. Wilson). Relates to repealing the Certificate of Need Program for healthcare facilities.

SB 40 - Veterans' Benefits Services, Disclosure (Sen. Revak). Requires certain disclosure requirements for providers of veterans' benefits services and veterans' benefits appeal services.

SB 41 – Health Insurance Information, Incentive Program (Sen. Hughes). Related to payment information, incentives for healthcare services, filing and reporting, regulations, and pricing.

SB 45 – Age for Nicotine, E-Cigarettes, Taxation (Sen. Stevens). Relates to raising the minimum age, transporting tobacco, and taxation of e-cigarettes.

SB 70 - Opioid Overdose Drugs (Sen. Wilson). Allows for continuation of a previously-made standing order to allow paramedics and other first responders to administer naloxone without restriction. Allows individuals to purchase naloxone without prescription.

BUDGET ITEMS: (*Operating Bill (HB 69) and Mental Health Bill (HB 71)*)

Alaska Psychiatric Institute (API) (DHSS). Replaces \$6 million IA/StatDesig with \$6 million MHTrRes. This funding impacts API client services for patients unable to pay for services. Funds also support forensic restoration and acute inpatient care to people with mental illness, substance use disorders, intellectual-developmental disabilities, and other disabilities across the lifespan.

Sobering Centers (DHSS). Reduces -\$200,000 GF/MH, anticipating additional funds through eligibility for Medicaid reimbursement through the 1115 Medicaid waiver.

Zero Suicide Initiative (DHSS). Adds +\$125,000 (\$71,500 MHTAAR (IncT) and +\$53,500 MHTrRes (IncT). This initiative promotes collaboration with community-based agencies in delivering the evidence-based “Zero Suicide” suicide prevention model. Core elements include facilitation, training, and engagement for improving local systems of care for individuals who are in crisis.

Public Assistance Field Services (DHSS). Deletes 101 positions (-\$7,010,200 (-\$3,577,300 Fed; -\$3,432,900 GF Match) “due to telework and advancing technology related to Electronic Document Management (EDM)” and the divisions’ ability to process incoming work more efficiently. *NOTE: Some positions are eliminated due to efficiencies related to improved telework technology. Are these improvements up and running; if not, will they be up and running by July 1, 2021?*

General Relief/Temporary Assisted Living (DHSS) -\$164,900 (GF). Reduces general fund authority in the General Relief Assisted Living Home (GRALH) Program because the number of applicants utilizing assistance through the program has decreased. *NOTE: Staff will confirm impacts with program administrators.*

Medicaid Program Reduction (DHSS) -\$35,065,600 GF Match (Dec). This reduction reflects calculations made by DHSS that assess projections for FY22, and review of the Medicaid service array including “associated utilization of services for additional savings or cost shifts by increasing the federal share, such as preventative screenings, chore services, and pharmacy.”

Re-Open Palmer Correctional Center (PCC) (DOC). This action maintains ongoing funding for DOC’s effort to re-open PCC, adding 514 beds. PCC, scheduled to open in July 2021, will

incorporate multiple “treatment houses” to include treatment for sub-acute mental health, sex offenses, substance abuse, faith-based, and education/re-entry.

GPS Tracking for Community Residential Center (CRC) Placements (DOC). Adds +\$461,500 GF (Inc). This action adds authority to expand the use of GPS tracking for inmates placed in CRCs statewide, using available technology “to monitor an offender’s location in real time while they are transitioning back into the community.”

New Parkview Community Residential Center Beds (DOC). Adds +\$3,975,000 GF (Inc). The action adds authority to contract with the new Parkview Community Residential Center for 112 additional CRC (halfway house) beds in Anchorage.

Alaska Training Cooperative (ATC) (UA). \$995,000 (\$885,000 MHTAAR (IncT); \$100,000 MHTrRes (IncT). The ATC provides non-academic trainings, professional development, and continuing education programs to Alaska’s behavioral health workforce serving Trust beneficiaries.

Therapeutic Courts (COURTS). +\$488,400 GF (Inc). This action adds three new positions to support therapeutic court activities in serving people with mental illness, substance use disorders, and other disabilities. These positions include an attorney in both the Department of Law and Public Defender Agency, and a statewide peer support coordinator.

BUDGET ITEMS: *(Capital Bill, SB 50)*

Assistive Technology (DHSS). \$500,000 MHTrRes. Supports funding for daily living assistive devices that supports Alaskans with disabilities in living independently, such as voice command devices, computer software, smart technology, and more.

Home Modification and Upgrades to Retain Housing (DHSS). \$1.15 million (\$250,000 MHTAAR; \$900,000 MHTrRes). Supports ramps for wheelchairs, handrails, smart homes.

Deferred Maintenance and Accessibility Improvements (DHSS). \$500,000 (\$250,000 MHTAAR; \$250,000 MHTrRes). Maintains funding to non-profit organizations serving Trust beneficiaries. Examples include renovations, repairs, and upgrades that improve access for better independent living.

Seven New Body Scanners (DOC). \$1.5 million GF. Body scanners assist DOC in reducing contraband, including illicit substances, brought into the facilities.

Point MacKenzie Correctional Farm Produce Processing Plant (DOC). \$1.5 million GF. This funding establishes capacity to flash-freeze the vegetables grown at the farm, one of the prison industries offering meaningful and rehabilitative employment for inmates.

AHFC Beneficiary and Special Needs Housing (DOR). \$1.7 million (\$200,000 MHTAAR; (\$1.5 million MHTRes). Supports housing programs statewide that serve both short- and long-term housing needs of Alaska's most vulnerable homeless citizens.

AHFC Homeless Assistance Program (DOR). \$4.55 million (\$3.6 million GF; \$950,000 MHTAAR). Supports grant funding to homeless shelters and other community organizations that provide homeless preventions services, emergency rental and utility assistance, rapid rehousing and more to Alaskans who are homeless or at risk of homelessness.

AHFC Rental Assistance (DOR). \$200,000 (\$100,000 UGF; \$100,000 DGF). Supports the Empowering Choice Housing Program (EHP) serving Alaskans who are displaced due to domestic violence.

Coordinated Transportation and Vehicles (DOTPF). \$1.3 million (\$1 million GF; \$300,000 MHTAAR) for vehicles and operational costs that assist seniors and people with disabilities in getting to medical appointments, jobs, shopping, and social activities.

BUDGET ITEM: *(Supplemental Bill, SB 48/SB 68)*

Morse Settlement (DHSS). +\$11,853,000 (\$4.5 million GF/Match; \$2.853 million GF; \$4.5 million Fed) (Inc). These funds are allocated in accordance with the Morse Settlement, a court ruling requiring DHSS to address the Title 47 system of care in Alaska.

Board members offered comment on the legislation as it was reviewed. Some highlights include:

HB 118:

- This is a real need for prisoner re-entry, which can be extremely traumatic on many levels, even just being overwhelmed by going to the store to buy simple items.
- DMV is very willing to work with DOC, but the issue is lack of cameras to take ID photos within DOC. There has been discussion about purchasing cameras for the 11 DOC facilities in the state.
- Re-entrants being on lockdown because of COVID is seriously affecting their mental health. When they are released, they just want to go back to prison because they are scared to death. A trend being heard is that re-entrants felt that two hours a day of mental health counseling would be helpful to them when they are in the hole. People are feeling like they are being punished in lockdown in pretrial. HB 118 could allow for intermittent mental health service provision through a closed-circuit device.
- The hope is that if this gets approved, there could potentially be access to peer supports on the outside while a person is incarcerated, which would give them the connection to community coalitions before they leave.
- DOC has been leading the effort for this bill, and the bill seems to have widespread bipartisan support.
- Chair Clark and Chair Schofield requested to have a meeting to discuss the re-entry coalition effort more in depth with Teri Tibbett.

- It would be nice is if this bill included creation of a policy and procedure or outline that describes all the resources or things that need to be done to get from A to B, because even without COVID re-entry is a daunting experience.

HB 105:

Tracy Dompeling provided an expanded explanation of this legislation by stating that if someone 16 years of age or older commits a Class A or unclassified felony crime against a person, those are automatic waivers to proceed to the adult court system. What this bill does is focus on how those juveniles are held until they reach the age of majority, which in Alaska is 18. The bill also states that DHSS and DOC will enter into agreements on how those youth will be held. There are certain exceptions that can be found by a court which can allow a juvenile to be held in an adult facility, and then the State is not penalized. She stated that DJJ wants to have the opportunity to try to work with those youth and remove the automatic waiver and only go back to the court to ask for DOC placement if the youth cannot be served by DJJ. DJJ will offer these youth school enrollment, educational programs on life skills and victim empathy, and substance abuse education. She also noted that if a youth in DJJ is for some reason found innocent, they haven't been subjected to adult offenders at DOC.

