Advisory Board on Alcoholism and Drug Abuse Alaska Mental Health Board

Quarterly Board Meeting Minutes

Held via Zoom July 21, 2021

Dually Appointed Members Present:

Monique Andrews Cathy Bishop Robert Dorton

ABADA Members Present:

Renee Schofield, Chair Anthony Cravalho Chase Griffith Philip Licht Christine Robbins Katholyn Runnels Enlow Walker

AMHB Members Present:

Sharon Clark, Chair Christopher Gunderson Karen Malcolm-Smith Brenda Moore Tonie Protzman Charlene Tautfest

Ex-Officio Members:

Gennifer Moreau-Johnson Cathy Stone Sharon Fishel Adam Rutherford - excused Duane Mayes - excused Tracy Dompeling - excused D.C. Albert Wall - excused

Dually Appointed Members Absent:

Diane Fielden– excused Brent Tri

ABADA Members Absent:

Lee Breinig Blake Burley

AMHB Members Absent:

William Cook Fannie "Renee" Hoffard

<u>Staff:</u>

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

Minutes Prepared by: Paula DiPaolo, Peninsula Reporting

Wednesday, July 21, 2021

CALL TO ORDER - 9:00 a.m.

Chairs Sharon Clark and Renee Schofield welcomed the Board members to the meeting. Chair Schofield reviewed the mission statement and acknowledged the lands of the Tlingit people on which this meeting is being hosted. Board members introduced themselves and disclosed conflicts of interest as follows:

ETHICS DISCLOSURES

<u>Cathy Bishop</u>	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.
Dr. Enlow Walker	On the Fairbanks North Star Borough Health and Social Services
	Commission, which distributes grants and approves State funds.
<u>Christopher Gunderson</u>	Works for Denali Family Services, a DBH grantee that also bills Medicaid services.
Karen Malcom-Smith	David Dylan Foundation, which is self-supportive and has no conflicts.
Brenda Moore-Beyers	President of a board of an organization that receives State grants and bills Medicaid.
<u>Charlene Tautfest</u>	President of a board of an organization that receives State grants and bills Medicaid.
<u>Tonie Protzman</u>	Executive director of the National Association of Social Workers in Alaska, and associated with Christian Health Associates, which receives State grants and Medicaid funding.
<u>Sharon Fishel</u>	Department of Education and Early Development receives a SAMHSA grant, funding from the Statewide Suicide Prevention Council, DBH, and the Alaska Mental Health Trust Authority.

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

APPROVAL OF THE PREVIOUS MEETING MINUTES AND AGENDA

Brenda Moore-Beyers **MOVED** to approve the minutes from the March 2021 meeting, **SECONDED** by Cathy Bishop. Hearing no objection, the motion **PASSED**.

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

LEGISLATIVE SESSION UPDATE

Teri Tibbett reminded members of the Boards that they should have received an e-mail with an update on the bills they were tracking. She noted that a more comprehensive joint advocacy report will be coming out in early August that will have a list of all the bills and budget items they tracked through the session.

Teri Tibbett stated that at the beginning of the session, the Governor had proposed using Alaska Mental Health Trust reserve funds instead of general funds for some budget items that had been recommended by the Trust. The legislature then passed a budget bill that swapped those items out with general funds instead of Trust reserves. The Governor then vetoed several of those items. Teri highlighted a few of those items as follows:

Behavioral Health Treatment and Recovery Grants: An extra \$1.25M was added to the budget by the legislature. The Governor did not accept that \$1.25M.

Frontline Social Workers: An extra \$3.4M was added to the Governor's budget by the legislature. The Governor did not accept that \$3.4M.

Office of Children's Services: \$1.22M was added to the budget that was not accepted by the Governor.

Sobering Centers: This program experienced a \$200,000 decrement.

Other programs that received a decrement include *Public Assistance Field Services, Medicaid Services, Disproportional Share for Hospitals (DSH), Zero Suicide Program, Mental Health Capital Items, Assistive Technology, Alaska Training Cooperative, and others.*

Enlow Walker asked if any of these issues will come up again in the August special session. Teri stated that now that the budget is signed, all the bills are dead, but the Governor could choose to put any of those items on the special session agenda. The legislature could also call themselves into a separate special session. The Permanent Fund, fiscal planning, and the Power Cost Equalization funding are big topics on a long list they will be considering this session.

