Advisory Board on Alcoholism and Drug Abuse

Alaska Mental Health Board

Quarterly Board Meeting Minutes

Fairbanks, Alaska

October 11 – 13, 2022

Dually Appointed Members Present:

Monique Andrews
Robert Dorton
Diane Fielden

Dually Appointed Members Absent:

ABADA Members Present:

Lee Breinig, Acting Chair
Anthony Cravalho
Chase Griffith (days 1 and 2)
Christine Robbins
Katholyn Runnels (day 1) – Zoom
Kara Nelson
Kathleen Totemoff – Zoom

ABADA Members Absent:

Renee Schofield – excused
Philip Licht – excused

AMHB Members Present:

Sharon Clark - Chair
Brenda Moore
Karen Malcom-Smith (days 1 and 2)
Tonie Protzman
Charlene Tautfest (days 1 and 2)
Kurt Hoenack

AMHB Members Absent:

James Savage – excused
Tanya Hicks – excused
Jeanne Brady – excused

Ex-Officio Members:

Gennifer Moreau-Johnson (day 1) Zoom
Carrie Collins
Duane Mayes – excused
Adam Rutherford
D.C. Albert Wall – excused
Sharon Fishel (days 1 and 3)
Shannon Dilley – excused

Staff:

Bev Schoonover, Executive Director
Jennifer Weisshaupt, Planner II
Stephanie Hopkins, Health Planner II
Kevin Holian, Administrative Assistant II
Val Cooday, Statistical Technician I
Eric Morrison, Project Assistant, SSPC

Minutes Prepared by: Paula DiPaolo, Peninsula Reporting

Tuesday, October 11, 2022

CALL TO ORDER – 9:00 a.m.

Chair Sharon Clark and Acting Chair Lee Breinig welcomed Board members to the meeting. The mission statement was read, the lands were acknowledged, and Board members introduced themselves and disclosed conflicts of interest as follows:

ETHICS DISCLOSURES

Brenda Moore	President of the board of Christian Health Associates, which receives state grants and Medicaid reimbursement.
Kurt Hoenack	Mat-Su Youth Housing and the Opioid Task Force.
Tonie Protzman	Employed by Christian Health Associates; executive director for the National Association of Social Workers.
Sharon Fishel	Department of Education – receives a large SAMHSA grant as well as funding from the Division of Behavioral Health and the Statewide Suicide Prevention Council.
Anthony Cravalho	Maniilaq Association – bills Medicaid and receives state and federal grants.
Kara Nelson	True North Recovery, which receives Medicaid and state grants; chair of the Mat-Su Reentry Coalition.
Kathleen Totemoff	Ninilchik Traditional Council medication assisted treatment program, which receives grant funding. Board member of Nine Star Education and Employment Services and Kenai Peninsula Reentry Coalition, which also receives state funding.
Charlene Tautfest	On the board of a healthcare facility that bills Medicaid.
Lee Breinig	Family member who is a Trust beneficiary; tribally enrolled member of Kassan Village and Central Council of Tlingit and Haida Indian Tribes; works for Ionia providing peer support training and contracting, which receives multiple grant funds, including funding from the Division of Behavioral Health.
Robert Dorton	Employed by Tanana Chiefs Conferences, which receives grants.

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

APPROVAL OF PREVIOUS MEETING MINUTES

Diane Fielden **MOVED** to approve the minutes from the May 2022 meeting, **SECONDED** by Kara Nelson. Hearing no discussion nor objection, the motion **PASSED.**

BOARD WELCOME

Department of Family and Community Services (DFCS) Commissioner Kim Kovol explained that DFCS contains the Division of Juvenile Justice, Alaska Psychiatric Institute, Office of Children's Services, and Alaska Pioneer Homes. She stated that these divisions operate 24 hours a day, 7 days a week, and 99.9 percent of her staff are front-line workers.

Commissioner Kovol shared a very heartfelt story involving her son that demonstrates the need for establishing a complex care model early with services tailored to fit the needs of people with complex conditions. She stated that no one state agency, private hospital, or social worker can do this alone. They must make addressing complex care a priority for the well-being of the patient, the support staff, and stakeholders. She stated that it is her mission to ensure other families like hers have their complex care needs addressed swiftly with kindness and compassion.

Commissioner Kovol closed by stating it is their duty to help improve all Alaskan lives, and she has made it her personal mission to do this job herself and to help others who want to do the same job with her.

COMMUNITY WELCOME

Jessica Black, president of the Fairbanks Native Association (FNA) and associate professor at University of Alaska Fairbanks (UAF), welcomed Board members to the Lower Tanana Dena' lands. She explained that FNA serves over 10,000 Alaska Native people in the greater Fairbanks area, and they also serve non-Native people as well through inpatient treatment, outpatient treatment, prevention programs, and behavioral health services. They strive to meet people where they are at, and they tailor their services to the needs of their clients.

Jessica Black thanked the Board members for meeting in person and noted that a lot of people have been isolated and lonely during the pandemic. She looks forward to meeting all the members and hopes they have a productive meeting.

BOARD BUSINESS – Subcommittee Updates

Alaska Psychiatric Institute (API) Governing Board

Charlene Tautfest explained that she is the Alaska Mental Health Board (AMHB) representative on the API Governing Board, which meets on the third Thursday of every month. The current CEO Scott York has done a fabulous job, and the staff is very good and caring.

During the last API Governing Board meeting, they reviewed the bylaws as a result of the DHSS split into Department of Health (DOH) and DFCS. Charlene reviewed the API bylaws with members of the Boards that included the topics of the mission and vision; commissioner delegation of roles and responsibilities; membership; duties and responsibilities, to include maintaining the grievance process for patients and maintaining the Patient Appeals Board (PAB) and Community Engagement Committee.

Charlene explained that the Governing Board is still not in statute, and that may be something the Boards want to look at. She also shared that API is struggling with workforce issues.

Psychiatric Care Subcommittee

Brenda Moore explained that this subcommittee was formed in 2018 when there was proposed legislation to put the roles and responsibility of the API Governing Board in statute, which did not pass. She stated they are concerned that now that there is a robust Governing Board in place, without it being in statute, it could be reformed by the next administration.

The subcommittee completed a report to the Department of Health and Social Services. Brenda remarked that HB 172 has passed, and Disability Law Center of Alaska (DLC) succeeded in a lawsuit against the State for Alaskans being held at Department of Corrections (DOC) waiting for a Title 47 civil commitment assessment. This issue can now be addressed through the Crisis Now model. Adam Rutherford remarked that as a result of that lawsuit, DOC has seen a significant decrease in the number of civilians being housed at DOC awaiting psychiatric assessment.

Brenda Moore reported that patient rights was another issue the subcommittee looked at, and it was noted that there are a number of standards and mechanisms in place for patient rights and complaints through Centers for Medicare and Medicaid Services and the Joint Commission. The Ombudsman took a very thorough look at this after receiving complaints.

Based on a question from Acting Chair Breinig, Bev Schoonover stated that prior to COVID, DLC had a patient advocate housed in API at least two days a week. They can follow up to see if that person has plans to come back. She is also aware of needed funding for that position through DLC, so that could be an advocacy point for the Boards. Kara Nelson suggested reaching out to Commissioner Kovol on this issue.

Bev Schoonover expanded on HB 172 and noted that it requires DOH, DFCS, and the Trust to engage in a stakeholder process to develop recommendations on patient rights. The DOH and the Trust are putting out a request for letters of interest from contractors who want to support that effort. She noted that AHMB was also named as a participant in that legislation, so she will need a board member to volunteer for that.

Kurt Hoenack stated he participated on this subcommittee as well, and he wondered if patients at API are receiving information that medication they may have been prescribed could induce a violent state. Bev noted that in terms of medication management, there are some sidebar conversations regarding working with the patient to get consent. The staff are very dedicated to not giving medication involuntarily. She suggesting asking API staff to address this topic at a future subcommittee meeting.

AMHB/ABADA Nominations Committee

Diane Fielden presented the slates determined by the Nominations Committee for consideration during the upcoming election.

EX-OFFICIO BOARD MEMBER UPDATES

Department of Corrections (DOC)

Adam Rutherford, deputy director of Health and Rehabilitation Services (HRS), reflected on the evolution of his position at DOC and noted that his current scope is much broader than the past. He now oversees healthcare, vocational/education, reentry, and mental health and substance abuse services. He stated that unfortunately by default, DOC is one of the largest providers of the services of medical, mental health, substance abuse, and detox in the state of Alaska.

Adam stated that he is excited to be a part of HRS because it took all these services and integrated them into one area, and combining those services has had a tremendous impact in terms of reentry. Most recently they have been focusing on medical and social work reentry for people that have significant health issues.

Adam Rutherford explained that Alaska DOC is a unified system, meaning they are both a correctional system and a pretrial system. In much of the Lower 48, those systems are separate. DOC deals with approximately 38,000 people annually, and about 65 percent of those are pretrial, which is a challenge to serve those individuals who may only be with DOC short term. He explained that the 38,000 people who come to DOC haven't had consistent medical care, consistent mental health care, and are often struggling with addiction. He also noted that DOC was not designed to be a system to treat the level of behavioral health needs in their population that they are experiencing. He shared the following statistics:

- 80 percent of the DOC population hasn't had any medical care within the last year at the time of release.
- Over the past five years, they have seen a 60 percent increase in the number of people diagnosed with psychotic disorders.
- 22 percent of the DOC population has hepatitis C, which DOC has been able to treat.
- 40 percent of the population report having some type of chronic medical condition.
- 50 percent report having current medical problems other than colds or viruses.

- 75 percent of the female population have been sexually victimized.
- 27 percent of the female population experiences a severe and persistent mental illness.