Board members had a briefing on legislative meeting etiquette noting that leads have been identified, and meetings are scheduled this week that Board members were encouraged to participate in. Steve Williams noted that some of the budget items that the Governor included in his proposed budget specifically related to the transferring of the Trust's budget recommendations related to how general fund/mental health dollars should be spent, and he transferred those recommended increments to be used and funded through the Mental Health Trust in its budget reserves. Steve encouraged Board members to respond to any questions from the legislators regarding this issue as only that they are aware this is a conversation happening between the Trust, the legislature, and the administration on how to address those issues. He suggested not wading into the conversation because the Trust is trying to work collaboratively with the administration and the legislature to come to a solution that works for everyone.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES REORGANIZATION UPDATE

Department representatives Heather Carpenter, Deputy Commissioner Albert Wall, Deputy Commissioner Clinton Lasley, and DBH Director Gennifer Moreau-Johnson introduced themselves to the Board members. Deputy Director Carpenter apologized for Commissioner Adam Crum being unable to participate due to the very recent birth of his daughter.

Heather Carpenter thanked the Boards for the opportunity to speak about Executive Order 119, the reorganization of the Department of Health and Social Services (DHSS). She stated that the order calls for the split into two departments with the divisions falling under each department as follows:

Department of Health:

- Public Assistance
- Health Care Services
- Behavioral Health
- Senior and Disabilities Services

Department of Family and Community Services:

- Office of Children's Services (OCS)
- Alaska Psychiatric Institute (API)

- Public Health
- Pioneer Homes
- Juvenile Justice

Heather Carpenter stated that the Department of Health will include those divisions that are primarily Medicaid administrative divisions, and the Department of Family and Community Services are the state-run 24/7 facilities and services. She noted that DHSS is a huge department with 3,500 employees, and programs they administer directly impact vulnerable Alaskans more than any other department. As a department, they feel like this is the time to make this split in order to bring needed focus to both sides of the department. They are hoping that this split will allow them to have greater, more in-depth, and ongoing conversations with stakeholders, particularly about Medicaid efficiencies and moving away from fee-for-service to value-based payments, which is something Centers for Medicare and Medicaid Services (CMS) wants Alaska to do. She also noted that on the other side, they also need a commissioner and attention that can focus on the 24/7 facilities and the child welfare system. They hope to achieve continued success at API, which takes constant oversight and constant work to bring stability to the system.

Heather Carpenter stated that the child welfare system deserves more attention. There is currently a 52 percent turnover rate in frontline social workers; and they deserve better, and Alaskan families and children deserve better. If they can reduce the turnover by one-third, they could save \$4 million per year. According to the Casey Family Foundation, it costs Alaska about \$13 million per year to retrain social workers, hire them, and bring them up to speed, which takes about one year. Another issue would be to fully implement the Tribal Child Welfare Compact, which will make big strides in the OCS system.

Heather Carpenter stated that this executive order had to be introduced to the legislature on the day a house organized, so in this case it was the Senate, because they organized first. The legislature has 60 days to consider the executive order; and if they do nothing, it becomes law. If they decide they want to disprove it, they have to pass a special concurrent resolution that has to be voted on in a joint session. The department is confident and they are still working through the system even though there is a special concurrent resolution out there. The department is meeting with legislators, and they feel confident that this is the best decision for stakeholders and the department at this time.

Heather Carpenter stated that no services are being changed, and beneficiaries should see no change. Most of the change is happening in the Division of Finance and Management Services.

Deputy Commissioner Wall shared that there has been a lot of concern about the timing of this executive order and the process of engaging with the public. He noted that an executive order is a legal process, and there are steps to it. While the process moves forward is where they begin to engage. One issue is that the pandemic is going on, which he believes highlights the issue they are trying to address with the split of the department. Every time there is an emergency of some sort, it completely consumes all of the attention of DHSS as they move forward. He stated that in his years in the field as well as in State government, he understands that they have all been talking about the same issues for years with no resolution, which is frustrating. He stated that part of the reason this happens is because the department is constantly attempting to put out fires, and all the

conversations that are important that everybody wants to have lay on the table until they get time to actually reengage on them. They hope to have a much more proactive, shorter period of conversations so that they can actually address issues in the system of care. Right now they have a \$2.2 billion dollar department with a lot of problems and issues surrounding some of the divisions that really need attention.

Deputy Commissioner Wall reiterated a comment from Heather Carpenter that the divisions will remain whole and will not be split apart, and functions will not be merged with other functions. They are not looking to change the way they do business; they are looking to set the stage for a more focused conversation about how to solve problems and how to be proactive. He also believes this will allow the department to engage more proactively and thoughtfully with their partners like the Boards.

Deputy Commissioner Wall stated that in his point of view, the split of the department falls along the lines of regulatory oversight versus direct care. The Department of Health's structure is focused more on quality assurance, Medicaid claims payments, and provider accountability; whereas, the Department of Family and Community Services would be operating 24/7 facilities and providing direct care to people.

Deputy Commissioner Lasley stated that DHSS is a huge organization that is really difficult for one leadership team to manage. He noted that he is currently responsible for API, Pioneer Homes, OCS, and DJJ, and these four divisions are service-driven divisions. He noted that he has been in this role for about one year now, and recognized the challenges they have had at API and that they have made some great improvements. They are working on getting API back up to census, and currently have a total bed capacity of 60 beds. Their goal is to have the Chilkat 10-bed unit opened in the second quarter of this year. They are also hoping to have the whole facility at full capacity by the end of this calendar year. All of the effort they have had to put into API means they have had less energy and effort directed to some of the other divisions.

Deputy Commissioner Lasley stated that OCS in its nature is a reactionary agency. They are dealing with families in crisis, and that's what they specialize in. He reiterated the 52 percent turnover rate and he believes that the legislature has put a lot of effort and resources into trying to improve that through HB 151. But whenever they are dealing with an agency that is just trying to simply keep its head above water, it's really difficult under that structure to make significant improvements. He stated that when they look long term at child welfare in the state of Alaska, until they are able to focus energy on the front end through prevention methods, his vision and goal is to stand up service delivery in communities with the tribal compact, providers, the faith-based community and others to find ways for prevention services and slow the pace of individuals coming into the child welfare system and OCS. Under this executive order, it will give the department more bandwidth to have those conversations and start working with partners and tribes to reshape the way they are managing child welfare.

Deputy Commissioner Lasley shared that a year ago, they were planning on opening a complex behavior neighborhood on the fourth floor of the Anchorage Pioneer Home, but that was delayed partially due to the COVID pandemic. They are working to get that opened, and the construction

of the remodel has commenced again. The contractor is hoping to have that completed by the fall. Deputy Commissioner Lasley stated that currently they are trying to put some focus into individuals that are inappropriately placed at API that may have a primary diagnosis of dementia to see if those individuals could receive services at Pioneer Homes. To date they have been able to take in five individuals age 60 or older from API into the Pioneer Homes. He believes there is a lot more they can do, and they are going to have to focus energy and efforts on that. He would also like to start having conversations with the community and think outside the box on how the State can better utilize these great Pioneer Homes facilities.

Deputy Commissioner Lasley stated that DJJ is a well-oiled machine and for the most part runs very well, so it doesn't get much focus and attention. He believes there are some opportunities there to explore how to better serve the community.

Deputy Commissioner Lasley wrapped up by stating that community partners and division directors are very excited about this executive order and the opportunity to have some focus on the 24-hour facilities and services.

Heather Carpenter directed the Boards to the questions that had been posed to the department prior to the meeting, and the guests provided responses as follows:

1. *What impacts (both good and perhaps challenging) are anticipated during the first year of the reorganization regarding state-funded services and programs for Alaskans with substance misuse and mental health disorders?*

The department doesn't expect any impact to funding or services. The reorganization will afford the Department of Health the full attention of that commissioner when they are analyzing opportunities for long-term structure and funding. Heather Carpenter commented that DBH and OSMAP are both incredible at going after federal funding opportunities around substance misuse.

