

[Advisory Board on Alcoholism and Drug Abuse](#)
[Alaska Mental Health Board](#)

[Approved Quarterly Board Meeting Minutes](#)

Valdez Convention & Civic Center, Valdez, Alaska

October 3 – 5, 2023

Dually Appointed Members Present: Monique Andrews (Zoom), Robert Dorton

AMHB Members Present: Chair Brenda Moore, Sharon Clark (Zoom), Karen Malcolm-Smith (Zoom), Tonie Protzman, James Savage

AMHB Members Absent: Tanya Hicks, unexcused, Jeanne Brady, excused, Emily Waters, unexcused

ABADA Members Present: Chair Anthony Cravalho, Katholyn Runnels, Philip Licht, Christine Robbins (Zoom), Renee Schofield, Kara Nelson

ABADA Members Absent: Kathleen Totemoff, excused; MJ Thim, unexcused

Ex-Officio Members: Tracy Dompeling, Carrie Collins, Adam Rutherford, Sharon Fishel, Duane Mayes, Kira Bishop, Emily Ricci - excused

Staff: Stephanie Hopkins, Acting Executive Director; Jennifer Weissaupt, Health Planner II; Charity Lee, Health Planner II; Kevin Holian, Administrative Assistant II; Eric Morrison, SSPC

Minutes Prepared by: Paula DiPaolo, Peninsula Reporting

[TUESDAY, October 3, 2023](#)

[CALL TO ORDER – 8:45 a.m.](#)

Acting Chair Anthony Cravalho called the meeting to order and thanked everyone for attending. The mission statement was read, and guest and previous board member Gunnar Ebbesson read the land acknowledgement and thanked the Valdez tribe that serves the local indigenous community members.

[COMMUNITY WELCOME](#)

Alyeska Pipeline Fire Chief Sean Wisner welcomed everyone to Valdez and reminded everyone to be compassionate not only to the members of the community but to the people working in emergency services who put themselves in danger each day, many of whom suffer from alcoholism, drug abuse, and suicidal tendencies.

Mayor Sharon Scheidt welcomed the board members and staff to Valdez and said it was an honor for them to hold the meeting there. She understands that mental health and substance abuse issues

are challenging and that it is likely that almost everyone knows someone whose lives have been negatively impacted by these problems. Valdez does have some resources to help people get the support needed in the community. Providence Valdez Counseling Center offers counseling, substance abuse services, and 24-hour crisis response. All city employees are being trained in naloxone administration and substance use disorder recovery-supported activities, and peer support programs are being instituted.

ETHICS DISCLOSURES

<u>Brenda Moore</u>	Board president for Christian Health Associates, a Medicaid provider, and receives state grants.
<u>Bobbie Dorton</u>	Employed by Tanana Chiefs Conference and is chair for the Fairbanks Reentry Coalition.
<u>James Savage</u>	Director of operations for True North Recovery, which receives Medicaid funds, state grants, and federal pass-through funds. Founding member and current chair for the Mat-Su Opioid Task Force.
<u>Tonie Protzman</u>	Executive director for the National Association of Social Workers and has a contract with the state to do pass over assessments as well.
<u>Monique Andrews</u>	Employed by Providence Alaska Medical Center, which receives Medicaid funding and state grant funding.
<u>Anthony Cravalho</u>	Works for Maniilaq, a tribal health organization that bills Medicaid and is a state, federal, and Trust grantee. Chair of Stone Soup which receives state grants.
<u>Kara Nelson</u>	Chief operating officer for True North Recovery, which receives Medicaid reimbursement, state grants, and Trust grants. Member of Careline Alaska as well as the Mat-Su reentry chairperson.
<u>Philip Licht</u>	President and CEO of Set Free Alaska, which bills Medicaid and has state grants; board member of Recover Alaska, which has state funding; and a board member of the Behavioral Health Association that has some state contracts.
<u>Sharon Fishel</u>	Employed by the Department of Education which receives SAMHSA grants, a grant from the Statewide Suicide Prevention Council, and funding from the Division of Behavioral Health.

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

APPROVAL OF THE AGENDA

James Savage **MOVED** to approve the agenda as presented, **SECONDED** by Tonie Protzman. Hearing no objection, the motion **PASSED**.

COMMITTEE AND COUNCIL UPDATES

Psychiatric Care Committee

Brenda Moore said this committee had not met recently but noted that the Alaska Psychiatric Institute Governing Body is in the process of doing strategic planning.