The pandemic had a tremendous impact on DOC in the isolation felt by their population because of visitation restrictions and burnout by staff who had to work all the time in person unable to telework. Adam stated that people working for DOC are some of the most dedicated he has ever worked with.

Adam Rutherford reported on the following regarding DOC's substance abuse services:

- Updated the electronic health record.
- For 45 percent of the people assessed, alcohol continues to be the primary drug of choice; 15 percent is opiates; 21 percent struggle with stimulants; and 13 percent THC.
- Using the SAMHSA GAINS Brief Jail Screen tool. If people test positive, they are referred to do the ASAM co-triage.
- Integrated the substance abuse component into the electronic health record.
- On average, DOC detoxes around 263 people a month.
- DOC offers psych ed services, intensive outpatient treatment, residential treatment, and they offer co-occurring.
- Alaska DOC is moving toward medication-assisted treatment (MAT). Now that litigation has opened that up as an ADA accommodation, it has broadened DOC's ability to offer broader MAT services within their system. They have partnered with Health Management Associates (HMA) to help DOC look at what is currently being provided and how they can expand to become a full MAT provider statewide.
- In the last two years, DOC has put a focus on reentry for substance abuse services. They have placed substance abuse counselors in probation offices, and they are looking at alternative sanctions and alternative options for people.
- DOC has hired a substance abuse reentry coordinator (SARC) focused on substance abuse reentry, connecting people to the community, assisting with housing, and getting connected to treatment as people reenter the community.

Brenda Moore remarked on the difference in the statistics Adam provided today versus what came out of the 2014 Trust study. Adam stated he believes the difference is that they are doing a much better job capturing the needs of their population today than they did in 2014, and he noted that Alaska is very comparable to other prison populations in the country.

Brenda Moore also asked about screening for FASD among the prison population. Adam Rutherford stated that DOC does screen for FASD, and it is surprising how many individuals in the DOC system have FASD.

Lee Breinig shared that he has heard anecdotally that there is a black-market demand for Suboxone in DOC. With MAT services being provided within DOC, is there anything Adam can speak to as far as the validity; and are people receiving MAT while incarcerated set up to continue to receive services after discharge? Adam acknowledged that they have a problem with illicit substances

within DOC, and Suboxone is a hot commodity. Currently DOC offers Vivitrol and methadone bridging up to 60 days incarceration. They do some bridging for Suboxone. He also noted that the work with the HMA project is to look at continuation of those treatments while people are incarcerated as well as the initiation of MAT services.

Kathleen Totemoff shared her excitement that MAT will be more available in DOC, but she shared concerns of how closely they are monitoring people receiving the medication. She asked if there is any consideration being given to make the bridge device available to help people go through the process of opioid withdrawal. Adam Rutherford explained that there are safety measures put in place, and there is observed administration of the Suboxone strips and methadone. The illicit Suboxone is not the result of treatment services DOC is offering; it's smuggled into the facilities. DOC has continued Sublocade treatment for people who have come in already started on it. They are not currently starting treatment with Sublocade, but it is something HMA is looking at as well.

Karen Malcom-Smith asked how people in DOC custody can fall through the cracks and receive no services, and she asked if illicit substances are being smuggled in by the people in jail or the guards. Adam acknowledged that offenders can smuggle drugs in upon arrest, and unfortunately some staff engage in those activities as well. In terms of people falling through the cracks, he stated that's difficult to answer, but oftentimes people in a pretrial setting are told by their attorney that divulging that information will be held against them. He stated that as a system, they are striving to figure out how to capture that population that needs the services.

Charlene Tautfest asked how much of the homeless population DOC sees. Adam noted that anecdotally it's a large percentage of their population, but he will find the numbers and report back to her.

Bobby Dorton suggested the concept of having VPSOs act as probation officers in the villages so individuals aren't displaced to Fairbanks or Anchorage where they just walk around with their backpacks with nothing to do but be available for supervision.

Kara Nelson noted that not all services are available in all institutions, and she wondered what people have to do to be accepted into these different programs. She also suggested that DOC should do a study to determine how drugs were getting into the facilities during COVID when there were no visitors allowed.

Division of Behavioral Health (DBH)

Director Gennifer Moreau-Johnson stated that the number one project for the division right now is the Section 1115 waiver renewal. She thanked members of the Boards who participated in the stakeholder engagement. She noted that they have also engaged in stakeholder meetings with the Trust, Alaska Behavioral Health Association (ABHA), and Alaska Hospital and Healthcare Association (AHHA). The division is targeting December 2022 for the application. She shared the timeline for the original approval, because the original approvals happening at different times for substance misuse and mental health components has an impact for how they are approaching

this renewal. They are also required to have an external evaluator, and the evaluator is timing the evaluation based on the life of the demonstration project, and now there are multiple approval times a year apart.

The division is planning to renew the waiver as is with no substantive changes. After they submit the application, they will negotiate with CMS over the course of the next year. During these negotiations, amendments can be made. They also have the opportunity to make revisions to the services in the 1115 waiver through the state regulatory process for those things that don't rise to the level of requiring federal approval.

Director Moreau-Johnson stated that the Administrative Services Organization (ASO) is a stand-alone initiative not authorized under the 1115, and the division contracted with Optum to do the administrative services activities to support the division in the administration of behavioral health services.

Director Moreau-Johnson shared that they are working closely with the grants and contracts team, which has experienced workforce shortages, to ensure they are awarding grants.

Director Moreau-Johnson recognized the efforts of Leah Van Kirk on the 988 initiative and noted that one of Leah's focus areas is to make sure they have improved in-state call rates. She stated that they are trying to ensure the fundamentals of the call center are in place as they continue to stand up the crisis response system as a whole, which is built into the 1115 waiver. Also as part of the crisis continuum of care, they are also closely tracking the certified community behavioral health centers.

Charlene Tautfest asked about the ability to bill outside the four walls. Director Moreau-Johnson stated that the four walls rule applies to clinic services only. Any service that is not defined as a clinic service is not constrained by this rule.

Kathleen Totemoff asked if there is currently, or if there will be, a central place for information for a patient who is accessing care from different providers. Director Moreau-Johnson stated that although this is out of her wheelhouse, there are multiple ways, and there is currently a tremendous amount of effort being put into it. Kathleen mentioned Opeeka, a patient-centered platform that does exactly this.

Department of Education and Early Development (DEED)

Sharon Fishel shared the following announcements:

- Pat Sidmore and Micki Dunn have joined the team.
- Alaska School Counselors Association will be holding their annual conference November 17 – 18 in Anchorage.
- Schools are struggling with keeping staff and teachers. Thank a teacher the next time you see one.
- *Transforming Schools: Trauma-Engaged Framework*, copies are still available.

- Working with Regional Educational Lab Northwest to launch an implementation survey of the trauma work the department and the Association of Alaska School Boards has put together. She is hopeful the results of that survey will be ready for the next meeting of the Boards and the Statewide Suicide Prevention Council (SSPC).
- The second phase of the mental health scan has been released, and she will send that to staff to distribute.

STATEWIDE SUICIDE PREVENTION COUNCIL (SSPC) UPDATE

SSPC Chair Barbara Franks introduced herself and thanked the Boards and staff and shared what brought her to the SSPC. She is thankful that the elders of the 12 Native regions gave her permission to talk about suicide in their communities, because without that leadership, not a lot of doors would be open.

Eric Morrison stated that the SSPC was established in 2002 and became co-located with the Boards in 2010. The SSPC is comprised of 13 people appointed by the Governor as well as two senators and two representatives. They are statutorily obligated to create a five-year plan, and 2023 will be the end of their current 5-year plan. He acknowledged Board members Diane Fielden, Brenda Moore, and Monique Andrews for their participation on the SSPC.

Bev Schoonover stated that the State Plan Subcommittee has been meeting monthly since they formed, and they are writing this plan on how the State of Alaska should move forward on suicide prevention efforts and initiatives. They also want to use this opportunity to increase conversations that are happening around the state about suicide. This plan is due to the legislature and the Governor March 1, 2023.

The Trust provide the SSPC $50,000 to support the state plan effort, and the subcommittee has so far developed the goals, strategies, and action items for the plan. Next, they will talk about performance indicators and how they will measure success of this plan. Following that they will receive public comment, and once the plan is finalized, they will share it with the state. The title of this state plan is *"Messages of Hope,"* and it will identify ways Alaskans can help prevent suicide and will offer resources and referral information.

Bev Schoonover reviewed the outline of the plan with members of the Boards:

Goal 1: Address upstream factors that impact suicide.

- Promoting health and wellness, reducing health risks, promoting protective factors, and addressing health and socioeconomic inequities.

Strategies:

- 1.1 – Understand and educate Alaskans on the impacts of historical, generational, and childhood trauma.

- 1.2 – Align upstream prevention activities with the understanding of shared risk and protective factors.
- 1.3 – Address social and economic determinants of health.
- 1.4 – Promote projects and programs that build resiliency.

Feedback:

Monique Andrews suggested that social and economic determinants go beyond ZIP Code and include access to care.

Goal 2: Implement a broad-based public health response to suicide.

- State of Alaska should take a collaborative and comprehensive approach to improving public health through the lifespan of Alaskans that engages all sectors.

Strategies:

- 2.1 – Reduce the impact of alcohol and substance misuse disorders.
- 2.2 – Address stigma around suicide.
- 2.3 – Ensure collaborative and streamlined suicide prevention activities, resources, and infrastructure across departments.
- 2.4 – Support suicide prevention coalitions and organizations across Alaska.
- 2.5 – Support adoption of culturally appropriate and/or evidence-based models for suicide prevention.
- 2.6 – Support the promotion of the Zero Suicide Framework.
- 2.7 – Support efforts to promote comprehensive and integrated healthcare services.
- 2.8 – Promote and encourage peer support models of care.
- 2.9 – Encourage Alaskans to prevent and mitigate the impact of factors contributing to suicide.