2. *What responsibilities or duties of the ASO will cross over between the two new Departments? Will DBH still have oversight of the ASO contract when the reorganization occurs?*

Gennifer Moreau-Johnson stated that there will be no change. The administrative services organization (ASO) supports DBH, and the services of DBH follow the person. The departmental structures don't impact the way supports and services are delivered to people. DBH will continue to oversee the vendor because DBH holds the contract. There is no change in how the ASO will do business, and the statutory and regulatory requirements remain unchanged. She further highlighted that the ASO will continue to employ a dedicated child welfare liaison as well as a dedicated tribal liaison. She stated that there are cross-departmental touch points for the Medicaid population, and that process will continue as they move forward, and the beneficiary will not feel the impact of any of the departmental structures.

Gennifer Moreau-Johnson also stated that they will have to work through the transition of the data points because so many of their outcomes are tied to the different systems, but that can all occur under a business associate agreement (BAA), as they currently do with other departments.

3. *What is the vision for the organizational structure and staffing levels of the Division of Behavioral Health moving forward from this reorganization?*

Gennifer Moreau-Johnson stated that DBH did not lose or gain any positions with the proposed reorganization. The commissioner's office is continuing to monitor the specialized expertise that the division requires to administer the 1115 waiver, so in the event there is additional support needed, the commissioner's office will be paying attention to that.

Heather Carpenter added that an important facet is that currently DBH is the oversight entity for DES/DET and secure transport contracts. Those would be transitioned into the Department of Family and Community Services. They will be working closely with DBH as those new positions are trained, and they won't flip the switch until all the new people are fully trained. The current DES/DET coordinator will shift over to the Department of Family and Community Services.

Chair Clark opened up the presentation for questions from the floor.

Brenda Moore-Beyers asked how this executive order came into being. Deputy Commissioner Wall stated that this is not a new conversation and has been a topic of conversation at the commissioner's office in many past administrations. They began having discussions about this immediately at the start of the Dunleavy administration. As they held conversations with division directors and staff, it became evident in a very short period of time that divisions that didn't have as much money in their budget, no matter how important their mission set was, didn't get the focused attention they needed. He gave examples of the issues surrounding API and OCS. It also became very apparent that the conflict on the Medicaid side of the department was worlds apart from the conflict on the family and community services side of the house. There is a huge difference between the two mission sets.

Deputy Commissioner Wall stated that once the leadership team was assembled and understanding was reached of how the mission sets would align the best, the pandemic hit, and all efforts of the department went into pandemic response. He stated that there is a legal process to the executive order, and they wish they would have been able to engage on a more meaningful level faster than they did, but that highlights the problem the department faces of not having enough bandwidth when there is an emergency going on, which there always is at some level.

Anthony Cravalho asked if the proposed division of DHSS would place a separation between programs and services that are necessarily intertwined. For instance, the proposed separation of the Office of Children's Services and the Division of Public Assistance and Division of Behavioral Health. How will OCS support families in a time of crisis without working with the divisions that have the resources to provide wraparound services? Deputy Commissioner Lasley responded by stating that the public may not be aware, but they are already constantly working with other

divisions and departments through memorandums of understanding, and nothing will change if DHSS were to move into two departments.

Deputy Commissioner Wall added that there is a lot of misinformation and misunderstanding that people seem to feel that if OCS and DBH aren't in the same department, proper mental health care and prevention will not occur with children that are in OCS, and that is just not true. This highlights the mission set of the two organizations. DBH provides regulatory oversight and intervention for providers. OCS intervenes in children's lives when they need safety, and some of the issues that they face are behavioral health. But DBH staff are not clinically seeing kids in OCS to provide therapy for them. Heather Carpenter added that the outcomes for OCS are tied to the outcomes in the 1115.

Anthony Cravalho further asked: How will two divisions work together in administering the Medicaid program, and how do you envision such activities improving services and outcomes? Deputy Commissioner Wall wasn't sure which two divisions were being referenced, but it highlights the problem that the divisions that administer Medicaid aren't the ones providing direct services, and they have different mission sets. He noted that most states have gone to this type of a structure so that they can get a cabinet level focused position at the Governor's table.

Heather Carpenter concluded that they have been answering many questions from different groups, and they are working on getting those posted on their website this week so there will be a public place for individuals to get information. All of the presenters gave their closing remarks and concluded the presentation.

RECESS

Diane Fielden **MOVED** to recess the meeting, **SECONDED** by Katholyn Runnels. Hearing no objection, the motion **PASSED**, and the meeting recessed at 11:58 a.m.

Thursday, March 11, 2021

CALL TO ORDER – 8:30 a.m.

Chair Schofield welcomed Board members to the meeting and recited the mission statement.

ALASKA MENTAL HEALTH TRUST AUTHORITY UPDATE

Bev Schoonover welcomed Mike Abbott, Steve Williams, and Katie Baldwin-Johnson to the meeting to provide an update on the Trust.

Governance

Mike Abbott stated that the Trust is lead by seven Trustees that are appointed by the Governor and confirmed by the legislature. The current Trustees are relatively new to the Trust, and the average tenure amongst Trustees is at about one year. The current chair, Judge Chris Cooke, is the most tenured member at almost four years in service.

Trustees Rhonda Boyles and Anita Halterman were appointed in late 2019 or early 2020, which meant they were subject to legislative confirmation during the 2020 legislative session. That confirmation process did not happen, and those Trustees, as well as many other gubernatorial appointments, have been left in limbo. The legislature is suing the Governor over how to interpret the constitutional requirements for confirmations and the timeline for the legislature. As a result, there is a window of time between December 15th and January 19th where there is a cloud over those two Trustees' service. The outcome of that litigation will be of interest to the Trust, but the good news is that there is no real dispute that as of January 19th, Rhonda Boyles and Anita Halterman are back in service without any real risk of a cloud. The Governor has essentially reappointed them, and the legislature is not disputing that reappointment.

Annette Gwalthney-Jones and Brent Fisher were appointed in late 2020, early 2021, and they are in the normal confirmation process awaiting legislative action. The Trust is now in the unusual situation of having four out of the seven Trustees awaiting legislative confirmation, but it's not affecting their day-to-day work. He believes there is strong intent in the legislature to hold a typical joint session for the purpose of confirming the Governor's appointments before the end of this regular session.

State Budget Issue

Mike Abbott provided some background information by stating that the Trust Authority was established in 1994 to manage the State's trust responsibility that stems from an act of Congress in the 1950s. There was a lot of concern during the early years of statehood culminating in litigation in the '80s where Trust beneficiaries sued the State alleging that the State was mismanaging that federal trust responsibility. The outcome of that lawsuit was a settlement, and the key element of the settlement was the establishment of the Mental Health Trust Authority in 1994. The State essentially agreed to delegate to the Authority the day-to-day responsibility for managing the trust and fulfilling the State's trust responsibility and to move the trust work out of the day-to-day legislative or administrative work that the rest of the State government was focused on. That was important to the beneficiaries to have a process in place that was not subjected to the whims of periodic changes in the Governor's seat or the legislature.

Mike Abbott explained that one of the key pieces is the Trust's independence as it comes to managing the Trust's assets. Prior to the settlement, the State blended the Trust's resources with the State resources, and there was no distinction between what was a Trust asset and what was a general State asset. There was no distinction in providing services or directing funding in order to serve beneficiaries.

Mike Abbott stated that when Governor Dunleavy proposed his budget for State operations in December, instead of following the pattern that is outlined in the settlement and the State statutes, he proposed that the legislature should directly appropriate from Trust assets for several State functions. Typically what would happen is that the Governor might look at the Trust proposed budget and agree or disagree with elements of it, but there has never been a case in the past where

an administration has recommended to unilaterally use Trust resources for a function that the Trust did not endorse through its own budgeting process.

This is obviously problematic on a couple different levels. The Trust is very careful about managing its assets through a very thoughtful and prudent process to ensure they are not spending any more in one year than their systems can provide usefully. The Trust is in existence to serve beneficiaries in perpetuity, not just today. When the Governor proposed to take more funds from the Trust than what the Trust had allocated, that challenged the Trust's ability to manage assets for the near and long-term needs of Trust beneficiaries. Additionally, the most important element of the settlement and the statutes that now memorialize the settlement is the independence of the Trust to allocate its resources. The proposed use of Trust funds by the Governor directly contravenes that expectation of independence. If the Governor's proposal stands and the legislature ultimately enacts it, it will call into question one of the core elements of the settlement and the management of the Trust. As the attorney general's office has stated, it would likely breach the State's duty to its trust responsibilities.