Bills That Passed:

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).

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

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.

Teri Tibbett explained that the remainder of the bills that did not pass this session are still on the table for next session.

Brenda Moore-Beyers wondered if there is a way they can track how the vetoes and decrements affected services. Teri Tibbett speculated that the Trust would be the entity that would take the lead on researching that information. Bev Schoonover added that it's a great question, and the Boards should talk to partners about how they are going to track that. The impacts will be felt later in the fiscal year. Bev stated that they are also concerned about things that were going to be replaced with CARES Act or American Rescue Plan Act (ARPA) funding. They are not sure if the money received is going to be able to fill certain situations.

Bev Schoonover thanked the Advocacy Committee for all their work and noted they are planning to have a wrap-up meeting and debriefing with the committee. At the annual meeting in October, they will be recruiting for members of the Advocacy Committee, and she asked Board members to consider volunteering.

FAMILY SERVICES TRAINING CENTER (FSTC) UPDATE

Lisa Cauble and Tom McRoberts introduced themselves to the Boards and presented as follows:

FSTC Overview:

The goal of the Family Service Training Center is to enhance the competency of behavioral health providers working with families to effect positive change and wellness for Alaskans. To achieve this goal, FSTC will provide training on evidence-based and promising family treatment models and foundational skills used to support and engage families.

FSTC Goals:

- 1. The training center will increase evidence-based and foundational skills training to the behavioral health provider workforce.
- 2. The training center will provide opportunities to all communities across the state so they are able to deliver quality behavioral health family services.
- 3. The training center will help create a behavioral health care system in Alaska that promotes the use of evidence-based family treatment models and foundational skills training to support and engage families.
- 4. The training center will provide ongoing quality assurance for each training program they support.
- 5. Ensure fidelity to models selected is maintained.

FSTC Funders:

- Alaska Department of Health and Social Services Division of Behavioral Health
- Alaska Mental Health Trust Authority.

FSTC History:

Training gaps for behavioral health professionals who serve children and families:

- Working with families with multiple, complex needs
- Family engagement and family therapy
- Working across systems
- Working in interdisciplinary teams
- Working in the home.

New Behavioral Health 1115 Waiver Services:

- Home-Based Family Treatment Services
- Therapeutic Treatment Home Services
- Intensive Case Management Services
- Assertive Community Treatment (ACT) Services.

FSTC Target Audience:

Interdisciplinary Team:

- Mental health professional clinicians
- Substance use disorder counselors
- Community health aides
- Behavioral health clinical associates
- Behavioral health aides
- Peer support specialists
- Therapeutic foster parents
- Case managers
- Other (for example, OCS, Public Health, Infant Learning Program).

FSTC Needs Assessment:

Stage 1 Survey:

- Medicaid 1115 Home-Based Family Treatment models
- Topics for foundational skills used to support and engage families
- Stage 1 survey review.

Stage 2 Interviews:

- Interviews with key stakeholders and policymakers
- Interviews with behavioral health providers, directors, and managers.

1115 Home-Based Family Therapy Models (clinician led)

- Functional Family Therapy
- Brief strategic family therapy Culturally Informed and Flexible Family-based Treatment for Adolescents (CIFTA)
- Multidimensional Family Therapy

• Parenting with Love and Limits.

<u>1115 Home-Based Family Therapy Models (does not require clinician lead)</u>

- CARES (Coordination, Advocacy, Resources, Education and Support)
- Solution-Based Casework
- WISe (Wraparound with Intensive Services program).

Models/Trainings for all Behavioral Health Staff who Serve Children and Families:

- Strengthening Families
- Youth Thrive
- ARC Treatment and Consultation
- Facilitating Attuned Interactions (FAN) Motivational Interviewing
- The Seven Challenges
- Trust-Based Relational Intervention (TBRI)
- Transition to Independence Process (TIP) Model
- Whole-Brain Child.