Feedback:

Charlene Tautfest inquired about some of the activities under 2.3, and Bev Schoonover mentioned that the list is long and she shared some examples of possible activities.

Bobby Dorton asked if in relation to strategy 2.5, are there any plans on reaching out to rural Alaska and trying some traditional healing or Native cultural programs? Eric Morrison stated that there are plans, and there has been a tremendous amount of work done in recent years by the Alaska Native Collaborative Hub for Research on Resilience (ANCHRR).

Acting Chair Breinig referred to strategy 2.8 and asked if there are any specific models of care that are being investigated. Bev noted that they've discussed different types of peers and the Crisis Now model and having peers in there as well. Barb Franks stated that the postvention model they have deals with talking about it afterwards and sharing stories.

Goal 3 – Ensure Lethal Means Safety.

Strategies:

- 3.1 – Promote awareness and education about Lethal Means Safety.
- 3.2 – Address special populations about safe gun storage.

Goal 4 – Enhance Alaska's Crisis Continuum of Care

Strategies:

- 4.1 – Support promotion of the Crisis Now initiative.
- 4.2 – Support crisis call center services for all Alaskans.
- 4.3 – Increase access to crisis care, treatment, and recovery services in rural communities.

Goal 5 – Address special considerations for Alaskan youth, seniors/elders, veterans, and military families.

Strategies:

- 5.1 – Focus resources on targeted suicide prevention programs and initiatives for Alaskan youth.
- 5.2 – Address special consideration for transitional-age youth.
- 5.3 – Work collaboratively with senior and elder serving agencies on mental health supports and services.
- 5.4 – Target suicide prevention and stigma reduction activities for veterans and military families.

Feedback:

Acting Chair Breinig suggested adding the Alaska Native/American Indian population to the focus populations.

Tonie Protzman suggested targeting youth who are in transition with their gender.

Anthony Cravalho remarked that they should include people with traumatic brain injuries.

Monique Andrews commented on the barriers to mental health care for members of the military.

Goal 5 – Improve the quality of data and research for suicide prevention efforts.

Strategies:

- 6.1 – Improve data collection and data sharing within the state of Alaska.
- 6.2 – Improve data analysis, communication, and coordination with stakeholders that informs policies and programs.
- 6.3 – Continue to work with tribes, tribal health, and universities on data and research.

Feedback:

Brenda Moore noted that there is no dashboard for suicide prevention like there is for other health indicators. She appreciates that the State and tribal entities are doing a better job of looking back and trying to understand what investments have gone into suicide prevention, what they have learned, and what they need to continue trying to promote. She added that tribal organizations are doing amazing work, and their emphasis on wellness has made a big impact.

MISSING AND MURDERED INDIGENOUS PERSONS (MMIP) COMMUNITY PANEL

Acting Chair Breinig introduced the following panel members:

- Tami Truett Jerue, Alaska Native Women's Resource Center (ANWRC)
- Lt. Jess Carson, Alaska State Troopers (AST)
- Shirley Lee, Fairbanks Native Association (FNA)

Board members and panelists introduced themselves, and Bev Schoonover posed the following questions to the panel:

How can the Boards help support new or ongoing advocacy or educational efforts, and what do the Boards need to understand about the impacts of MMIP in Fairbanks and statewide?

- AST – A crime cannot occur without a suspect, a location, and a victim. The process starts with a person's behavior, and if they can stop one of those three parts of a crime, they can stop the crime from occurring. A lot of money is spent making locations safer, and a lot of money is spent on the suspect, but if they can educate people about how to make it more difficult to become a victim, they can affect the crime. For the missing people in Fairbanks, the majority of them exhibited behaviors that put them at a higher risk than people who are just staying home and watching TV. It was also noted that there has been a trend where offenders are getting out of incarceration earlier, there is less oversight of them, and they reenter the community. There is an emphasis on the suspect's rights, but sometimes in that process, the victim's rights are forgotten. Police are good at policing, but they are not very good at dealing with mental health, addiction, or predicting people's future behaviors. Additional funding for other groups such as OCS, Adult Protective Services (APS), VPSO programs, and others could help get rid of one of the legs of the crime triangle. Police officers deal with emergencies at the time; they typically don't solve problems, and other agencies are more suited to addressing these issues long term.

  Based on a question from Monique Andrews, Lt. Carson explained that a lot of police effort goes into looking for someone who is missing if they are homeless or engage in non-routine behaviors. He explained that the investigation begins with sending the information out to the Missing Person Clearinghouse where officers conduct an in-depth investigation into

the person's contacts, known locations, et cetera. When all tips and leads have been exhausted and the person has not been found, it then goes to the AST Investigative Unit

- FNA – There is a need to support the families of the missing and murdered with a toolkit of what to do. They are trying to work on creating a Missing and Murdered Indigenous Persons (MMIP) response team to provide grief counseling and resources to families. Although Lonny Piscoya has been named the new MMIP investigator for the state, FNA is of the believe a unit needs to be created, not just one investigator, to make any kind of meaningful impact. Communities also need to support law enforcement's hiring efforts. FPD is constantly struggling with hiring. Crisis Now teams should also be ramped up.

- ANWRC – Serves on the MMIP Statewide Task Force. The myth that people have to wait 24 hours before reporting a person missing is not true. When someone goes missing in communities, communities go through a series of emotions from grief to anger. Missing and murdered indigenous men, women, and relatives is gaining national recognition, and mental health and MMIP are very interconnected. The lack of resources in the state can almost cripple a family and community in MMIP situations, and then it happens over and over again with no resolution, and the continual trauma leads to blaming the police or the system.

Can you talk a little bit more about how mental health and substance misuse intersects with MMIP, and do you have any recommendations for prevention, treatment, or early intervention?

- ANWRC – The media highly promotes certain people when they go missing, but missing indigenous people don't receive the same kind of attention. It demonstrates a society that doesn't value the contributions of certain people whether they are homeless, indigenous, or black or brown. Each and every human being has to have the attention they need. Prevention is one area that is very underfunded, and ACEs need to be considered when talking about prevention. Housing is critical. In rural areas, law enforcement is the first point of contact when something happens because people don't have any other place to turn. Perhaps wraparound services are the answer, which is the type of treatment provided to victims who have been sex trafficked, but how do they start to emulate those types of services in urban and rural Alaska?

- AST – Law enforcement only comes into play once the problem has manifested. Law enforcement is not a prevention. They need to start early funding schools and other programs to identify problems early before they develop into bigger problems. Youth programs continue to be cut year after year, and yet people are surprised that now they are dealing with understaffed law enforcement because there are so many people breaking the law, because as a society they aren't solving problems early and raising good community members. A concept is having programs with designated responsibilities – one group that deals with homelessness, one group that deals with mental health, et cetera, that officers can be well versed in to be able to drop people off at the correct location when they pick

them up. Create a program to feed people into that diverts them from the Court System and puts them on a path that will help them instead of just incarcerating them.

- FNA – In terms of how behavioral health interplays with this issue, they always talk about vulnerabilities, and not just the victims but also the perpetrators, that might not happen if someone wasn't using. Alcohol, drug abuse, mental health, homelessness, and domestic violence are all issues that interplay with this issue. Everyone has a responsibility to figure out how to make communities and people safer. It's really hard for somebody in crisis to get seen right away or go into treatment; and because of the delays, oftentimes the issue is not addressed and it's self perpetuating. They need better, immediate response to some of these vulnerability factors. There are not enough counselors to address the workload.

How can the Boards help bring awareness to this issue, and what supports do advocates need to help prevent violence against indigenous Alaskans?

- FNA – Everyone needs to amplify the light on the MMIP situation, especially with cases involving Alaska Native people. Constant attention on a situation helps dissuade people, and it also motivates people to action. Every year on April 26th, they hold a gathering of remembrance in Fairbanks to honor Sophie Sergie so the light keeps shining on the cases. In attendance are AST, FPD, clergy, and others to say prayers and read aloud the names of MMIP so they are not forgotten. Data collection is also important, because there are many cases not reported or included on the current databases, so it's hard to really grasp the fullness of this issue. They should also consider who has ownership and utilization of the data gathered. Response teams are also important for family support and to serve as an advocate or intermediary between families and law enforcement.

- AST – Need to start having real conversations with youth and communities so they are aware of the risks and the dangers. Currently Native women in the villages are being recruited through the use of drugs to come into cities and become prostitutes. Kids need to be made aware that this is actually happening. Mentioned the book "Left of Bang," and how everything to the left of bang, or before a critical incident, is what people could have done to prevent an incident. They need to put effort into addressing how people are getting themselves into these situations. AST has put an incredible amount of time into the MMIP problem just in Fairbanks, and that's not even addressing a lot of MMIP problems in rural Alaska they haven't been able to get to because of staffing. Advocates need more support and education and need to be provided data from studies so everyone knows the extent of the problem. Community partnerships with law enforcement are also vital and a model that can be pushed out to all communities. The relationship with TCC and FNA with law enforcement is one of the few relationships of its kind in the state, and open, real dialogues take place between them.

Would Internet access for educational resources and treatment in DOC as well as more intensified outreach to high school students in high-risk areas be two key elements to incorporate to make a positive change in the trajectory?

- FNA – FNA supported the bill for telecommunications within Corrections because they feel it would be very beneficial. Tablets are being provided to inmates in numerous states in numerous facilities, and some of the problems have already been identified.

- AST – Corrections needs to be at the table when discussing anything affecting their operations. Unwatched, unrestricted outside communications become problematic, but that's not to say there couldn't be unlimited communication with mental health professionals. Corrections needs to be part of that planning process to ensure it can be done in a productive way. This model is successfully done in the juvenile system.