Mike Abbott stated that there is approximately \$16 million of proposed funding in the State budget that would utilize Trust assets as the fund source that were not approved by the Trust. The Trust has a very robust, serious, and thoughtful budgeting process whereby they determine how their assets can and should be used. They work very closely with State agencies to identify needs in their systems that could and should be funded by the Trust in order to support beneficiaries. Steve Williams added that the Trust also relies heavily on the advisement of their beneficiary boards in their budgeting process. Mike Abbott stated that in any given year, somewhere between \$8 million and \$12 million of Trust funds are approved by the Trustees for use with State agencies. The proposed action by the Governor adds \$16 million for work that the Trust did not support during its budgeting process. Of that \$16 million, \$12 million is for work that the Trust was never even asked to consider. For the most part, the work that has been proposed by the Governor is important state work and is important even for Trust beneficiaries, but it likely should be funded with other State resources instead of Trust resources.

Mike Abbott stated that this is a big challenge for the Trust this year, and they are working to educate legislators, and most of their arguments are summarized in letters the Trust sent to the respective finance committees. He encouraged members of the Boards to review those letters and reach out to the Trust if they have any questions.

Steve Williams added that the Trust's position is a unique position that no other state is fortunate to have. As a funder, the Trust can provide catalytic funding to State departments and divisions as well as the community that allow for systems to stand up programs and pilot new concepts without costing the State any funding. It allows the Trust to then work with the State when they do these pilots to say that the concept has been proven and can maybe meet a gap in need or improve a service type that they are currently operating to achieve better outcomes. The budget proposal to use Trust reserves takes away from the Trust's ability to do those types of activities. He also noted that the Trust funds are not intended to abdicate from the State's responsibilities to fund services and programs that meet the needs of beneficiaries.

Adam Rutherford asked if there are things the Boards could do to help speak to from the Trust's perspective. Mike Abbott stated that to the extent that the Boards in their advocacy would be comfortable, reinforcing the independence of the Trust and the benefits of the financial management that the Trust has been conducting and the risks associated with overdrawing the Trust accounts, regardless of the merits. Steve Williams added that the letters from the Trust to the House and Senate Finance Committees are a great resource to reference.

Duane Mayes asked what the \$12 million of funding was to be allocated for that the Trust was never asked to consider. Mike Abbott stated that the State anticipated that \$6 million of receipts would be coming in for API for FY'21, but that money is not coming in, so the State has a \$6 million hole in the current API budget. That same hole will exist for FY'22, so that's the other \$6 million. The alternative is to use general funds, and the administration is trying to minimize the amount of general funds that are used. He assured the Boards that the Trust strongly supports API funding, and in fact, the Trust donated the land that the new API building sits on, and they write grants to API every year, but they typically do not fund API or any agencies' day-to-day operations. He reiterated Steve Williams' comment that Trust funds are designed to be used to make system improvements, but are not to specifically replace or supplant a State responsibility.

Brenda Moore-Beyers asked if the legislature actually has access to those funds, and can they appropriate and take them without the Trustees' approval. Mike Abbott stated that there is statutory language that was in the settlement that says if or when the Trust ever had more money than it needed in order to support its beneficiaries, those funds would be transferred to the general fund. That is a decision that would be made by the Trust and is not a determination that is available to the legislature or the administration. This is the argument the administration has proposed by suggesting that the Trust has more money than it needs and therefore the State can pull it from the Trust unilaterally and use it for essentially any purpose. The Trust disagrees with that, and the Department of Law supports that. The Trust disagrees that there are any excess funds; and the Trust disagrees that it is the State's prerogative to determine whether there are excess funds. The question of whether or not the legislature and Governor can actually spend the funds is not defined in the statute.

Legislative Priorities

Steve Williams noted that the Boards received an extensive legislative briefing the day before, and he reviewed that the legislative priorities of these Boards are aligned with the legislative priorities of the Trust. The joint advocacy work the Trust engages in with these boards, the Governor's Council on Disabilities and Special Education, the Alaska Commission on Aging, and many other stakeholders has created a strong partnership in their joint advocacy.

Steve Williams stated that the Trust is closely following the progress of the executive order. If everything goes through and the department is bifurcated in July, the Trust will be working with the departments to ensure services are uninterrupted and that there is no loss of service during the transition or into the future.

Crisis Now

Steve Williams reported that the Trust is in conversations with partners on the full implementation of the Crisis Now model to serve beneficiaries who are in crisis, both who are interested in voluntarily receiving the care and treatment they need as well as those individuals who need to be directed to the appropriate level of care involuntarily. They are working to try to figure out how the involuntary process currently outlined in Title 47 aligns or doesn't align with the Crisis Now model of care. There will probably be legislation required to address issues in a very narrow section of Title 47. Once that legislation comes forward, the Trust will be working with boards and others to ensure that it does what it is intended to do, protects individual rights, and in the end gets them to the right place for the right level of care to have their needs addressed.

Katie Baldwin-Johnson provided some background by stating that the Trust, DHSS, and other partners have been evaluating the existing crisis system of care in Alaska in three communities, but are also looking at the needs of rural Alaska to understand how communities respond to individuals that experience a behavioral health crisis. It is well known that law enforcement is primarily relied upon to respond to people experiencing a behavioral health crisis, and first responders responding can often result in a negative outcome, and it also diverts public safety resources from other law enforcement activities. A response from a uniformed officer also further stigmatizes the issue at hand and is often criminalizing individuals who experience mental health and substance abuse issues.

Eric Boyer directed members of the Boards to his presentation highlighted as follows:

Overview:

Crisis Now services bridge the gap between community-based and inpatient care.

- Community-Based Services – Existing and new 1115 waiver
- ADDING:
 - Crisis call center
 - Mobile crisis team
 - 23-hour stabilization
 - Short-term stabilization
- Inpatient care – psych emergency department, DET, API.

Recommendations and Work Plan:

Alaska Crisis Now Consultation Report with RI International established the following recommendations:

1. Establish crisis system accountability
2. Establish performance expectations plus metrics
3. Align policy, regulation, and funding streams
4. Identify collaborative funding
5. Grow Alaska's behavioral health workforce
6. Adapt Crisis Now Model services for use in rural Alaska
7. Establish a crisis call center with "Care Traffic Control" services

8. Establish mobile crisis teams in Anchorage, Mat-Su, and Fairbanks
9. Establish behavioral health crisis stabilization centers in Anchorage, Mat-Su, and Fairbanks
10. Explore cost offsets and reinvestment opportunities
11. Ensure coordination of care with the tribal health system
12. Ensure commercial insurance parity
13. Use the Crisis Now Model to divert individuals from jails and emergency departments.

The Trust has contracted with Agnew::Beck as the project manager.

Project Team Structure:

Project management team: Trust, DHSS, advisory boards, Department of Public Safety (DPS) Department of Labor and Workforce Development, DOC and Mat-Su Health Foundation. System focused teams are working on oversight and feasibility, workforce, rural Alaska, the Crisis Call Center, and legislation.

- Anchorage workgroup
- Mat-Su workgroup
- Fairbanks workgroup

FY'21 Activities:

- Community planning – 4 communities in 1 region to see what it will take to operationalize the program and the capital need to stand up some of these services.
- Phase 1: Enhanced crisis call volume capacity; mobile team launch
- Operator planning/capital grants
- Evaluation structure/data
- Crisis consultation expertise
- Beneficiary/consumer engagement – working in collaboration with NAMI Alaska.

Phases:

- Phase 1 – Enhance existing dispatch and mobile response; add Crisis Call Line connectivity.
- Phase 2 – Crisis Now 23-hour and short-term stabilization available.
- Phase 3 – Full Care Traffic Control connectivity at the call center. Crisis Now 23-hour no wrong door plus short-term stabilization available.

Community Updates:

Anchorage:

- Alcohol tax funds (\$1.5 million) for mobile crisis response start-up and operation within Anchorage Fire Department (Phase 1)
- Organizations considering 23-hour and short-term stabilization
- Community planning and steering committee formation

Mat-Su

- Interested providers identified
- Organizations considering 23-hour stabilization
- Mat-Su Regional
- Community planning and steering committee formation

Fairbanks

- Awarded grant funding to launch mobile crisis co-response
- Partnership between behavioral health and peer support
- Organizations considering 23-hour stabilization launch
- Community planning and steering committee formation

The team is reviewing what they are learning from the three communities to determine how to support some of these services in other regions as well.

Proposed Schedule:

- Project startup – March through May 2020
- Prepare – June through September 2020
- Plan – October 2020 through February 2021
- Implement – March 2021 through February 2022
- Monitor – March 2021 and beyond
- Ongoing: Funding coordination and systems alignment.