Board Development Committee

Renee Schofield explained the plan for orientation for new board members. Training would take place long before the first meeting in the spring and would consist of a welcome packet, a personal call from the chair or a chair designee, and Zoom meetings. Training would be held at the spring board meeting to review the policies and requirements and start committee assignments.

Stephanie Hopkins said that there is a packet that goes to new members, but it's not as robust as what Renee envisions. The current packet contains Robert's Rules of Order and documents from Boards and Commissions.

Director Duane Mayes wanted to make sure that the orientation landscape is described in terms of other boards such as Alaska Commission on Aging, Governor's Council on Disabilities and Special Education, Statewide Independent Living Council, and the Alaska Workforce Investment Board.

Brenda Moore said each of the boards has its priorities, and it can get confusing as to which board should be the lead in advocacy. The Trust website is a great resource for an explanation of the Trust settlement, its establishment, the legislative mandates, and the history and background. The Trust has a PowerPoint that explains the Trust funding process that could be included in the packet because the Trust funding supports and supplements board services and partner boards.

Brenda also said that ethics training used to be conducted every year, and she thought it a good idea to go back to that. During the Murkowski administration, the Mental Health Board had mentors to guide the new members. Katholyn Runnels agreed with Brenda that a mentor program would be very helpful.

Eric Boyer with the Alaska Mental Health Trust Authority said that AMHB and ABADA are two of the four statutory advisory boards to the Trust and are critical for hearing from state, community partners, and beneficiaries about current needs and challenges. The Trust would be happy to supply whatever is needed to help with new members' orientation, such as slides, information from the website, or anything else from the information officer.

Eric stressed the importance of understanding the Trust's focus areas such as Housing and Homelessness, Long-Term Care, Mental Health and Substance Use, Justice related, Beneficiary Employment, Workforce, and Early Childhood Intervention. The Trust does not have a huge amount of funds, but there is flexibility with how the funds are used, so understanding the focus areas is very important.

Brenda Moore asked Director Tracy Dompeling if the Division of Behavioral Health had any tutorials for new members, especially regarding the prevention and treatment grants and how those impact the work on the ground for the beneficiaries. Director Dompeling responded that there are no tutorials, but she said it was important to know the expansiveness of the Division, and she is willing to meet and explain that.

Bobby Dorton said his focus is getting treatment plans to the people in the rural communities rather than bringing them to the cities for treatment.

Alaska Psychiatric Institute (API)

API CEO Scott York stated that API increased its capacity to 80 this year. They are doing a three-to five-year strategic plan and are looking at potential impacts that opening Crisis Now centers will have on API. It is thought that API will get the more complex patients, and they are trying to plan for the impact of length of stay and hiring of staff.

The Governing Body is an advisory board, but they are considering codifying the board which would give them more authority.

API has leased space from Alaska Behavioral Health and is sharing some space with Choices. An outpatient program for nonviolent misdemeanors will be opened this month, and a jail-based restoration program will be started probably in November. He anticipates that ten individuals will take part in each program which brings the waitlist down from 30 to around 10.

They are trying to create a philosophy of care, especially culturally appropriate treatment, for treating the patients and each other, and they hope to have that completed by the end of the year. They are also questioning the treatment of cognitively impaired children and how to help services be more community based rather than being inside the facility.

API recently received the Beacon Award from the State Hospital Association for the work accomplished with cognitively impaired patients and patient-on-staff assaults. By providing more individualized care for those patients, the patient-on-staff assaults decreased by about 80 percent.

A feasibility study for a shared pharmacy between API and Pioneer Homes was recently completed. It was determined that a shared pharmacy was not the right thing to do, so it will stay at the hospital. Work will continue on efficiencies that were identified in the report.

A new electronic health record system called myAvatar is beginning to be implemented and is anticipated to go live in the fourth quarter of next year. The new system will provide more opportunity for communication and is like a hybrid between paper and electronic and digital records.

The hospital is also getting an automated medication dispensing machine known as Pyxis, which should provide fewer errors and more safety than the med carts that are in use now.

In keeping with the patient rights and grievance process within HB 172, API's grievance process is now in writing, and two patient advocates ask very specific questions of the patients, allowing any problems to be timely corrected.

Kara Nelson toured API recently and commented that it was impactful for her to see the changes that have been made and was appreciative of the patient advocate.

EX-OFFICIO UPDATES

Department of Corrections (DOC) – Adam Rutherford

Adam Rutherford, deputy director of DOC Health and Rehabilitation Services, said this division is responsible for the oversight of all the mental health, substance abuse, sex offender, reentry, and vocational education services within DOC.