- ANWRC – There would have to be protections wherever those resources are being utilized, but access to different resources can never hurt. They also need to be helping the families, not just the family member who may be having some challenges. If families are involved in the prevention and healing, that can bring a lot of positivity.

Adam Rutherford remarked that DOC does support the use of electronic tablets. DOC was part of drafting the legislation and is something they are hoping for.

Do you know the number of missing versus murdered and the number of solved versus unsolved?

- ANWRC – Although the data is a little skewed, there are 239 missing in the state since 2015, according to the indigenous data in public records, but unaware if that is solved or unsolved. For Fairbanks, there is about 43 cases of missing and murdered, primarily murdered. At the state Missing Persons Clearinghouse, there was approximately 1,200 cases that go back to the 1970s. When talking about domestic violence, sometimes people go missing on purpose, so people need to be aware of that dynamic as well.

- AST – Unsure how accurate those numbers are in that they will find human remains and go back and do a genealogy to discover the person was never reported missing. There are more people missing than what they have accounted for because people are unreported. Regarding missing versus murdered, there is no way to draw a number behind that because there is not enough information to go either direction. Law enforcement also doesn't separate a suspicious circumstance missing person from a non-suspicious missing person in their system unless someone looks into each individual case.

Do you see a benefit in supporting additional domestic violence treatment services in terms of the impact that it may have on the population?

- ANWRC – There is a huge benefit. People who are hurting others or are battering are not being helped. Many of the battering programs are outdated, are not impactful, not effective, and not accessible to the people that need them. They need to work on treating

some of these issues instead of just dealing with the crises. They need to support advocacy for people that are doing the harm as well as the people who are being victimized.

What, if anything, can the Boards do to advocate with the legislature to aid with recruitment and retention of State Troopers, law enforcement, and VPSOs?

- AST – Recruit for us. AST is not proportionate to the people they serve, and one of the ways that could be fixed is for different communities to identify and push forward people to apply for positions. AST needs more people from rural Alaska to apply. Many troopers are recruited from the Lower 48 because those are the only people that apply. Communities need to value the troopers and police officers, and people need to be encouraged to enter the field. Part of that is how communities treat law enforcement, because that helps reflect how people view law enforcement officers and makes people want to apply in the future. Retention is an issue because AST troopers are overworked. AST serves about 80,000 people in the Fairbanks area, and they are lucky to have four people on shift at night. They have a very high burnout rate, high injury rate, and a high incidence of mental health issues because of what they see and have to respond to. It takes a toll on them as people regardless of pay and benefits. The only way to address it is to put more officers on the street to dilute the amount of trauma on each officer a little bit. In this particular administration, law enforcement feels very supported by both sides of the political line, and they are treated very, very well in Alaska.

- FNA – One of the things FNA undertook with their justice initiative was a trust and transparency plan proposal to FPD, because it's all about relationships. They haven't approached AST yet, but they believe it would help with the recruitment of Alaska Natives into law enforcement because right now, there is quite a wide gap of trust between the Native community and some law enforcement in Fairbanks.

What can family members do when they believe a family member was incorrectly identified as a suicide who they strongly believe was murdered?

- ANWRC – That happens all the time when a body is out in the elements for a long period of time and cause of death is undetermined. There are many instances of families that are going through this, and they have a hard time getting law enforcement to listen.

- AST – Incorrectly identifying suicides is a problem because suicide and homicide can look very similar. Alaska is a training post, and they get people out of the academy with a minimal amount of training, and they are expected to be seasoned officers. In Fairbanks, training officers have two years of service and then are training new officers coming in. In ideal market, a training officer would have ten years of experience. They have implemented policies recently to try to counter some of these issues. Every suicide now requires a call to the Investigative Unit and to staff the scene with a homicide investigator to ensure officers aren't missing something.

Have you utilized Crisis Now, and have you noticed a difference?

- AST – One of the holdups is Crisis Now in Fairbanks being run through the Fairbanks dispatch center and what kind of danger that may pose with law enforcement being dispatched when they may not know what's going on. That is an issue they recently have worked out.

What is the process, and are there barriers when someone calls and says their loved one is missing when that loved one is known to engage in behaviors that put them at risk?

- AST – It depends on the information provided on the phone call, and officers try to use common sense in their approach in how to respond. It's hard to answer because there are so many variables.

You mentioned you wish there was a focused resource available for every one of the different issues. What would you look for to feel comfortable in contacting those folks?

- AST – They don't care if it's Crisis Now or somebody else, but they like to have one master of an issue. For law enforcement, when they need search and rescue, they call one entity; when they need a dog, they call another. They know they have one group to call for certain things, and people jump into action.

How is jurisdiction determined by agency, unit, et cetera? Do we just make reports to all agencies?

- AST – If you live in a jurisdiction with policing such as Anchorage or Fairbanks, you call the police department responsible for that jurisdiction. If you live outside of any area with such a jurisdiction, you call AST. With that said, AST has specialty task forces that address specific problems. As law enforcement, they should take the case when it's in their jurisdiction and then pass it off to another agency if it's beyond their capabilities. Sometimes that handoff isn't perfect, so citizens making reports to different agencies can be helpful.

Chair Clark offered closing comments and thanked panelists for attending.

RECESS

Hearing no objection, the business meeting recessed at 4:03 p.m.

SITE VISIT

Board members visited True North Recovery.

Wednesday, October 12, 2022

CALL TO ORDER – 9:00 a.m.

ALASKA MENTAL HEALTH AUTHORITY UPDATES

Chair Clark introduced Katie Baldwin-Johnson, chief operating officer; Eric Boyer, senior program officer; and Travis Welch, program officer who then provided their backgrounds to the Boards.

Eric Boyer, Katie Baldwin-Johnson, and Travis Welch presented to the Boards as follows:

Trust Mission Statement:
The Alaska Mental Health Trust Authority administers the Mental Health Trust established in perpetuity. It has a fiduciary responsibility to its beneficiaries to enhance and protect the Trust and to provide leadership in advocacy, planning, implementing, and funding of a comprehensive integrated mental health program to improve the lives and circumstances of its beneficiaries.

Trust Beneficiaries:
Alaskans who experience:

- Mental illness
- Intellectual/developmental disabilities
- Alzheimer's disease and related dementias
- Traumatic brain injuries
- Substance use disorders
- Prevention and early intervention services for individuals at risk of becoming beneficiaries.

Statutory Advisors

- Commissioners of the Departments of Health, Family and Community Services, Natural Resources, and Revenue
- AMHB/ABADA
- Governor's Council on Disabilities and Special Education
- Alaska Commission on Aging
- Other advisors:
    - Alaska Native Health Board
    - Tribal Behavioral Health directors
    - TABI Advisory Council
    - SSPC

Trust Updates:

1. FY24-25 Trust Budget Approved

It was a year-long process working with stakeholders to determine Trust funding priorities. The process involves planning two years out as well as looking back to see what the Trust has funded and supported in the past and determining if they achieved the results they were looking for. The budget development process can be found at Trust FY24/25 Budget Development - Alaska Mental Health Trust. The Trustees are recently interested in the area of the child welfare system and foster care and understanding the connection with early intervention.

2. Trust Board Member Recruitment.
   Two Trustee terms are up. The Trust has a Nominating Committee that includes representatives from each of the statutory advisory boards and the Alaska Native Health Board. Applications are due November 4th. They are typically looking for Trustees that have a background and experience in financial management or investment or personal experience understanding beneficiaries and the mission of the Trust. The Nominating Committee reviews and prioritizes the applicants and submits them to the Governor for consideration for appointment.

3. Trust Program Officer Recruitment.
   A program officer position is currently vacant, and they are looking to have geographic diversity to the staff.

4. Improving Lives Conference Update – no update provided.

5. Trust Focus Area Updates
   - Mental Health and Addiction Intervention - $6.8M in FY'24
   - Disability Justice - $3.7M in FY'24
   - Beneficiary Employment and Engagement - $2.7M in FY'24
   - Housing and Community Based - $4M in FY'24
   - Early Childhood Intervention and Prevention - $3.2M in FY'24

6. Crisis Stabilization and Crisis Now Framework
   Trustees have a commitment to continue working on opportunities to improve the crisis response system. The Trust is funding the Crisis Now continuum at $4M for '24 and $4M for '25. In addition, there is also $1M funding for access to mental health and addiction treatment to support community partners and agencies to expand their capabilities to receive a warm handoff from crisis response. In terms of expanding Crisis Now beyond Fairbanks, Anchorage, Mat-Su, and Juneau, rural, tribal, non-tribal, and on and off the road systems are all part of the long-range plan. Conversations are ongoing with tribal behavioral health directors.

   In terms of innovation or advocacy the Boards could help with in terms of workforce, Eric Boyer noted that DOC has been a leader in the state in utilizing the SHARP program for student loan repayment. The Trust is always looking for innovation, for example, the use of peers that was envisioned years ago. Nationwide, workforce is an issue for physical,

behavioral, and mental health, and maximizing the peer workforce has changed the paradigm. Trust staff discussed the positive experience bringing a team from Alaska to visit Crisis Now in Arizona and how seeing it work and how instrumental peers are to the system changed people's perspectives on providing care in a trauma-informed way.

This next year is going to be critical for the Crisis Now framework as state leadership changes over. Education and advocacy will be key for the new legislature so they can understand the importance of having funding braided together to support all of the components of the system of care.