Topics for Foundational Skills Used to Support and Engage Families:

- Family Systems Theory
- Working with families with multiple, complex needs
- Working with families with severe emotional challenges
- Safe home visits
- Advocating for the child and family to multiple stakeholders
- When to initiate a family intervention
- Working with families in rural Alaska
- Working with Alaska Native families
- Working with the Office of Children's Services.

FSTC Staff:

FSTC Full Time:

- Director Tom McRoberts
- Lead Behavioral Health Training Coordinator
- Behavioral Health Training Coordinator
- IS Ops Technician
- Research Professional

Shared with Center for Human Development:

- CHD Training Director
- Research Co-Director
- Instructional Designer
- Training Program Coordinator

Lisa Cauble stated that Jenny Weisshaupt and Christopher Gunderson are very involved in this project through the advisory committee. They have also consulted with Bev Schoonover, who has been very supportive and positive about the FSTC. Tom McRoberts added that the advisory committee is comprised of different types of stakeholders, and everyone is very interested in collaborating on this project. He noted that Pat Sidmore is also on the advisory committee, and

Sharon Fishel remarked that Pat Sidmore has agreed to keep her informed on what is going on so if the advisory committee should need something from her, she can respond.

Karen Malcom-Smith asked how prevalent substance misuse is within the families the FSTC will be dealing with. Tom McRoberts stated that although he doesn't have that information right now, he knows from experience that families they work with in this context have multiple conflicts, needs, and often have substance use issues. A lot of the models they are looking at require collaboration among professionals, and the FTSC really wants to support that. Families are sometimes challenged if they are working with multiple agencies, because they might have different and conflicting treatment plans.

Bobby Dorton asked if there are any plans for putting a traditional peer support training together. Rural villages need a completely different type of peer support model than the urban centers do. Lisa Cauble stated that this sounds like an opportunity to partner. They would be honored to work and help support the development of a training with content experts like elders from the communities. Bobby Dorton discussed the importance of traditional beliefs and how traditional peer supports can positively impact people. He would love to be a part of this project and feels he has a lot to bring to the table. Tom McRoberts stated that with any training or model they introduce, they need to reach out to tribal partners to figure out how to adapt that training for Alaska Native people and rural communities.

Lisa Cauble closed the presentation for thanking the Division of Behavioral Health and the Trust for joining them in this endeavor.

PUBLIC COMMENT

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

STATEWIDE SUICIDE PREVENTION COUNCIL (SSPC) UPDATE

Barbara Franks and Eric Morrison joined the Boards and presented as follows:

About the Council

The State of Alaska's Statewide Suicide Prevention Council (SSPC) was established by the Alaska State Legislature in 2001 (AS 44.29.350) and serves as an advisory council to the legislature and Governor regarding suicide awareness and prevention.

The 17-member Council is located within the Department of Health and Social Services and consists of 13 voting members with 2 non-voting members representing the Alaska State House of Representatives and 2 non-voting members representing the Alaska State Senate. The Governor appoints the 13 voting members from designated stakeholder groups.

Duties of the Council are to:

Advisory Board on Alcoholism and Drug Abuse Alaska Mental Health Board

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

<u>Suicide in Alaska</u>

- Alaska continues to have one of the highest rates of suicide in the nation.
- In 2019, Alaska had the most suicide deaths for any year on record with 209.
- In 2019, the rate of suicide in Alaska was 28.7 per 100,000 people, more than double the national average of nearly 14 per 100,000 people.
- Early reporting indicates that figures for 2020 will be similar. Official numbers will be released in the fall.
- 70 to 80 percent of deaths by suicide are males; and about 20 to 30 percent are females.
- 70 to 80 percent of suicide attempts are by females.

Web of Causality

A myriad of factors contribute to suicide deaths, including drug and alcohol misuse and abuse, mental health disorders, depression, sexual abuse and assault, domestic violence, et cetera. The Council continues to partner with numerous other groups (including ABADA and AMHB) to focus its work on the "web of causality" related to suicide deaths.