Adam summarized some of the projects of the department as follows:

- A new project in partnership with the Department of Health (DOH) is the sexually transmitted infection screening, which is performed as people come in the door rather than having to request a test. This will have a significant impact as a preventive measure.
- A remote learning project is in place where classes given at one site are broadcast to other sites which allows the same classes to be given at remote locations. Most of the learning is in vocational education, but the hope is to expand to mental health and substance abuse treatment classes. Recently, curriculum was approved by the Division of Behavioral Health (DBH) for peer support certification, so people within the system working as mentors will leave the system with a certification to step directly into employment.
- Striving for a healthier working population in order to impact the health and well-being of the people served, the division partnered with a group called Stronger Families, which teaches people how to talk about traumatic events encountered at work. Many times, the struggle at work carries over into the household, and the Stronger Families program has trained families to help manage that.
- Adam also talked about Project 2025, a program to help reduce the numbers of suicide within the organization. There is a facility checklist to evaluate suicide prevention preparedness, and they are evaluating each facility in the system.
- Mental Health First Aid was delivered to all of the staff, and it was decided to deliver the training to the people living in the facilities. Over 700 people were trained with Mental Health First Aid, and that has had a positive impact on the trainees.
- Hiland Mountain was controversial when it first opened because it is different, but it has proven to be effective, and there has been a significant reduction in the use of restraints and physical interventions. The environment is bright and therapeutic.

Philip Licht suggested that some pre-variance process be incorporated into the peer support training because with the variance system in its current state, no one will be able to hire them. Director Dompeling explained the variance system as being a way to explain certain convictions that appear on a background check. Adam added that there is an apprenticeship program that pre-screens those folks that would move forward toward the employment track.

Division of Behavioral Health – Tracy Dompeling

Director Dompeling has been in her position as director of the Division for four months and has been looking at staffing and perhaps reorganization to better meet the needs of providers and communities, especially regarding reimbursements in a timely manner. She outlined some of the projects in DBH as follows:

- The 1115 renewal is a big project, and, while November is the target month, CMS has indicated they would give a six-month extension on the approvals.
- Potential regulation changes in the future are taking some time as one employee has been working on the public comment for the 1115 for several months. She would like some additional support so regulations could move faster through DBH and on to the next process.
- Behavioral Health Roadmap meetings have been taking place around the state. Coming up are meetings in Nome, Ketchikan, Mat-Su, and Bethel.
- Rate rebasing is an ongoing issue, and many conversations are occurring about rates and whether the current levels are feasible to support the work. An RFP should be issued soon for examination of the rates and advice on methodology.
- Two SAMHSA grants were received, one for the children’s mental health initiative and another one for 988.

Director Dompeling recognized Stephanie Hopkins for the amazing job she has been doing as acting director.

Division of Juvenile Justice (DJJ) – Kira Bishop

- Family and Community Services and Department of Health split last year, and there has been a lot of collaborative work between the two departments regarding complex care. A steering committee is working on reviewing licensing statutes and rate structure.
- Youth with violent offenses or mental health concerns are being seen more often nationally and in Alaska. Elevating those cases early on assists in providing them the needed care. Currently, there are only three youth in out-of-state residential programs.
- A grant received in 2018 for mental health and substance abuse created changes in treatment in secure facilities resulting in more intensive substance abuse treatment and intensive violent offender programming.
- After about two years of specialized programming, there has been a great response in terms of recidivism from released youth that had received neurofeedback.
- Certified Juvenile Justice chemical dependency counselors are providing good services to the youth.
- The violent offender program is an in-depth denial process group that deals with both mental health and criminal thinking, and there is a reduction in recidivism of youth that receive that programming.

- DJJ had a grant partnership with Division of Public Health and Southeast Regional Resource Center for a traumatic brain injury screening project, which has been started in Fairbanks and Bethel.
- DJJ is trying to start a program for competency restoration for youth, but the statutes and regulations surrounding competency restoration are based on being in a locked facility, and they try to keep youth out of those facilities. DJJ is working with API and Dr. Becker to provide telehealth to restoration services for youth in rural areas.
- A \$525,000 grant was recently received to work specifically with girls to keep them in the community and with services.