Key Trust Investments Since '21

- Fairbanks Crisis Now coordinator position
- Fairbanks Mobile Crisis Teams – clinician/peer support specialist
- Call center operations expansion and infrastructure development/988
- Anchorage crisis stabilization services planning
- Mat-Su crisis community development coordinator
- Mat-Su Mobile Crisis Team – October program and planning proposal
- Technical assistance for crisis services business modeling
- Copper Center Mobile Crisis Teams – paramedic/behavioral health aide
- Ketchikan Wellness Coalition – Crisis Now coordinator
- Statewide Crisis Now project management – Agnew::Beck
- RI International Crisis Now consulting technical assistance
- Discussion and planning in hub villages – Kotzebue/Bethel/Unalaska/Prince of Wales.

Alaska Statute Title 47

SB 124/HB 172 – Mental Health Facilities & Meds – A collaborative approach to transforming response to Alaskans in a behavioral health crisis.

Travis Welch explained to the Boards that when police are called to a situation with their minimal amount of behavioral health training, they make an assessment if the person is a threat to themselves or others. Once that determination is made, if the officer has probable cause that this individual is an imminent threat to themselves or others, the officer asks the person if they would like to go get some help. If the person does not want to get help, the officer would place this person in an emergency hold for their own protection and then often transport them to a hospital or sometimes DOC. The person sits in the emergency room in a crisis state, and if they are determined to need further assistance, they are sent to a designated evaluation and treatment (DET) facility or API. The system was not working, and as they were standing up a 23-hour facility, they realized there needed to be changes to Title 47.

SB124/HB172 Does:

- Create a no-wrong-door approach to providing medical care to a person in psychiatric crisis
- Provide law enforcement with additional tools to protect public safety

- Expand the number of facilities that can conduct a 72-hour evaluation
- Add a new, less restrictive level of care
- Facilitate a faster and more appropriate response to a crisis, expand the types of first responders that can transport an individual in crisis to an appropriate crisis facility.

SB124/HB172 <u>Does Not</u>:

- Interfere with an officer's authority or ability to make an arrest
- Change who has the current statutory authority to administer crisis medication
- Change current statutory authority for who can order an involuntary commitment
- Reduce the individual rights of the adult or juvenile in crisis; the parents' rights of care for their child; or existing due process rights of the individual in crisis.

Chair Clark remarked that the Boards heard during yesterday's panel that law enforcement feels they shouldn't be looked to because they don't have the qualifications for dealing with people with behavioral health issues. She wondered if there is mental health training officers could be involved in, because it's a very gray area because people's first call for help is to the police. Travis Welch agreed that there is a need for training law enforcement, and they are offered Mental Health First-Aid and Crisis Intervention Teams (CIT) training in the academies, which the Trust has been involved in since 2010. Other police departments such as Anchorage, Juneau, and Fairbanks have CIT academies, and DOC is working to have CIT training to their personnel. These trainings need to continue to be promoted because of the high turnover of law enforcement personnel in Alaska. Travis stated that there is a difference between a police officer trained in CIT and someone who is trained in behavioral health. Police officers have a very defined scope of criminal justice, and they don't have the training to make a diagnosis or provide services to an individual. AST is very much onboard with standing up a crisis continuum of care and finding new ways of responding when someone is experiencing a behavioral health crisis.

Katie Baldwin-Johnson stated that HB 172 was a Governor's bill, and after the legislation moved through the process, there were concerns raised by patient advocates and family members about a lack of protection of patient rights and a need to address that. A compromise was developed between the legislature, the Trust, DOH, and DFCS to create a requirement for these entities to deliver a report to the legislature by the end of 2023 that looks at best practice standards around patient rights, patient care, transparency, data, and reporting. Other stakeholders are also included in the bill and will play a role in providing feedback into this process.

988 IMPLEMENTATION AND OTHER SUICIDE PREVENTION INITIATIVES AT ALASKA DIVISION OF BEHAVIORAL HEALTH (DBH)

Leah Van Kirk shared the following projects of DBH:

- Alaska Careline, which is a crisis call center with the main messaging as the suicide prevention or someone-to-talk-to line.
- 988 state planning and implementation.

- Zero Suicide Initiative.
- Postvention training and community planning.
- Alaska Alternative Schools project and yearly evaluation.
- Comprehensive Behavioral Health Prevention and Early Intervention grant funds - suicide prevention.
- Applied for additional funding through the Mental Health and Substance Use Prevention block grant to focus on suicide prevention.
- Mental Health First-Aid training for all new social workers through the Child Welfare Academy.
- Training for Applied Suicide Intervention Skills Training (ASIST).
- Train the trainer for law enforcement and crisis call center staff and military.
- Youth and young adult suicide prevention media campaign to engage youth to find out how DBH can reach them. Youth and young adults are the least likely to use the Careline.
- DBH was recently awarded the Garrett Lee Smith Tribal/State Youth Suicide Prevention Grant, which has been named *Strengthening Pathways to Care for Alaska's Youth*.

988 Implementation

- Media bank available on https://www.988.Alaska.gov website for stakeholders to download and use on their social media sites.
- 988 went live on July 16th, and the National Suicide Prevention Lifeline, 1-800-273-TALK transitioned to 988 nationwide.
- The 988 number includes suicide crisis, mental health crisis, substance use crisis, and is also available for someone who is concerned about someone and doesn't know what to do.
- In Alaska, the Careline receives all 988 calls as an accredited call center.
- Contact routing:
    - 907 area code will be routed to the Alaska Careline.
    - Any other area code will be routed to the area code that identifies with that state.
    - To reach the Alaska Careline directly from an outside area code, call 1-877-266-HELP.
    - The Careline and National Suicide Prevention Lifeline numbers will remain active. 988 is just an addition as a shorter alternative.

Trends/Data

- Alaska has struggled and continues to struggle with having some of the highest rates of suicide in the nation, typically more than double the national rate.
- Suicide rates are not decreasing nationally, and this year saw a four percent increase.
- Western states and rural areas tend to have higher rates of suicide.
- Seeing increases in mortality data and suicide attempt data in Alaska.
- In other states, the 50-to-79-year-old age group has the higher rates, but in Alaska it's youth and young adults. 2021 saw a significant increase in suicide attempts resulting in an emergency room visit for 11 to 14 year olds. This was alarming, and they engaged with high school and middle schools as a result.

- In 2021, suicide was the leading cause of death for youth between the ages of 15 to 24 years. 40 percent of that age group that died in 2021 took their own lives.
- Most people that die by suicide in Alaska are men; but most people who attempt suicide are women.
- Men more often attempt suicide by using a firearm, which is a more lethal means of suicide.
- Many people who die by suicide have not received behavioral health treatment or intervention. Need to address stigma. The crisis call center is for everyone and is not focused on behavioral health treatment or service. N
- Not everyone has a behavioral health issue that results in suicide. It can be other triggering issues unrelated to behavioral health.
- Over 90 percent of suicide attempts result in survival.

Careline and 988

- In Alaska, most people call the Careline because they are experiencing loneliness or depression.
- The messaging of 988 and the Careline are different. The 988 message is about mental health crisis, suicide, and emotional distress. The messaging around Careline is someone to talk to and to prevent crisis and connect people to the resources they need when they need it.
- An evaluation of the 55,000 Careline calls between 2017 and 2019 found:
    - Most common issues were loneliness and mental health
    - 11 percent indicated having suicidal thoughts within the past 24 hours.
    - Higher percentage of people that experienced suicidal thoughts within the last 30 days.
- Reasons people contact the call center in 2021:
    - More people called about anxiety
    - More first-time callers during the pandemic
    - Relationships
    - Mental health and depression.
- In 2021, the Alaska call center received more than 20,000 calls. 70 percent came from the in-state crisis phone number, and 30 percent came from the national Lifeline.

What happens when someone calls the call center?

- When a person calls, there is someone on the other end ready to listen and will take the time the person needs.
- The call center will assess for suicide risk and formulate a level of risk.
- They will develop a safety plan with the person, and they can talk about coping skills.
- They will engage to find out what resources they have used in the past and who their natural supports are.
- They might share resources with the person's consent.
- Many people take comfort knowing they can remain anonymous.

Does the Lifeline really help?

- Research on Lifeline calls show that people are significantly more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful after speaking to a Lifeline counselor.
- About 98 percent of people who call, text, or chat get the support they need and do not require additional services in that moment.
- In Alaska, less than one percent of calls result in an emergency dispatch.

Work done implementing 988 in Alaska:

- Developed a stakeholder coalition; identified goals, strategies, and actions.
- Developed a 988 implementation plan that focused on eight core areas of work they identified to get the crisis call center ready to receive 988 calls. Some of those include:
    - Sustainability
    - Capacity:
        - Developed specific call volume projections based on data they had in state.
        - Built a staffing plan and increased staff and leadership positions. A challenge is that the wages were not consistent with what the Bureau of Labor Statistics recommended for that work. In partnership with the Trust, they provided funding to level those wages prior to the launch of 988.
    - Building out coordination to connect people to the services they need:
        - Focus on work with law enforcement, 911 dispatchers, rural Alaska and tribal health.
        - Focused on resources already available in state.
- Messaging Steering Committee created to focus on building a 988 communications plan.

Bev Schoonover remarked that this was probably the most successful community engagement effort she has ever seen done in the Department of Health and should be demonstrated as a model that really worked.

- Working on a pilot data integration from the 211 database. After the pilot is complete, they will assess how that works as it is integrated into the crisis call center technology. Another piece of that is coordination with behavioral health providers and crisis services and building in warm handoffs.
- Focus on warm transfers from 911 to 988 and what that looks like.
- Back line specifically for dispatchers to the crisis call center so the call center knows a call is coming from law enforcement.
- Will be having a statewide meeting for 911 dispatchers.
- Tribal and rural workgroup was led by Tribal Behavioral Health directors, and they identified a mission and a goal, which has led to coordination with tribal partners.
- Since implementing 988, they have seen a 22 percent increase in calls in July and August.
- Developed Messages of Hope 988 posters that are being disseminated and posted in schools.