Chair Clark noted that she saw the Crisis Now series in the Anchorage Daily News. She requested the Trust provide the Boards with PDFs of those stories. Mike Abbott stated that they will send all six installments for distribution to the Board members.

Brenda Moore-Beyers noted that staff was participating in the Crisis Now workgroups, but she wondered if Board members could also participate. Eric Boyer stated that they absolutely can, and he can put her on a listserv to receive information.

Chair Schofield asked if there was anything in the works for grant and funding opportunities for rural areas that might want to develop a Crisis Now model. Katie Baldwin-Johnson stated that while they are primarily focusing on the three communities of Anchorage, Mat-Su, and Fairbanks, they are very interested in working with the rural communities and understanding rural needs as it relates to crisis response. They have had communities reach out to them, and they have been happy to explore those opportunities with rural partners. They also have opportunity for some community planning funding. She suggested that anyone interested in engaging in a conversation about that should contact the Trust staff directly. Steve Williams commented that the sixth installment in the ADN Crisis Now series is related to a component that is focused on how pieces of this could be implemented in rural Alaska, particularly Kotzebue and Nome.

Bobby Dorton shared that a large part of the crisis in Fairbanks is related to homelessness. He stated that he did a study with Learning Inside Out Network (LION), which is an organization in Fairbanks that follows people while they are inside prisons to when they get out of prison and

helps them with education. He completed a paper for Professor Sarah Stanley, and he discovered that of the approximately 280 people that were homeless, close to 30 of them were blue ticketed out of their villages and are shell shocked when they arrive in Fairbanks and end up using to cope. Many of them don't know how to read or write or how to obtain treatment to be allowed to return to their villages. He thanked the Trust for supporting these beneficiaries, at his request as a case manager, to get back on their feet.

Bobby Dorton discussed an organization in Anchorage that is a collective of landlords that are providing housing for people who want to turn their lives around. This is not available in Fairbanks, and he is having a hard time finding landlords in Fairbanks that are willing to go out on a limb and have them sign a lease agreement. Until they can get people from holding onto the stigma against people and give them a chance, nothing is ever going to change.

PUBLIC COMMENT

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

BOARD BUSINESS

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

Bylaw Approval

Bev Schoonover stated that the Bylaw Review Committee met to review and amend the bylaws, and the Executive Committee has vetted the bylaws changes.

Chair Clark **MOVED** to approve the bylaws, **SECONDED** by Diane Fielden.

Discussion ensued as follows:

Dr. Enlow Walker agreed that one year as chair is often not enough to get the full feel for what is going on, but he wondered if it is completely wise to eliminate any type of term limit.

Board members provided the following comments:

- In favor of term limits because it allows opportunity for all board members to learn more and move up and offer different perspectives.
- The reason for the change is that it has been customary that the vice-chair position moves up into the chair position every year unless the vice-chair is removed from the board. The statement in the bylaws was redundant.
- No chair could serve more than two consecutive terms because of the chair-elect.
- This change only relates to AHMB to align it more with the ABADA bylaws.
- Board members only serve three-year terms anyway, and if these are positions that someone just slides into, then the chances of a member having an opportunity to serve as an officer would probably be slim.

- Everybody would be serving one-year terms and nobody would ever serve more than one consecutive year as chair if there is a chair-elect elected every year, unless the chair-elect would not be reappointed to the Board the following year or had to remove themselves for some reason.
- If the chair-elect was not suited for the position, then wouldn't that deprive the Boards of a vote? *Elections are held annually, and the chair is still elected at that October meeting to be confirmed as chair. Members always have the opportunity to nominate someone during the elections.*
- If the treasurer position is eliminated, would that mean the Board members weren't privy to certain financial information about the Boards? *The Board members have no oversight of any financial matters of the Boards. That is the role of staff.*
- Strike section three out.
- In favor of putting in "elect" instead of "vice-chair" because every position should be voted on every single time there is an available opportunity and not just have it be automatic.
- The intent behind this is that at every annual meeting, they have struggled to come up with a slate of nominees. They felt that if they have a chair-elect, that person understands the responsibilities of the job and is ready to take that seat.
- Having the chair-elect also allows some collaboration between the two seats so that the transition is smooth.
- How has the slate of candidates been put together? *A subcommittee asks the body of the AMHB who wants to serve on the Nomination Committee, and then that committee vets members to find out who is willing to serve and presents a slate at the annual meeting.*

A roll call vote was taken with 14 in favor and 1 opposed. The motion **PASSED**.

Bev Schoonover stated that the Nomination Committee for officers has been uncertain, and one change they made in the bylaws was ensuring that the Nomination Committee meets at least two weeks prior to the annual board meeting.

Other Information for the Good of the Order

Chair Schofield stated that she and Chair Clark have discussed that all of the Board members represent different parts of the state and hold different seats. They have set up a time in tomorrow's agenda to discuss what is happening and what Board members are hearing on the ground from their respective communities.

RECESS

The meeting recessed at 11:54 a.m.

Friday, March 12, 2021

CALL TO ORDER – 1:00 p.m.

ALASKA BEHAVIORAL HEALTH ASSOCIATION (ABHA) UPDATE

Tom Chard reported that ABHA is a group of approximately 73 mental health and drug and alcohol treatment providers. It is typically the leadership from those organizations that participate, although anyone from the organization can attend. ABHA was created as a venue to confer among colleagues, but they also have the ability to bring the non-partisan provider perspective to policy considerations and pending legislation. ABHA also provides education and information to their membership regarding policies and legislation. Tom Chard reviewed the following priorities and areas of interest of ABHA as follows:

Federal Legislation

There are significant opportunities and benefits that were written in to the current relief package, particularly from the Substance Abuse and Mental Health Services Administration (SAMHSA), which ABHA will be keeping an eye on as opportunities roll out.

Other opportunities include allowing behavioral health providers and groups working in the community to go into DOC facilities to help people transition back into the community as well as provider relief funds. The past couple of CARES Act funding waves that included provider relief funds included portals that were not well managed, so they will be taking a slightly different approach with the provider relief funds this time around.

State Legislative Priorities

Tom Chard complimented the staff of the Boards for their legislative work and keeping everyone informed and updated through the legislative teleconferences. He shared that the Governor's proposed budget is a flat-funded budget, and what happens is that a flat-funded budget doesn't take into account inflationary costs or shifts in consumer demand. After a series of flat-funded budgets, providers will find over time that they have had a cut because they lost ground to inflation. He stated that if people take a step back from the conversation around the budget and consider whether or not Alaska has the resources to provide the care that Alaskans need, he doesn't believe they can come to any conclusion other than they need more resources or they need to use their resources in a different way to do a better job of providing better access to care. ABHA relies on the Boards to remind policymakers and legislators of the need that is out there.

SB 78 is legislation that would carry some of the telehealth authority and flexibility forward past any public health emergency and make it more permanent. The language initially didn't include behavioral health, and there is now a team working on including it. During COVID, they saw that telehealth really helped with behavioral health, and during the pandemic they saw a wave of people looking for treatment.

HB 60/SB 80 is a mental health education bill that ABHA has been working with Rep. Matt Claman's office on changing a little bit of the language of the bill. The bill references some subject matter experts that can help with mental health education in K-12. Noticeably absent from the bill is AMHB and ABADA as well as others such as SAMHSA and the Behavioral Health Association. They are hopeful that language will be incorporated into the final bill.

Executive Order 119, which proposed to split the Department of Health and Social Services, has been pulled by the Governor's office. The indication at this point is that they are reworking it because there were some technicalities that were inadvertently included that needed to be cleaned up. Tom Chard is anticipating that they will see an executive order that replaces EO 119.

Administrative Services Organization (ASO)

Tom Chard explained that the State of Alaska contracted with Optum to be the ASO that manages the behavioral system of care. The contract agreement includes such tasks as claims processing and continuous quality improvement, and they set up a structure to incorporate both the voices of people receiving the services and some of the providers and other stakeholders. The ASO is focused on claims processing right now, and some of the indicators suggest that things are running smoothly. He is also aware that there are a few codes that have reimbursement issues, and recently some providers have been mentioned they are owed a significant backlog of money from Optum. Tom has meetings set up to try to understand what's going on, because some providers don't have the cash reserve to be able to manage that.

Tom Chard stated that similar to the Boards, ABHA is trying to find out what their relationship looks like with the ASO, and understanding how they can work together as partners is something they are just beginning to discuss.