Division of Vocational Rehabilitation (DVR) – Director Duane Mayes

Director Mayes summarized the Division’s projects as follows:

- During the pandemic, the number of people served declined drastically, but increases are being seen now in all categories, including the number of applications, eligibilities, plans, and outcomes in terms of successful closures putting Alaskans with disabilities to work.
- The Division publishes an annual report that breaks down the number and category of people being served, the jobs procured, and average hourly wage.
- A \$10 million grant for five years was recently received for Career Pathways to Employment for Youth With Disabilities. Starting at age 10, youth with disabilities will be taught advocacy so when they are older, they have a good idea how to advocate for themselves within the community.
- Retention and recruitment are huge issues. There are over 300 vacancies at JBER, and Fairbanks Resource Agency and other organizations have many vacancies as well.
- Four new counselors were recently hired for the Anchorage office. The Division prioritizes hiring people with disabilities, and one of the counselors for the blind is blind herself.
- Rapid engagement is another issue, and they are trying to move cases quickly.
- Many people do not know about vocational rehabilitation in Alaska, so ongoing education to the public is another issue the Division is working to achieve.
- A capital request was granted for \$2 million to update the Business Enterprise Program, a partnership program for blind vendors. Twelve sites for snack bars and coffee stands will be modernized.
- Another capital request for \$630,000 was received for the first ever National Child Development Center in partnership with the Mat-Su hospital.
- The Anchorage School District will be holding a meeting October 12th to explain a new model called CTE, Career Technical Education. Upon entering high school, kids will be introduced to different trades and employers, and hopefully will have an idea of what they want to do upon exiting the educational system.

Alaska Housing Finance Corporation – Carrie Collins

Carrie Collins, program manager for the public housing department at Alaska Housing Finance Corporation, works directly with the public housing team to provide assistance for persons experiencing homelessness, persons with disabilities, and transition-aged youth. She provided some updates as follows:

- A new voucher program for families participating in AHFC’s Stabilization and Recovery Program was just launched. It provides additional assistance for families that received the 15-month rental assistance and need a little more time.
- HUD recently awarded AHFC 20 new Veterans Affairs Supported Housing (VASH) vouchers to serve 374 veteran families who experienced homelessness.
- The housing market in Alaska is tight, and affordable housing is difficult to find. A formal landlord appreciation program will be launched within the next month to inform landlords about the various voucher programs, and some financial incentives will be offered to entice landlords to participate in the programs.
- The tight housing market is also being addressed by investing in affordable housing development through a sponsor-based rental assistance program which will target supportive housing type opportunities. About 300 new units of affordable housing will come online in the next couple of years.
- The nonprofit subsidiary, Alaska Corporation for Affordable Housing, recently opened 18 new units of affordable housing for seniors in Fairbanks. They expect to have 40 additional units open for families next summer.
- New permanent supportive housing properties will be coming to Nome this year and in Bethel next year. Those communities have not had new permanent supportive housing in a long time.

Department of Education/Statewide Suicide Prevention Council – Sharon Fishel and Eric Morrison

Sharon Fishel highlighted the events during the Safety and Well-Being Summit for educators held the week of September 13th in Anchorage and shared other updates as follows:

- Over 360 people from 37 out of 54 school districts participated as well as community providers. Some travel grants were provided to school districts to pay for participants’ travel expenses.
- Dr. Erica McDowell, a powerful and motivational speaker from Philadelphia, talked about equity and inclusion, among other topics.
- Dr. Kyra Meyer, a former counselor from Valdez, worked collaboratively with the Valdez police to put together threat assessment for schools in a social emotional environment.
- A panel of educators called How Do We Show Up For Kids, gave a very informative program. Some of the panel members were a school social worker from Bethel, a principal from Aniak, and the superintendent of Mt. Edgecumbe.
- A student panel focused on what educators can do to make the students’ lives better. There were students from Chevak, Kodiak, Anchorage, and Fairbanks on the panel.