Garrett Lee Smith Grant:

- $3.6M over the next five years that targets Alaska's youth and young adults age 10 - 24.
- 988, crisis call center, and the Zero Suicide Framework have been built into this.
- One of the components of the grant is to implement six pilot sites where everyone in the organization will be trained in the model. The pilot includes two acute care sites, two outpatient behavioral health sites, and two primary care sites.
- They will be piloting telephonic transition services whereby an emergency department will be able to refer a youth who is being released to Careline to follow up with that youth and family until they get the services they need.
- Tablet-based therapeutic interventions developed for people who are waiting in the emergency room that include messages of hope, stories of recovery, suicide assessments, and counseling on access to lethal means.
- The SSPC is a partner and will be leading some of the activities.

BOARD BUSINESS, Continued

FY'23 Priorities

Denali Daniels and Magan Spencer led the Boards through an activity to review past priorities and prioritize FY'23 priorities. Members of the Boards were divided into groups to participate in breakout sessions to determine whether or not each past priority remains a current priority for the Boards, what the priorities mean to them, what is the current environmental and political landscape for these priorities, and to make a list of partnerships and organizations already working toward these priorities.

1. ***Increase timely access to appropriate and person-centered substance use disorder and/or mental health treatment and supports, including withdrawal management.***
    - Remains a priority.
    - It means that access to the level of care is timely and it's determined and driven by the clients (client-centered). The populations served include an integration of co-occurring, and a no-wrong-door approach.
    - The substance use disorder and mental health community is supportive of this priority; there seems to be a lack of support within the political community.
    - Partners:
        - The Trust
        - Alaska Native Tribal Health Consortium
        - Community behavioral health treatment providers
        - Substance use treatment providers
        - American Society of Addiction Medicine
        - Commission for Behavioral Health Certification.

2. ***Identify gaps and build a continuum of care for Alaskans with substance use and/or mental health concerns.***

- Remains a priority.
- The strategy of the continuum of care only works if all services are provided, and it stops clients from falling through the cracks.
- Current election in 2022, they will be working with new representatives in the Senate and House. They need to educate and advocate for current issues and funding for constituents.
- Partners:
    - True North Recovery
    - Set-Free Alaska
    - Mat-Su task force
    - Police and troopers
    - DEA for education about fentanyl poisoning
    - Public Health
    - Safety.

3. Increase and/or improve behavioral health services in rural communities.

- Remains a priority.
- "I want to stay here; this is my home." Building for the future. Want kids to come back to be leaders locally. Listen to the elders, follow their lead, know the history. Culture and connections – talking circles and healing.
- Need better Internet connections, workforce development, need to work with youth more, economic impacts, substance use disorder and other concerns. Very few providers in rural communities, people are getting health services only a few times a year. Concerns about targeted programs and services. Need more resources and tools. Need access to online platforms/telehealth. Lots of substance use disorder concerns.
- Partners:
    - Alaska Native Tribal Health corporations
    - Alaska Native Medical Center
    - Native corporations
    - UAA systems.

4. Increase early childhood, early intervention, and prevention services and activities to reduce adverse childhood experiences, increase resiliency, and prevent future mental health and substance misuse concerns.

- Remains a priority.
- Early childhood intervention and prevention is critical to long-term outcomes.
- Parental education, early assessment, trauma-informed care. Funding has been appropriated, and early intervention and education are political priorities.
- Partners:
    - Best Beginnings
    - Division of Public Health
    - Women's Children's Family Health
    - Department of Health
    - All Alaska Pediatric Partnership

- Help Me Grow Alaska
- Head Start.

5. ***Increase access to safe and person-centered psychiatric care in Alaska.***
   - Remains a priority.
   - Access to safe psychiatric care: Consumer input in care, reduce future need/recidivism, aftercare.
   - High priority – Crisis Now. This is an election year, make our voice known now to the candidates, they will listen. Had a prior bill about the API Governing Board, do another bill. Big priority to educate policymakers now and after they are elected.
   - Partners:
     - NAMI
     - Well-known advocates that have spoken to AMHB/ABADA
     - Trust
     - AMHB
     - Providence Hospital

6. ***Reduce the stigma of living with substance use and/or mental health disorders.***
   - Remains a priority.
   - Foundation for People First dignity and respect, which allows other priorities to be healed. Educate others through PSAs.
   - We have come a long way, but we have much more to do. Reach more and new legislators as well as the communities themselves.
   - Partners:
     - Behavioral health providers
     - State of Alaska
     - People with lived experience/family members and allies
     - Federal initiatives.

7. ***Increase access to institutional and community supports for justice-involved Alaskans with behavioral health concerns.***
   - Remains a priority.
   - This priority means highlighting benefits and educating the whole community. The community on the whole will be a better workforce. The greatest percentage of beneficiaries are overrepresented in DOC facilities. Lack of support for the incarcerated, treatment barriers, and continuum of care issues both in and out of incarceration.
   - Lack of widespread support for rehabilitation for justice-involved beneficiaries. Lack of workforce and behavioral health training for staff. Education of all new representatives. Having a felony conviction is a barrier to being hired in a DOC facility. Need to address this if reentry peer support is going to be utilized.
   - Partners:
     - Reentry coalitions
     - People with lived experience – reentry peer support

- Educate the House and the Senate.
- Advise the Governor of these ideas.

8. Increase supportive employment services for Alaskans with mental health and substance use disorders.

- Remains a priority.
- This puts a spotlight on people in the community that they are just like everybody else. Reduce stigma and help people contribute to their communities. Employment gives people a chance to recover and help with economic support. Re-integrate into the workforce and allow people to support themselves.
- Hiring people in reentry, being inclusive in terms of faith-based organizations and getting administrative support for this, collaborating with many different groups. The climate is good and supportive, but they are aware that isolation is a factor in a lot of different contexts. Online training and work from home could be integrated; technology access can help with that. Being aware of recovery and integration for long-term outcomes so people can graduate out of work programs and integrate back into their communities.
- Partners:
    - The Trust
    - State-funded agencies
    - Village councils and corporations
    - DOC
    - Nine Star/Department of Labor.

9. Increase access to housing and housing supports for Alaskans with behavioral health concerns.

- Remains a priority.
- Housing is being recognized as a social determinant of health. Homelessness is headline news.
- Local, state, and federal agencies are focused on housing.
- Partners:
    - Housing and homeless coalitions
    - AHFC
    - The Trust
    - Department of Health
    - NeighborWorks
    - Housing First projects
    - Re-entry coalitions
    - Rescue Missions
    - Governor's Council on Homelessness
    - Providence Hospital
    - Recovery/re-entry residences.

10. Encourage behavioral health and primary care integration.

- Remains a priority, but maybe a lower priority.
- More in-depth screening in primary care, help that could lead to a referral to behavioral health. Have a behavioral health provider on the floor in primary care for a warm handoff. Normalize behavioral health in primary care, better outcomes. Aftercare.
- Educate now because people are open to it. It is cost saving in the long term to prevent people from going into emergency rooms or long-term care.
- Partners:
    - Alaska Primary Care Association
    - NAMI
    - Alaska Behavioral Health Association
    - Southcentral Foundation

11. Reduce consumption and the harm caused by alcohol misuse.

- Remains a priority.
- Address people that want access to treatment, consider changing cultural norms, enforcing laws in dry communities.
- Consider the effectiveness of dry communities, educate communities on how alcohol ties into social issues. In Western Alaska, 90 percent of sexual assault cases are alcohol related; and 80 percent of the traumatic brain injuries, accidents, and drownings are alcohol related.
- Partners:
    - Alcoholics Anonymous
    - School districts
    - Law enforcement
    - Local tribes and governments
    - Recover Alaska.

Additional Feedback:

- Housing First should require drug testing, behavioral health, or withdrawal management.
- Integration of primary care and behavioral health is a crucial priority they should continue to advocate for. Zero Suicide is trying to get primary care providers to do more behavioral health screening.
- Increased access for justice-involved Alaskans with behavioral health concerns should be the number one priority.
- There should be diversity in what is being taught in terms of mental health approaches and early care/early intervention to ensure there isn't a conflict of interest by pharmaceutical companies creating curriculum for children about what mental illness looks like.
- Behavioral health documentation needs to be the same as what is required for the medical side. Behavioral health clinicians have far more paperwork to deal with, which is very burdensome.
- There needs to be a bigger push for Alaskan universities to train for mental health and substance use workforce.
- Harm reduction needs to be incorporated into the priorities in a non-threatening way.

Unfinished and New Business

True North Recovery

Kara Nelson shared that True North Recovery has opened up a new center in the Mat-Su Valley called the Day One Center. The center houses an intake coordinator, and they will have an eight-bed withdrawal management program, which will be a 3.2 to start and will integrate into a 3.7 over the next year. There will be clinical staff on 24/7 as well as peers. Downstairs in the building they have the Launch Pad, which is a living room model with a peer team. Also in the building is the Lazarus Collaborative, which consists of nine providers through the Mat-Su Valley, Southcentral, and Anchorage for detox. They now also have three community care collaborators, who are also peers, and they meet and help people fill out paperwork and drive people to appointments. This building will also house the 4As.

Kara explained that everyone at True North Recovery has lived experience or is a directly impacted family member, which allows them to integrate out-of-the-box solutions.

Kara stated that True North just opened recovery housing in Fairbanks, which is a triplex that can house 18 people right now. For outpatient they do re-entry case management, and they have several different grants and contracts with DOC and Alaska Behavioral Health.