A situation that has arisen recently is that Optum has been contacting clients without providers' involvement. How this looks is an individual goes to a substance abuse treatment facility and works with a substance abuse counselor, and they start to develop a therapeutic relationship. The consumer is starting to make some headway on stages of change and working the treatment plan toward the treatment goals, and randomly third-party Optum calls the consumer and offers them choice of other treatment providers and resources. That conversation happens without the provider and Optum talking, which providers are very upset about because they feel that it breaches confidentiality and harms the relationship with the client. Tom summarized that Optum is characterizing this as case management under their utilization management contract responsibility. In other states Optum does case/care management, and they steer people to services. They have some expertise, experience and background in doing this. It's possible that the activity they are doing is beneficial to the individual involved. ABHA is not saying "Don't do it." What they are saying is that Optum should probably involve the provider in this decision to reach out to the individual and coordinate with them so there isn't a breach of trust and a breach of the therapeutic relationship.

Another issue that has arisen is Optum recently sent a note to providers that indicated that if the providers wanted to be part of the premium pay portal system where they can see remittance advices early as well as access other tools, they could pay for that. When that notice came out, providers protested, so Optum agreed they didn't have to pay for it until the end of 2021.

Brenda Moore-Beyers stated that every session, the Boards hear from legislators that they want data to be able to know that services are working. AKAIMS has been in place now and providers have been sending data into what she described as a black hole. The Boards have never had data

to support what they are trying to tell legislators. She wondered if there was some way that ABHA could approach their providers for that data so the Boards have something to discuss with policymakers. Tom Chard fully agreed and noted that part of the Boards' statutory responsibility talks about monitoring and evaluating the system, and frankly, they need the data to be able to do that. He suggested that the Boards lean on that statutory responsibility when asking for the data. Providers are equally frustrated about this because they feed their data into the State system, and the State system has the big picture data, but that data is not available to anyone. ABHA is working with the university to figure out a way to do a process that other states call a Behavioral Health Data Collaborative to analyze and begin reporting on the data. AKAIMS has come a long way, and there are some reports available to providers themselves that help do management and care things, but as far as understanding the bigger picture, it's not there. Lee Breinig shared Brenda Moore-Beyers' frustrations and noted that the data access is very complex when looking at all of the different reporting departments, divisions, and entities. The Boards have to ensure that the system of care is operating efficiently, and leaning on their statutory responsibility would be a wise thing to do moving forward.

1115 Waiver

Tom Chard stated that as the 1115 waiver services were being stood up, the State planned to phase out some of the State Plan services by the end of March. Providers, for a variety of reasons, have had a little bit of a challenge standing up the 1115 waiver services. ABHA and providers are concerned about the fact that the authority to do children's residential treatment is all in the State Plan, but providers haven't set up the 1115 services yet. He wanted to bring this to the Boards' attention because the deadline is quickly approaching.

API

ABHA is tracking API, and a lot of progress has been made there. Two big questions marks in their minds relate to policy and the governing board's role. They are also tracking youth out of state and are concerned about some of the things that might be happening that may be inadvertently sending some more kids out of state.

SHARP-III

Tom Chard stated that the SHARP-III program has been a huge benefit, and they have already seen 55 applicants, 21 of which were behavioral health.

OFFICE OF SUBSTANCE MISUSE AND ADDICTION PREVENTION (OSMAP)

Theresa Welton, the section chief of OSMAP, provided her professional background and noted that she came to OSMAP a year ago. She stated that OSMAP is a fairly new office within the Division of Public Health that was created in July of 2017. They are unique in that they are not just siloed within their own section because their main purpose and core values are to stretch and collaborate and coordinate with all entities to develop true evidence-based strategies and policies for prevention and substance misuse. They are different than DBH in that OSMAP is the upstream

misuse prevention and harm prevention, but they do work with DBH, which concentrates on treatment and recovery.

Theresa Welton shared her PowerPoint presentation and highlighted the following:

Opioid Overdose Death Rates:

- Death rates dropped in 2018 and started to increase in 2019.
- 2020 data is preliminary but when compared to the first three quarters of 2016 to 2020, those numbers are increasing.
- It is anticipated that the fourth quarter of 2020 will be a higher number as well.

Major Initiatives of OSMAP:

- Workforce initiatives
- Prescriber/provider support
- Public Health, Behavioral Health, and emergency response integration
- Harm reduction initiatives
- Youth-focused initiatives
- Comprehensive Fetal Alcohol Spectrum Disorders (FASD) program.

SB 70 – Opioid Overdose Drugs

- Removal of the sunset clause.
- Studies demonstrate the impact of naloxone:
 - Safe
 - No potential for abuse
 - Reverses over doses 75 to 100 percent of the time

Project Hope distributed over 9,000 Narcan kits to community partners in 2020. Since 2017 they have distributed over 41,000 kits and saved over 300 lives, though that number may not reflect all the reversals. They have recently instituted a texting pilot program where if someone uses Narcan on a reversal, they can easily text that it was a successful reversal in whatever ZIP Code they are in. They are hoping that in the long run they will have more accurate data on reversals.

Funding through DBH created a website called Treatment Connections that is updated in real time, so people who are looking for a bed or a placement can find out in real time and have a referral made directly. That contract is now being picked up by OSMAP, and they are excited about continuing this program. Information about Treatment Connections is included in the Narcan kits.

OSMAP in conjunction with the Office of Emergency Medical Services, established a multi-disciplinary Linkage to Substance Use Disorder Care Committee. This committee, made of stakeholders from The Trust, DPS AST, DBH, and EMS developed a \$375,000 Request for Proposal for emergency response agencies to integrate behavioral health care personnel and/or contract with them to link people at high risk of overdose to treatment upon point of response. Awards went out October 2020.

Theresa Welton stated that OSMAP produced an Addiction and the Work Place Toolkit supporting prevention, treatment, and recovery for employers with the input of over 100 different companies in Alaska.

FASD in Alaska:

In FY'20, OSMAP continued the development of a Comprehensive Fetal Alcohol Spectrum Disorders (FASD) Program which includes the following components:

- Education, training, and technical assistance
- Screening, diagnoses, and supports
- Data, research, and evaluation

FY'20 Program highlights include working with:

- The Alaska Center for Children and Adults to launch a monthly online FASD Caregiver Support and Discussion Group.
- The Trust to issue two significant research projects: Economic Costs of FASD and FASD Diagnostic Data Analysis and Policy Recommendations.
- The University of Alaska to issue a report on Alaska FASD Activities Retrospective and Baseline Assessment and a report developing a Community Readiness Framework for FASD Engaged Work.
- The Alaska FASD Diagnostic Team Network including agencies throughout the state providing multi/interdisciplinary diagnostic and evaluation services.

Overdose Death Review Committee

OSMAP began convening an Overdoes Death Review Committee with its first review in April 2020. A total of 31 deaths have been reviewed since that time.

OSMAP also collaborated with a variety of state agencies on data projects, including initiating with the Health Analytics & Vital Records Section (HAVRS), for the Drug Overdose Mortality Report. Thus far, the two agencies have released the 2017 and 2018 reports.

Types of recommendations that can increase early interventions for overdose deaths:

Systemic: The recommendation addresses a gap, weakness, or problem within a particular system or across a system. Example: Lack of information sharing between agencies, methods for making and receiving referrals

Primary prevention or secondary prevention: A recommendation that aims to reduce risk of the first use of drugs or the escalation of drug use. Example: General education campaigns, youth-targeted interventions.

Population-specific: Focus on groups with particularly high risk of overdose.

Agency-specific: A recommendation that addresses a need within a particular agency. Example: Discharge or referral policies, enhancing services, training staff.

Capacity building or research: Recommend research priorities for government or academic institutions. Example: Training needs.

Marijuana Awareness and Education

OSMAP has sustainable funding by way of legislation funded through the excise tax collected on marijuana products sold in Alaska. The fund serves as a special account in the general fund where 25 percent of the excise tax collected on marijuana products is deposited. In accordance with AS 44.29.020(a) DHSS-OSMAP designed and implemented comprehensive marijuana use prevention, education, and treatment programs.

OSMAP solicited and distributed grants to community-based organizations such as after-school program funding. The first priority was to fund community and statewide prevention programs that aim to reduce initiation of marijuana use by youth; promote cessation of marijuana use among youth; reduce access of youth to marijuana products; reduce exposure of youth to impaired driving dangers from marijuana use; and enhance individual, family, school, and community protective factors that foster healthy development

Substance Use Disorders and COVID-19

- People with substance use disorders, particularly opioid use disorder, may be more susceptible to the harmful effects of COVID-19 infection.
- Alaska was fortunate in that it was prepared with supporting and creating disaster plans for opiate treatment programs, which were completed in February of 2020.