- Also speaking at the summit was Dr. Jared Parish with Public Health who addressed Adverse Childhood Experiences as a driving force behind significant amounts of poor behavior, physical health, and social economic outcomes.
- There were 70 presenters in 32 sessions at the summit that covered many topics including educator wellness, food insecurity, students with chronic health conditions, substance abuse, emergency operation planning, human and sex trafficking, and professional boundaries.
- The director of tribal affairs presented on the role that indigenous language plays in school health and classroom safety. There was also a talk about the boarding school era and structural alignments and education in Alaska.
- A framework regarding trauma-engaged schools was developed as a collaborative project of the Alaska Mental Health Board, DBH, the Alaska Child Trauma Center, and the Association of Alaska School Boards. Over 13,000 copies of the framework were sent out, and the online toolkit was released in 2020.
- In 2021 a new project was started with the Regional Education Lab Northwest. A survey on usage and implementation and awareness of the trauma framework and the resources that had been developed around it was sent to Alaskan school principals. They were asked about the use and knowledge of online learning, framework, professional development series, and the toolkit. There was a 58 percent response rate, and the e-learning courses had the most awareness and use.
- Several online professional development courses, suicide prevention courses, and trauma courses are available free for Alaskans. Over the life of those courses, over 160,000 users have taken advantage of the courses, and the online system has over 90 courses for educators. There are courses on opioids 101, naloxone administration, e-cigarette use among Alaskan teens, mandated reporters of child abuse, and Bree's Law education.
- Eight grants were awarded for suicide awareness prevention to Petersburg, North Slope, Juneau, Fairbanks, Anchorage, Mat-Su, Kenai, and Nenana. Nine districts received U.S. Department of Education grants for the bipartisan Safer Communities Act: Anchorage, Dillingham, Fairbanks, Galena, Hydaburg, Kenai, Kodiak, Kuspuk, and Nenana.
- Kuspuk could not find a school counselor, so they turned to Therapy.com to provide counseling services online. The arrangement is working out well, and the counselor has visited Aniak and Kalskag and some of the other villages, so she is known to the students and teachers.
- The department has been collaborating with the Association of Alaska School Boards on a research grant called Project Transform to create a coaching model for trauma-engaged schools. They are also working with PAL-PAK (Partnership Access Line - Pediatric Alaska) and Seattle Children's Hospital for consultant work with some rural counselors and social workers.

Eric Morrison with the Statewide Suicide Prevention Council and Charity Lee reported as follows:

- The Statewide Suicide Prevention Council will be meeting October 26th and 27th in Anchorage.
- September was Suicide Prevention Awareness Month, and the second week in September is Suicide Prevention Week. This year there was a television commercial campaign financed by a federal Garrett Lee Smith grant that focused on 988 messaging for youth that paid for over 5,000 spots. GCI gave an in-kind donation of over seven times that, so it ran last month on stations throughout the state. Charity Lee mentioned that the 30-second clip is available for viewing on Instagram on the Youth Alliance for a Healthier Alaska account.
- Charity Lee announced the receipt of notice of a \$3.1 million funding award grant for a 988 Capacity Building Cooperative grant from SAMHSA. The grant includes opening a satellite location to increase the number of calls that can be answered. It also includes a 988 coordinator position in the Division of Behavioral Health. A grant was also received last year to improve the capacity to meet the crisis call needs of Alaska's tribal citizens.
- Zero Suicide is the comprehensive approach to safer suicide care in healthcare settings, and an RFP is posted for Zero Suicide acute care in hospital pilot sites. Also, the contract with the Education and Development Center Zero Suicide Institute has gone into effect. Workshops on Zero Suicide for providers will be held throughout the state as well as a nine-month community of practice led by national experts.

PUBLIC SAFETY PANEL

The following members of the Valdez community appeared before the boards to participate in this panel:

- Aaron Baczuk – City of Valdez emergency manager
- Magistrate Judson Adams, Alaska Court System
- Fire Chief Sean Wisner, Alyeska Pipeline
- Terry Donaldson, Public Health nurse

Charity Lee posed questions to the panel and their responses are as follows:

Question 1: Please introduce yourselves and share a little bit about substance abuse and mental health in Valdez.

- Adams: As a magistrate judge, he covers Valdez, Cordova, and Glennallen and helps out with numerous mental health commitments. Typically, there are only a few mental health commitment cases in Valdez. About 27 percent of misdemeanor cases in Valdez last year were DUIs.
- Wisner: The Valdez community is centered around alcohol and drinking. The community meeting places are bars and breweries. Yoga classes and birthday parties are held at the brewery. Being constantly surrounded by the drinking culture sets young people up for failure, and substance use and mental health issues are prevalent. More emergency responders die by suicide each year than in the line of duty, and he is glad to have this platform to address this problem.

- Baczuk: He sees a relationship with mental health and substance abuse events and issues which he believes is fairly represented across the board for law enforcement.
- Donaldson: She sees people of all ages, and screens everyone from age 13 on for alcohol risk. She also screens for domestic violence and adverse childhood events. There is an excellent behavioral health counseling center in Valdez. Being in a small town she sees the vulnerability of not wanting the neighbors to know the stigma of addiction or mental health issues, and she thinks that taking care of emotional health should be a standard part of healthcare. Valdez has a pretty robust program regarding child mistreatment and counseling but could always use more help.