Advocating for the Villages

Bobby Dorton advocated for the villages. He noted that TCC no longer buys buildings in Fairbanks and the urban areas because they want to focus on the rural areas, and he thinks the State should follow that lead. He would also like to see the Boards advocate for peer support to assist behavioral health aides in all the villages and to continue on the peer movement of getting services where they are much needed because people are dying. Charlene Tautfest suggested the Boards investigate having a small group go into rural Alaska and have a community forum, and they can make a motion on it at the next meeting.

Missing and Murdered Indigenous Persons

Based on the information the Boards have learned during this meeting, Chair Clark suggested they convene a working group to develop a plan to figure out how AMHB and ABADA and their partners can get involved. Bev Schoonover stated that the Governor convened a Task Force on Missing and Murdered Indigenous People, and Stephanie Hopkins sat on that task force. The task force will be providing recommendations for the Governor on public awareness, education, and an outreach campaign for affected communities, how interagency collaboration protocols can be improved, improving public safety in tribal communities and having a law enforcement presence, and ways to improve investigations, including data information sharing. The report is due to the Governor in a few days, so once that report is out, the Boards can look at it and then talk about how they can help.

Board Elections and Subcommittee Appointments

Diane Fielden presented the slate of officers as determined by the nominating committee, and after nominations were taken from the floor, the following slates were voted on:

AMHB	**ABADA**
Chair – Charlene Tautfest	Chair – Lee Breinig
Chair Elect – Brenda Moore	Chair Elect – Diane Fielden
Secretary – Bobby Dorton	Secretary – Anthony Cravalho
At-Large – Sharon Clark	At-Large – Kara Nelson

Charlene Tautfest **MOVED** to accept the AMHB slate, **SECONDED** by Sharon Clark. Hearing no objection nor further discussion, the motion **PASSED.**

Kara Nelson **MOVED** to accept the ABADA slate, **SECONDED** by Anthony Cravalho. Hearing no objection nor further discussion, the motion **PASSED.**

Subcommittee Appointments:

Legislative Advocacy Committee:

AMHB	**ABADA**	**Dual Seat**
Charlene Tautfest	Lee Breinig	Diane Fielden
Tonie Protzman	Kara Nelson	Bobby Dorton
Brenda Moore	Christine Robbins	
	Anthony Cravalho	
	Kathleen Totemoff	

Statewide Suicide Prevention Council:

- Brenda Moore
- Diane Fielden

API Governing Board

- Charlene Tautfest

Set Date for Next Meeting

Chase Griffith **MOVED** to set the date for the next virtual board meeting on January 11, 2023, **SECONDED** by Sharon Clark. Anthony Cravalho noted he is unable to attend on that date. Hearing no objection nor further discussion, the motion **PASSED.**

Lee Breinig **MOVED** that the Boards discuss possible meeting locations for the rural meeting but table setting the dates until the January 11 meeting, **SECONDED** by Chase Griffith. Hearing no objection, the motion **PASSED.**

Members of the Boards offered the following locations for the spring rural board meeting:

- Tok
- Nome
- Bethel
- Utqiagvik
- Dillingham
- Prince of Wales Island
- Cordova
- Dutch Harbor

Bobby Dorton **MOVED** that the Boards go to Prince of Wales Island for their rural meeting, **SECONDED** by Diane Fielden. Hearing no objection nor further discussion, the motion **PASSED.**

PUBLIC TESTIMONY

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

RECESS

Acting Chair Breinig **MOVED** to recess the business meeting, **SECONDED** by Chase Griffith. Hearing no objection nor discussion, the motion **PASSED** and the business meeting recessed at 4:13 p.m. Public testimony adjourned at 6:58 p.m.

Thursday, October 13, 2022

SITE VISITS

Board members attended site visits and the Missing and Murdered Indigenous Persons Rally and convened at the Careline offices for their business meeting.

CALL TO ORDER – 1:52 p.m.

CRISIS SERVICES IN FAIRBANKS COMMUNITY PANEL

Board members introduced themselves to the following panelists:

- Brenda McFarlane, City of Fairbanks (COF)
- Susanna Marchuk, Alaska Careline (AC)
- Sarah Koogle, Alaska Behavioral Health (ABH)
- Dr. Shelissa Thomas, Restore, Incorporated (RI)
- Tundra Greenstreet, True North Recovery (TNR)
- Deputy Chief Richard Sweet, Fairbanks Police Department (FPD)

Panelists introduced themselves to the Boards, and Bev Schoonover presented questions to the panel as follows:

As of today, Fairbanks has the most developed crisis service continuum of care in Alaska. What were the factors that led to these new investments in your community? What lessons learned would you like to share with the communities who are thinking about developing new crisis services?

- RI –Crisis stabilization center was started because they were seeing a lot of crises at their facility, and it was taking away from their outpatient services. January 1st was the open house, and they can see 16 people per day. For the month of September, they saw 220 people. The police department brings individuals to them a few times a week, and it became obvious the service was needed. The crises range from people who are lost and confused to people who have been put out of their homes because of drinking. Family members drop people off at the stabilization center from Tok and Northway because they can't take care of them anymore. They also have crisis residential and detox in the same center.

- COF – When the Trust came in and said they wanted to bring Crisis Now to Fairbanks, she knew they meant it. At the time she was working at the homeless shelter, and it was obvious the system was broken, and everyone was determined to do whatever it takes, make the investment, and partner together. For lessons learned, figure out what the Trust can help you do in your community. Talk to the Trust consultants RI International and Agnew::Beck.

- ABH – They have been doing crisis work for the last 10 years as the community mental health center. They are the default for the community and are always struggling with the appropriate level of care for individuals. Between Mike Sanders, the City of Fairbanks, the Trust, and the 1115 waiver, it all came together within six months.

- TNR – They have found that when you put peers at the front as the first point of engagement, they are able to instantly build a level of rapport that's not otherwise possible. Many of the people they have been engaging with through mobile crisis response are individuals that don't trust the system and are suspicious of mental health providers and professionals. One of the things that made this so successful was the coordination across agency lines. Fairbanks Emergency Communication Center was very critical, and shout out to the city dispatchers. Overall, they did a ton of outreach making sure they all knew what resources were available in the community. Working with FPD and FFD has been seamless, and they have been supportive and great partners. They have served 283 unique Trust beneficiaries through the mobile crisis team over the last year.

- FPD – The problem for law enforcement has been that they bring a police solution to what is a medical or mental health issue, and they didn't have the resources for that. FPD receives CIT training, but once they got better at identifying someone who was in a crisis,

they didn't know where to take them. From the department standpoint, because they have limited officers and limited resources, diverting people to a place that will best meet their needs keeps law enforcement clear to respond to other calls. Same thing with Fairbanks Fire Department. Crisis Now seemed like a really good program, and it was easy to jump on board. Another good outcome is reducing the amount of police contact and the chance of a misdiagnosis by police that a person may be a threat to others, because there may be deadly force involved with that. They want to reduce the number of officer-involved shootings because of a misidentification issue. It's been good to become acquainted with all of the resources in Fairbanks that officers were unaware of. The next step is a bigger facility that can bring people in for inpatient to get them long-term treatment and help. Fairbanks is unique in that people from all the villages come in for treatment and medical, so they have a transient population that is coming through in need of services.

What services are you providing for youth? What would the ideal crisis continuum of care for youth look like in Fairbanks?

- RI – Youth services are provided at the crisis stabilization center, and parents bring them in. They have had youth as young as 11. A lot of the crisis calls with kids happen late in the evenings, so they de-escalate the situation and schedule an appointment to see the psychiatrist the next morning. Although they have some separation from the other adults in the center, staff ensure parents stay with their children and don't just leave them.

- AC – Careline has always worked with youth. In the last two to three years, they have made an intentional effort to try to increase access for young people to the call center services. Oftentimes young people with limited coping skills or a limited support system need immediate intervention and somewhere to talk it out and figure out what to do next with the available resources. In the fall of 2020, they created a position to do Caring Contacts. Any young person that calls the crisis hotline are offered an opportunity to opt into this program where they can have individualized follow-up care for up to a year. They are currently working with the State to identify some opportunities to build out that program to provide follow-up care for individuals under the age of 18 who are being seen in the emergency rooms and hospitals for psychiatric emergencies. Chat and text for 988 will be starting before the end of the calendar year, and they anticipate that will help facilitate access for young people.

- RI – They are in a partnership with Fairbanks North Star Borough School District, so they do a lot of youth assessments for youth who have been kicked out of school or possessed weapons or drugs. They have a program called Minors in Position (MIP), and they work with the youth to keep them in school and off the streets. The youth are eligible to return to school once they have those assessments completed.

- ABH – The mobile crisis team is always open to respond to youth, but their numbers aren't very high. They are also working to get into the schools.

- TNR – Youth don't represent a huge percentage of calls they go on, but they have seen people ranging from 11 to 82. They entered into this project fully anticipating they were going to see youth. Youth tend to have more natural family supports, so it can be productive serving them as they can stabilize an entire family unit.

- COF – They need more facilities that will take youth at a very high acute level of care and those with aggression, because it's falling on the hospitals. If they have two facilities that are taking all the youth that no one else wants to take, those facilities need to be supported and helped to build their capacity.

What trainings or other resources do you need specifically related to your position?

- FPD – Training for the identification of someone in a crisis. The difficulty with attending long trainings is that because of limited staffing, all officers cannot attend at the same time. It's also a challenge sending officers out of town for training because of the additional expense. The CIT training is good, but it's 40 hours. Something shorter would be appreciated.

- TNR – They would love to see implementation of some kind of care for two to five or ten day stays for someone who is still stabilizing. They have the fantastic short-term 23-hour service, but there needs to be something to fill the gap. In terms of Title 47, it can be very difficult to get somebody help that clearly needs help but doesn't necessarily rise to the level of a Title 47 hold. Reports are filed with Adult Protective Services and Office of Children's Services for children, but no matter how much advocating is done, it still sometimes leads to tragic consequences for people.