Theresa Welton concluded her report by stating that OSMAP has a unique and special role in Alaska that allows for enhanced collaboration with community partners, State entities, tribal entities, private organizations, coalitions, task forces, and those that have experienced substance addiction and those that support Alaskans on the road to recovery. By providing Alaskans and their communities with the best available knowledge on substance use and addiction, OSMAP assists individual Alaskans, health professionals, and other community leaders in a coordinated response. Their goal is to promote safe and healthy communities.

Chair Schofield asked what kind of programs OSMAP has regarding prevention for the senior population. Theresa Welton stated that COVID kind of derailed their senior efforts, but that was something they had been discussing and would like to look into more. She shared that they continue to have drug disposal days and provide education about keeping medications in lock boxes because of grandchildren being in the home. OSMAP has completed an older adults and opiate misuse prevention assessment, and a link was provided in the meeting chat for Board members.

BOARD DISCUSSION ON COMMUNITY UPDATES

Due to the inability of the Boards to gather face to face and have conversations about community activities and events, the chairs opened up a discussion for Board members to share about their communities. The summary is as follows:

Renee Schofield - Ketchikan

- Ketchikan is primarily a tourist town, and the lack of cruise ships has significantly impacted businesses. CARES Act money was accessed, but even so, many businesses continue to close down.
- With the lack of business comes an uptick of substance abuse, alcohol abuse, and domestic violence, which impacts adults and trickles down to the children.
- Community gardens with the Wellness Coalition and private individuals are starting up.
- Food insecurity is a consideration in the community.
- Wellness Coalition has stood up a teen youth center in the mall.
- New adolescent psychologist providing services in the youth center that will eventually expand out into a larger group of people.
- Wellness Coalition produced a needs assessment, and data has begun to be analyzed.
- Numbers on substance abuse and mental health are going up, but they are digging in and working really hard to support people on a daily basis.

Sharon Clark - Nenana

- Things are starting to open back up.
- City meetings have all been virtual.
- Senior Center received a grant, and volunteers are delivering meals three days a week.
- It's been a particularly cold and snowy winter. Incident last month where the door at the water treatment plant failed and all the water froze up. A collective effort from a variety of communities pulled together and got the water system back online.
- A new water plant is being built in Nenana, and the Native corporation is building a washeteria, which is much needed in this community.
- The Native corporation has graciously opened up their vaccination program to people that aren't members of the Native community. The Healy health center has started opening up theirs as well.
- The tripod has been raised for the Nenana Ice Classic. The traditional three-day celebration was reduced to one day because of COVID.
- Disappointed and surprised that more people aren't wearing masks.

Cathy Bishop – Mat-Su Valley

- Set Free Alaska has run a quarantine house almost since COVID started as a place for people with substance use disorders to quarantine prior to going into other residential treatment facilities.
- Set Free has also recently opened a recovery residence for people coming out of other programs that need a place to live.
- Nugen's Ranch is looking for an executive director.
- DOC has contracted for treatment within Goose Creek as well as for assessments and so forth to be done out of Mat-Su Pretrial. Much of that has been put on hold due to COVID, so those programs are waiting to open up.

- Mat-Su Health Foundation is a good place to get information about what is going on in the Mat-Su Valley. They have helped provide funding to agencies that are in need during COVID to help maintain their staffing. They also have links on their site where people can go to get vaccines.
- People from Wasilla tend to wear masks more often, but masks are less common in the Meadow Lakes area. The Valley sees a huge traffic flow of commuters that work in Anchorage, so it puts the communities at a bit of a higher risk.
- Still cannot eat inside fast-food restaurants, but other restaurants are open to in-person dining.
- COVID case counts are fairly low in the Valley, and everybody seems to be doing business as usual.
- Telehealth opening up was a great asset for the Valley. Because the area is very spread out, it's a great alternative for people to not have to worry about transportation.

Brenda Moore-Beyers - Anchorage

- Anchorage Senior Center has been offering meals for pick up at a reduced cost.
- Most entities are trying to offer resources to their constituencies virtually. Anchorage Youth Coalition has been doing a lot of things to support families and youth virtually.
- Beacon Hill is a ministry in Anchorage that takes children who would be at risk of going into the foster care system and places them with families through the church, and then the church supports those families.
- Children being in school virtually has added extra stress to a lot of families. When child care wasn't available, that was another stressor. They will continue to see the fallout from the mental health consequences of COVID.
- Coalitions have been meeting virtually.
- Christian Health Associates has school-based health centers in Clark and Begich Middle School and Bartlett High School, and the executive director has been busy trying to get services stood up for students returning to class.
- Providers have scrambled to get resources available online, but it's always a challenge to know where to go to get the resources.

Lee Breinig - Anchorage

- As a provider within the tribal health care system, COVID has definitely affected the system and Anchorage and the surrounding area to a significant degree. It has really changed the way healthcare has been delivered, particularly with distance delivery.
- The Sullivan Arena has been identified as one of the largest homeless shelters in the nation. It speaks to how much of an impact COVID has had on the social service and behavioral health system and particularly the challenges that it presents to people who might be on either side of the digital divide. He shared a recent personal experience that highlighted for him how difficult it would have been to navigate without having access to food, clothing, shelter, or the internet. He believes that presents a particularly unique challenge to folks providing case management or navigation of the social service system.
- A bright spot may be that trips to emergency medical services have been funneled in a different way because of the COVID screening that is required. Emergency settings don't seem to have the same population accessing them as they did pre-COVID.

Duane Mayes – Division of Vocational Rehabilitation

- Alaska Work Matters Task Force has been stood up as a joint effort of DHSS and the Department of Labor and Workforce Development (DOLWD) that includes leadership from other departments and divisions, the Trust, and other stakeholders including the Boards. The Governor provided a letter of support to move forward with this task force, which will be time limited to one year with four meetings being held. The intent is that as the Governor is developing his plan of economic recovery, people with disabilities will be included in that plan from the beginning. The outcome is to develop a product that allows the State to do a better job with what they have in terms of employment outcomes for Alaskans with disabilities, and that includes people who experience mental health and substance misuse issues.

Charlene Taufest – Kenai/Soldotna

- There was no mask mandate on the Kenai Peninsula, and nothing was really closed. A mask mandate was before the two city councils of Kenai and Soldotna, but there was a lot of pushback, and neither city enacted one.
- The COVID numbers are pretty low on the Kenai, and there is a mix of people that do and don't wear masks in public.
- Project Homeless Connect event was held in January, and instead of hosting it at the Sports Center, they did an in-reach into homeless camps. She reviewed the report as follows:
 - 109 individuals participated with household numbers of 229.
 - 62 percent reported it was their first time participating in the event.
 - 58 were male; 51 were female.
 - Disabling conditions reported by 83 of the participants:
 - 28 mental health
 - 2 developmental
 - 22 drug abuse
 - 26 chronic health conditions
 - 13 alcohol abuse
 - 19 Narcan kits were distributed
 - 77 percent found the event was helpful
 - 86 percent felt they were respected.
 - Community groups have been working to get a cold weather shelter on the Peninsula. Participants were asked if they would use it if it was available.
 - 91 said yes
 - 3 said no
 - 10 didn't answer
 - 47 owned a vehicle as their mode of transportation. The remainder walk or rely on family members.
 - Participants were asked: What is your priority need right now? Needs were:
 - Mental health
 - Housing
 - Trauma support
 - Recovery/drug rehab

- Winter clothes
- Hygiene items
- Medical needs
- Employment.
- Tourism was down on the Kenai.
- Hard for community groups to get into the groove of Zoom meetings. Those are just now getting up and going.
- Transportation workgroup on the Kenai trying get some form of fixed-route transportation between Soldotna and Kenai.

Tonie Protzman - Anchorage

- Surprised that there haven't been any pedestrians killed near the Sullivan Arena because there are no sidewalks in the area. She understands that the homeless population and disability services are moving to the University Center in the spring. There are no bus routes there, and there is a massive highway, 36th Avenue there.
- Receiving information from social workers that they can't get licensed or re-licensed. Social workers that graduated from college last may still cannot sit for licensure, and they are getting no answers from the State licensing board at all. There will be another group of people graduating in May, and there has been no resolution to last year's graduates. There is a workforce shortage in Alaska, but providers can't get licensed. Audits are being sent out to licensed members though, so it's concerning that they can do one thing but not another.
- Hearing information from individuals who are receiving services from social workers about privacy concerns they have with telehealth. People don't know the settings that everyone in groups are located, so they don't know who is listening and overhearing things. People in rural Alaska can't receive services because they don't have internet, and telehealth is the only thing being offered. Telehealth therapy at home is also an issue because in rural Alaska, individuals may not have privacy to speak freely while they are in session in the home, and actually sharing information has led to domestic violence.
- There are no aftercare services in Anchorage for professionals who want to feel safe, and want to make a living for their families and continue to give back to their communities.