<u>Quarterly Meetings</u>

- The Council continues to meet quarterly, generally two virtual meetings and two in-person meetings.
- The Council last met via Zoom in May.
- The next SSPC meeting will be held via Zoom on Tuesday, Aug. 24 from 1 to 4:30 p.m.
- The Council plans to hold its first in-person meeting since 2019 in Kotzebue in the fall, depending on COVID-19 restrictions.

<u>Postvention</u>

- In late 2020 and early 2021, the Council updated its 75-page "Alaska Suicide Postvention Guide: Preparing to Heal."
- The guide provides Alaska-specific information on how individuals, families, communities, health providers, schools, the media, faith-based communities, funeral directors, and more, can respond to a death by suicide.
- The Council had 500 hard copies printed, and a digital copy has been available on the Council's website.
- There is also a video component of the guide that was not updated but is available on the Council's YouTube page.

• The Council continues to partner with the Division of Behavioral Health to conduct community postvention trainings across the state.

Public Outreach

- The Council continues to create public service announcements to help reduce stigma, raise public awareness, and promote the Careline crisis line.
- In the winter/spring, the Council produced a radio campaign across the state promoting the Careline with the message of "Alaskans look out for each other."
- This summer the Council produced its first ever bilingual PSA campaign working with Telemundo Alaska to create a 30-second television commercial in Spanish that ran on the channel across the state.
- A goal is to create more PSAs moving forward, hopefully to include ones in Alaska Native languages.

Alaska Federation of Natives (AFN)

- The Council continues to partner with the Alaska Federation of Natives, which donates a booth each year at its annual convention to the Council and has distributed thousands of resources over the past decade.
- 2020 was the first year the Council did not have a booth due to the convention being held virtually, which is generally the Council's largest public outreach event each year.
- The Council plans to host a booth at the 2021 convention in Anchorage.

Suicide Prevention Month

- September is Suicide Prevention Month.
- The Council will begin in planning for Suicide Prevention Month/Week later this month.
- The Council submits a proclamation to the Governor's office each August.
- Last year efforts included PSAs, virtual trainings, and distribution of materials.

Suicide Awareness, Prevention, and Postvention (SAPP) Grantee Program

- The Council continues to partner with the Department of Education & Early Development on the funding and implementation of the Suicide Awareness, Prevention, and Postvention grantee program.
- The SAPP program includes \$25,000 small grants, five for urban school districts and five for rural.
- The program also pays for the development of e-learning modules, including 500 annual public seats for the public. The suicide prevention modules satisfy the training requirements for educators maintaining their teaching certificates.

<u>9-8-8 – Suicide Prevention Lifeline</u>

- The United States Congress passed a bill in 2020 to create a new three-digit phone number, 988, for suicide prevention lifelines across the country.
- The number is planned to be fully operational July 16, 2022, although it is already working in parts of the country.
- DBH received a grant to help implement the number in Alaska.

- Council, DBH, and Alaska's Careline crisis line staff have joined a national 988 Community of Practice to learn more about the process and help ensure a smooth transition to the new number in 2022.
- Council staff and some Council members have also joined an Alaska 988 planning and implementation team.
- Careline will continue to be the accredited crisis line for Alaska, and the current 1-877-266-HELP (4357) number will continue to function as is.

<u>State Plan Update</u>

- The Council is statutorily obligated to create and implement a state suicide prevention plan.
- "Recasting the Net: Promoting Wellness to Prevent Suicide in Alaska" was released in January 2018 and will expire in December 2022.
- The Council is getting ready to overhaul the plan beginning in late 2021 and will continue to work with stakeholders throughout 2022 to develop an updated version.
- The Council will release the updated plan in January 2023.

PEER SUPPORT CERTIFICATION UPDATE

Jim McLaughlin reported that behavioral health peer support has been a Medicaid reimbursable service through DBH since 2011. They have done some concentrated work on the certification program over the last four years thanks to assistance from the Trust and funding through SAMHSA. Reasons for this were to look at credentialing for all staff under the 1115 Medicaid waiver, and they also knew that agencies wanted to have some level of assurance that people who work as peer support specialists have the level of development necessary to be a peer support provider.