- ABH – Not a lot of resources in Alaska for traumatic brain injury (TBI), and they see many people with TBIs in Fairbanks in outpatient and crisis work. They also need TBI resources for after the crisis.

- RI – It's important to have CPI and EMT training to triage individuals coming in. They see a need for resources for individuals who need a conservator or guardian. Getting individuals signed up for Medicaid is very problematic with hold times on the phone of up to eight hours. Individuals who are in crisis cannot sit there waiting for eight hours to get approved by Medicaid, so they have them sign a form saying that Restore, Incorporated represents them and is trying to get them services. Also, some individuals don't have the $3 required for a co-pay to be able to get their prescriptions.

- COF – Because of the recent changes to Title 47 through HB 172, clinicians and mental health professionals that institute Title 47 will still need law enforcement to transport. So partnerships need to be built so everyone is all on the same page and collaborating on that. Some training may need to happen.

What do you do if a child comes in without a parent?

- RI – The protocol is to treat the child and contact Office of Children's Services. They try to keep the child safe in their care for as long as possible.

  They have also partnered with the clinic at Eielson Air Force Base to provide services after hours. Restore, Incorporated is now eligible to receive TRICARE and they are seeing a lot of military dependents and active-duty soldiers who are struggling with co-occurring disorders and substance use.

- COF – August saw 78 referrals, and 62 of those referrals were engaged with for a 79 percent engagement rate. Over the last three months, it has averaged 66 percent. So the Boards understand the whole process, a mobile crisis team goes out, and they are able to do some short-term crisis intervention. If it's early enough during the day, people will be offered a same-day appointment to Alaska Behavioral Health. If it's later in the day, it is a next-day appointment. It eliminates the visits to the emergency rooms and likely discharge to the street. Dispatch noticed that there were many types of these calls where there wasn't a crime, there wasn't a danger to public safety, and dispatch was trying to de-escalate on the phone. Now those calls will be transferred to 988.

- TNR – One of the peers on the mobile crisis team has 20 years of combat experience, and it's critical to have them as a peer asset whenever they have veterans who need support.

Do you have a prescriber?

- RI – 50 percent of the time, the people that come to them are having a medication issue, and RI has two prescribers. When people come into crisis stabilization, they are tested for substance use, liver or kidney issues, et cetera, and if they are positive, they are referred to a doctor.

- ABH – For the mobile crisis team, they get same-day/next-day access to a prescriber. They also have a primary care provider. A lot of the mobile crisis clients that end up getting connected to services, it is the first time in maybe 20 years they have seen a primary care provider.

How often do you meet with the combination of the fire department, FPD, City of Fairbanks, and the borough?

- COF – They have a public meeting for Crisis Now, and Deputy Chief Sweet is at almost all of them as well as all the other providers on the panel. Her position is located in the City of Fairbanks, which makes it a really good fit to interact with the police department, fire department, and dispatch center. The city is very supportive as is the city council. They have recently met with AST this week to go into more details, and AST is willing to work with the mobile crisis team. During lots of meetings, they have also been talking about how to serve the rural areas. It was noted that now they know what to do with the

mental health crisis in the Fairbanks community, and they can never go back because it's working.

- TNR – Collaboration between FPD and EMT have been great, and the officers have been a pleasure to work with. There are times they get into things they can't handle, and an officer steps in. There are plenty of times where mobile crisis comes in and relieves the officers so they can respond to something more pressing. The coordination through the city dispatch has been critical to making that work.

What would you like the Boards to discuss or pass on to the Governor that you need, or what can the Boards do to help?

- RI – Work out the lag time with Medicaid, and do presumptive care. Individuals in 23-hour crisis residential cannot fill out all the paperwork because they are working on stabilization.

- ABH – Need to work on the 1115 reimbursement rates for the Crisis Now services.

How do you handle burnout for yourselves?

- RI – Compassion days or spa days paid at regular salary. They work 12-hour shifts week on/week off.

- TNR – Creative scheduling to allow for staff downtime. Staff support each other. True North Recovery is a peer-led organization, and they are all in recovery, so they are always working to support each other and making sure they are taking care of each other and themselves.

BOARD BUSINESS, Continued

Site Visit Report Out

Family Services Center – Fairbanks North Star Borough School District

- Model that brings providers from the community to provide services that are educational in nature for families who are homeless or for whom English is a second language.
- Very enthusiastic director.
- Doing partnerships with various community organizations.

Fairbanks Youth Facility

- Experiencing staff shortages.
- Try to ensure youth stay focused on education and hopefully have a diploma by the time they leave so they can successfully transition into the community.
- They have a culinary program taught by Stone Soup Café.

- They work with the tribal entities so they don't have to go through the Court System as formally as DOC does.
- Work to keep the kids motivated and focused on rehabilitation.
- Receptive to peer support staff.

Stone Soup Café

- Very impressed with the caring staff. Very dedicated.
- Hear they have a really good chef.
- The diners were very receptive to the Boards being there.
- One of the staff of the Westmark Hotel used to receive meals at Stone Soup, and that's where she learned how to cook.

Fairbanks Rescue Mission

- Blown away by Rescue Mission.
- Can house 200 people, and everyone has separate accommodations so they don't intermix.
- They also have rooms for veterans.
- Massive place. This 50,000-square-foot building was donated in whole.
- Very warm and welcoming.
- Sounds like it is a default center for many individuals going through a mental health crisis, but it was interesting to hear the 30, 60, and 90-day plans to get people in and out.
- Very nice facility going through some major remodels from a fire set to the building this summer.

Tamarack Living Center – Alaska Behavioral Health

- Regulation challenges with the 1115 waiver. Asked to send Board staff an e-mail outlining their specific challenges related to the regulations and changes they would like to see.
- People at the facility tend to stay anywhere from 60 to 90 days.
- Heard a remark that Alaska is the only state where releasing someone to a shelter is acceptable.
- Great experience talking to a resident who is on his way to becoming a success story.
- Peer support person was great, and it was good to see peers helping others.
- The 1115 issue highlights some of the issues and concerns around this waiver and some of the gaps in services and the funding mechanisms.
- The psychiatric nurse practitioner who oversees the programs remarked that discharge is a mess and it goes against clinical therapeutics to discharge to a shelter. They end up having people go beyond the 89 days where people will lose Social Security benefits.
- The regulations that came from the assisted living home industry that regulate therapeutic residential don't fit.

Graf Rheenerhanjii – Tanana Chiefs Conference

- Great facility, all someone could ever wish for. Amazing number of services provided.
- They can take 10 to 16 youth at the facility.
- Youth are required to receive at least three hours of schooling every day.

- Craft room where one of the clinical staff takes them through indigenous training where they study their language and learn different crafts.
- Very culturally sensitive program that builds up youth's identity in their culture.
- An American Indian from the Lower 48 is in the program right now, which the facility is very proud of.
- Because this program is part of TCC, when they bill Medicaid, it's 100 FMAP, so there is no charge to the State. Would like to see this type of program expanded in other locations.

Final Comments

Board members shared the following final comments:

- Glad to be in person, and everything about the meeting was wonderful.
- Leaving this meeting very full of information, supported, and connected with the state.
- Trying to figure out where my advocacy is best place within the different systems and seeing how they all interact together.
- Being on the Board is a wonderful experience and enjoy seeing how the things they advocate for play out in real life.
- Appreciate the staff and them coordinating the logistics of this meeting. Staff continue to elevate the quality of each meeting and make them very powerful for board members. Staff are an amazing group of people.
- Really appreciated the site visits and learned a lot. Knocked it out of the park with the site visits.
- Glad to see Fairbanks in the position it is currently as compared to the fiscal crisis Alaska was seeing years before.
- This is a strong, committed group of people. Can't emphasize enough the importance of this work. Being from Alaska, we are all one community.
- Heavy heart from hearing the issues of MMIP, and we must not forget rural Alaska.
- Feel lucky to be a part of the Boards and appreciate all of the work happening in communities.
- Thanks to the Boards for choosing to come to Fairbanks.
- Appreciated the ability to be able to appear by Zoom and very pleased to be part of this board.
- Wonderful to hear about all of the different services in Fairbanks and to learn more about the Crisis Now model. Hoping to start these services on the Kenai Peninsula.

ADJOURNMENT

Lee Breinig **MOVED** to adjourn, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 3:34 p.m.

MOTIONS

Diane Fielden **MOVED** to approve the minutes from the May 2022 meeting, **SECONDED** by Kara Nelson. Hearing no discussion nor objection, the motion **PASSED.** Page 2.

Charlene Tautfest **MOVED** to accept the AMHB slate, **SECONDED** by Sharon Clark. Hearing no objection nor further discussion, the motion **PASSED.** Page 30.

Kara Nelson **MOVED** to accept the ABADA slate, **SECONDED** by Anthony Cravalho. Hearing no objection nor further discussion, the motion **PASSED.** Page 30.

Chase Griffith **MOVED** to set the date for the next virtual board meeting on January 11, 2023, **SECONDED** by Sharon Clark. Anthony Cravalho noted he is unable to attend on that date. Hearing no objection nor further discussion, the motion **PASSED.** Page 31.

Lee Breinig **MOVED** that the Boards discuss possible meeting locations for the rural meeting but table setting the dates until the January 11 meeting, **SECONDED** by Chase Griffith. Hearing no objection, the motion **PASSED.** Page 31.

Bobby Dorton **MOVED** that the Boards go to Prince of Wales Island for their rural meeting, **SECONDED** by Diane Fielden. Hearing no objection nor further discussion, the motion **PASSED.** Page 31.

Lee Breinig **MOVED** to adjourn, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 3:34 p.m. Page 39.