Cathy Stone – Alaska Housing Finance Corporation (AHFC)

- AHFC Rent Relief Program is up and running. It's \$200 million to go out to persons facing economic hardship due to COVID. 29,000 applications were received for 12 months of payments to go out directly to landlords. AHFC projects that there will not be a shortage of money for this program. They are working diligently with an increased short-term staff to get the applications processed and the funding sent out.
- When COVID hit, AHFC created a safety net related to the eviction moratoriums. The eviction moratorium ends at the end of March, but AHFC is hopeful that Congress or HUD will develop a solution.
- AHFC recently received 17 more VASH vouchers for homeless veterans, and they are now almost to 300.
- AHFC also received another 10 vouchers from DHSS for non-elderly persons with disabilities to combine with their Mainstream HUD program.

- AHFC received 15 vouchers for Making a Home, which is a youth homeless program they have been running with OCS.
- AHFC is trying to create some tax credit programs as well as permanent supportive housing. They also collaborated to add rental assistance. Bridgeway House in the Valley will be adding 24 units, and 7 of those will be 811, and the other 17 will be rental assistance for those people with disabilities who are homeless or near homeless.
- Covenant House is looking like they are going to expand their current footprint to add another 25 units at their facilities, and AHFC has committed to providing the rental assistance to that as well.
- Forget-Me-Not Manor expanded to 56 total units in Juneau.
- The American Rescue Plan that was just signed by President Biden will include emergency vouchers for the Public Housing Department. These will be dedicated to homeless; people who are at risk of homelessness; and people fleeing domestic violence, sexual assault, and human trafficking.
- The American Rescue Plan will also include \$50 million for mortgage assistance.
- Anchorage voucher waiting list will be opening from April 1st through the 30th for applications as a placeholder. A lottery will be held and people will be informed of their place on the list, and if they are in the next group of 50 to be drawn for a voucher, AHFC will reach out to the individual for the details needed for their application.
- All AHFC locations have been closed to the public, but staff have been working continuously.

Dr. Enlow Walker - Fairbanks

- COVID has been a big disruption, and a lot of people are having trouble paying their bills.
- On a Members Advisory Committee for the Golden Valley Electric Company, and they have seen a lot of people having problems paying their electric bills this past year. No electricity was shut off for non-payment during the emergency, but that will start up again at some point soon. The committee was able to work with Golden Valley Electric to partially fund a fund being administered through Love INC to help people that are delinquent on their electric bills. Anybody who finds themselves in that position should contact Love INC.
- Fairbanks North Star Borough Health and Social Services Commission had funding to continue the match assistance grants and the human services community matching grants throughout the past year. Those funds have all been disbursed to the various organizations.
- The mayor has asked the Commission to evaluate and prioritize the applications for the Health Care Impact Grants from the CARES Act.

BOARD BUSINESS

Report Out From Legislative Visits

HB 25 – Social Emotional Learning in Public Schools – Rep. Hopkins

- Board member discussed the work the Boards have done on ACEs and social emotional learning as a practice to help build resilience.

- Connected him with some resources he wasn't aware of, such as the child trauma center in the state.
- Explained to him how the overall service community across disciplines is trying to implement trauma-informed care.
- Told him about the learning portal the Boards and the Statewide Suicide Prevention Council has to educate people on ACEs, suicide prevention, and the trauma-engaged school framework.
- Board members that attended this meeting would like to suggest that the Boards do a letter of support for this bill because it puts standards in place so that if districts implement social emotional learning, they will be using evidence-based practices to do so.

SB 1 – Peace Officer De-escalation and Misconduct – Sen. Gray-Jackson

- Very good meeting, and attending Board members shared personal stories that were appreciated by the Senator.
- The Senator was very easy to speak with, and the meeting went well.
- Board members discussed that Alaska has CIT training, but a lot of officers and areas don't receive that.
- They also talked about how people are screened for hiring and if they don't have that social emotional learning, they are less likely to have the ability to feel like they can help these people.
- This legislation is about the Police Standards Council establishing standards, which will include requirements of licensure for trainers of the programs.
- They also discussed that things like Mental Health First-Aid and CIT training are out there, but do officers avail themselves to the training? With Crisis Now being introduced, it will be more and more important that police officers are able to work with more of the mental health and behavioral health population.

Tonie Protzman shared her workforce concerns as it relates to implementing Crisis Now. She also shared her concerns that the 23-hour requirement for stabilization is a barrier and creates a red flag to people that might want to call to know that they could potentially be stuck in a 23-hour stabilization period. Bev Schoonover clarified that the 23-hour stabilization will have a majority of people utilizing it voluntarily. Some will be transported involuntarily without a court order and will then be released voluntarily. Teri Tibbett further clarified that the Crisis Now implementation includes a very comprehensive and strategic consideration of workforce issues.

HB 105 – Detention of Minors – Matt Davidson, Legislative Liaison for DJJ

- Board members were interested in hearing about how they were going to allow DOC to work with DHSS to have youth who are auto waived into DOC to be able to stay at DJJ.
- There is some language in the bill that brings DJJ into compliance with federal law, particularly as it relates to how runaway minors are dealt with.
- There was also further clarification provided on youth who enter the DJJ facilities who have Class A felonies that can be safely held at DJJ facilities. There is also an opt-out provision for an extremely violent youth that would not work out in the DJJ system to continue to be held in DOC.

- The youth who are auto waived would still be under DOC's authority even though they are in a DJJ facility. There is usually a daily rate of six to seven youth in DOC custody, and not all of them would qualify to be at DJJ.
- Auto waivers only apply to youth 16 and older, so if they have to be out of the DJJ system by 18, it is only a two-year period which also depends on the age the youth was when they entered.

Teri Tibbett reminded members of the Boards to be on the look out for e-mail alerts that come from her from advocacy.coordinator@mhtrust.org, noting that they rely on Board members to advocate for issues that pertain to the Boards.

Date of Next Meeting

This topic was tabled to the Executive Committee.

FINAL COMMENTS

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

- Thank you to the chairs and the staff for the great meeting. Easy to participate.
- Good meeting with a lot of information shared. Feel like much is learned at each meeting.
- Good meeting for a Zoom meeting, and it is nice to be able to see members.
- Welcome to the new Board members.
- Looking forward to meeting again in person.
- Suggested to bring up attendance at the next meeting of the Executive Committee. They seem to be having a hard time meeting quorum for business. This issue has been addressed in the bylaw revision, so they will discuss it again at their next meeting. A suggestion is to send a letter to all Board members to give them a head's up.
- Thanks for including links in the Zoom chat for members.
- Concerned about the ASO contacting consumers and not going through the providers.
- Appreciated the public comment from the AK Eating Disorder Alliance.
- Today is the date of Ashley Johnson-Barr's birthday, and people have been wearing purple to memorialize her. Indigenous women and children are six times more likely to experience violence in their life than their white counterparts.
- Really see the value of the in-person meetings and how much is shared among members outside of the meeting setting, noting that oftentimes issues are discovered and brought to the attention of the full boards for their next assignment.
- Really value Board members sharing community stories.
- These Boards feel like a family atmosphere and everyone is very relaxed and friendly,
- Thank you to the Advocacy Committee for being such a strong committee.
- The staff has become a very strong team.

ADJOURNMENT

The meeting adjourned at 4:30 p.m.

MOTIONS

Katholyn Runnels **MOVED** to approve the agenda, **SECONDED** by Brenda Moore-Beyers. Hearing no objection, the motion **PASSED**. Page 2.

Brenda Moore-Beyers **MOVED** to approve the minutes from the October 2020 meeting, **SECONDED** by Charlene Tautfest. Hearing no objection, the motion **PASSED**. Page 2.

Diane Fielden **MOVED** to recess the meeting, **SECONDED** by Katholyn Runnels. Hearing no objection, the motion **PASSED**, and the meeting recessed at 11:58 a.m. Page 15.

Chair Clark **MOVED** to approve the bylaws, **SECONDED** by Diane Fielden. Page 22.
A roll call vote was taken with 14 in favor and 1 opposed. The motion **PASSED**. Page 23.