Jim McLaughlin stated that a stakeholder group had been pulled together for approximately nine months to produce a set of recommendations for the certification program largely based on the SAMHSA core competencies for peer support workers. A contract then went to the Alaska Commission for Behavioral Health Certification as the certifying body. One of the stipulations of the contract was that there was a certification advisory group that would be instrumental in developing the details of the certification. The Commission for Behavioral Health Certification has since chosen to create two new seats for commissioners from the peer support field.

Jim stated that there are multiple levels of certification that are driven by the amount of training and work experience a peer support provider has. They have an entry level peer support associate, and they also have a certification for traditional peer support to address the unique needs of rural Alaska and indigenous Alaskans. Part of the expectation of certification is that individuals go through an introductory 40-hour training. Instead of having one body that did all the training, they wanted to make it available so multiple organizations could actually produce a curriculum that follows the framework and guidelines put out, and they submit the curriculum to DBH for review and approval. This allows organizations to train their own staff, and right now they have seven approved trainers. The University of Alaska just submitted a curriculum to DBH for review as part of a six or eight-week course they are developing for peer support providers. The university is also developing coursework to train peers in crisis services. DBH is also working on training for peer supervisors, and they will also have a contract for FY'22 that will allow for additional training for peer supervisors.

Jim McLaughlin stated that the program launched in January, and so far, they have had 44 applications and 26 individuals certified. They were able to provide discounts for certification fees to prevent any barriers for people to get certified.

Jim McLaughlin stated that in FY'21, they developed a Peer Support ECHO, which is a model of support and training for people that work in the field by combining a short didactic presentation from a subject matter expert in the field and one of the participants sharing a scenario they are challenged with to receive feedback and recommendations. They hosted six sessions in FY'21, and because of the success of the model, they will be hosting 12 sessions in FY'22.

Other highlights include:

- Ionia is hosting a Circle of Peers as a forum to provide feedback and support.
- Virtual conference held in FY'21 that was very successful. Funding is available in FY'22 for another conference. They are hopeful to have the conference in person, and would like to see it peer led.

In terms of the future of peer support, Jim McLaughlin feels there are a lot of people interested in peer supports, but he feels there is the potential for fragmentation and duplication of efforts. He believes it is important to have a steering group to keep an eye on the big picture of peer support in Alaska. It will also be important to have a source of stable funding for peer support. He stated that they have benefitted from learning about what is going on nationally regarding peer support, and it will be important to continue to tap into those national sources while Alaska continues to build.

Jim shared that he will be retiring this August, and Crystal Smith will be taking over the division's peer support efforts.

OCTOBER BOARD MEETING PREPARATION

Jennifer Weisshaupt stated that the current plan is to have their rural board meeting October 12th through 14th in Sitka. They are going to do a hybrid Zoom and in-person meeting. Staff will continue to monitor local guidelines and recommendations based on the recent spike in COVID-19, and she asked members of the Boards to remain flexible. They plan to hold the meeting at Centennial Hall. Hotels and restaurants are located nearby and are within walking distance. They hope to have travel plans finalized by mid August after they get Kyle Galano's position replaced.

FINAL COMMENTS

Bev Schoonover stated that regarding the issues mentioned in public testimony regarding the lack of a prescribing provider in Fairbanks, she called the Trust, who informed Bev that they are completely aware of the situation. The Trust will be in Fairbanks next month to congress people to figure out how to resolve the issue.

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

- Thank you to the presenters and everyone that appeared to provide public testimony.
- Thank you to Kyle Galano for all of the work he has done, and he will be missed.
- Thank you to all board members and staff.
- The work that these Boards do matters in a great way, and really hearing the public comments from residents of the state of Alaska and connecting the dots and helping where ever they can is valuable.
- Appreciate the Advocacy Committee and Teri Tibbett for all their work.

ADJOURNMENT

Brenda Moore-Beyers **MOVED** to adjourn, **SECONDED** by Charlene Tautfest. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 11:53 a.m.

MOTIONS

Brenda Moore-Beyers **MOVED** to approve the minutes from the March 2021 meeting, **SECONDED** by Cathy Bishop. Hearing no objection, the motion **PASSED**. Page 2.

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

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