Question 2: Could you expand a little bit on barriers or difficulties that you encounter when serving or working with people experiencing substance use or mental health?

- Adams: The Wellness Court is in either Palmer or Anchorage, and a locally established Wellness Court would allow more people to take advantage of that avenue. With a DUI conviction, getting into the ASAP program can be difficult as the initial evaluation is usually in Palmer, so distance and communication issues can be a barrier to get into treatment.
- Wisner: Staffing is always an issue. Recidivism is disheartening, and we get compassion fatigue dealing with the same issues repeatedly. Care is difficult to get in a small town, and it's challenging because everybody knows everybody else. The mental health care that emergency responders require is not the same as the public. They see horrible things sometimes, and they need counselors who have special training to help them.
- Baczuk: Law enforcement seems to get the calls for service that no one else can solve. We're pretty good at deescalating situations, but we're not mental health professionals. For inpatient care, we have to call Palmer or Anchorage looking for a bed, and it seems we see the same people repeatedly.
- Donaldson: Stigma and lack of understanding about addiction and mental health are the main issues, and we all need more education. Lack of insurance or lack of insurance for addiction or mental health issues is a huge problem. Behavioral health issues should be a normal standard part of health maintenance, and we need to be more aware of the signs to look for in people who are struggling. Availability of beds is a huge issue. When someone is ready to become sober but can't find a bed anywhere, that is a huge barrier.

Question 3: How do we improve the systems for your agency, for the community, and for the individuals we serve?

- Adams: Bringing Wellness Courts to the community would be a big help. Educating folks and getting them help and treatment before an addiction becomes an issue is important. Having more beds locally would be beneficial for having support from family and not be in a foreign environment.

- Wisner: We need to be more proactive and create a culture of trust inside our organizations that makes it safe for people to talk, process trauma, and seek help. We need more legislation on peer support funding and for mental health issues and post-traumatic stress. We need more resources for our school counselors and other providers in the community so we know about problems before they become emergencies. We need places and more things for people to do that are not centered around alcohol. We need to stop focusing on reactive approaches to everything and get in front of this stuff.
- Baczuk: Valdez has world-class opportunities close by, and young people should be encouraged to get away from their video games and get outside. There are some good projects ongoing. A naloxone emergency kit is being placed in all locations where there is an AED, in every city-owned vehicle, and more locations are planned. They are exploring the possibility of taking a mental health professional on certain calls. The police have a visual simulator that is helping to train officers for interactions at emergency calls. Valdez needs some inpatient services rather than sending people off to other communities. If we could have probation services here, we would see a lot lower recidivism.
- Donaldson: More education and specialized education are needed in order to recognize signs and symptoms of addiction or high ACE scores. The school system needs more youth programs and education on what behaviors are normal, detrimental, or high-risk and how to cope with and understand why they are turning to high-risk behaviors. As a part of Project Gabe and the opioid response program, naloxone kits are being furnished to the fishing industry, which is highly impacted with substance misuse. The kits are being distributed in city buildings and other areas as well.

In response to a question by Sharon Fishel, Aaron Baczuk explained the threat assessment training that is in place in Valdez. In 2013, a gun was found in a school bathroom, and it was evident that the police were unprepared for an active shooter situation. After visiting with the county that dealt with the Virginia Tech shooting, it was decided to employ the ALICE training program which teaches how to prevent or respond to an active threat. For the prevention part, any information about a possible threat must be shared with a committee from different agencies for vetting.

BEHAVIORAL HEALTH CONTINUUM OF CARE PANEL

The following members of the Valdez community appeared before the boards to participate in this panel:

- Matt Wadsworth, clinician, Providence Valdez Counseling Center
- Gianna Giusti, counselor, Hermon Hutchens Elementary School
- Gina Hoke, executive director, Cooper River Basin Child Advocacy Center (CAC)
- Crystal Logsdon, Office of Children’s Services (OCS)
- Tom Edwards, OCS

Charity Lee posed questions to the panel, and their responses are as follows:

Question 1: Thinking about the continuum of behavioral health services in Alaska, services throughout the life-span, thinking about our youth, elders, seniors, are there specific projects or programs at your agency that you would like to highlight?

- Wadsworth: We are working on a behavioral health integration of primary care project to increase collaboration. We are providing caregiver support with a resiliency program that enables us to offer mental health support and reduce some of the stigma of receiving help to those who are used to giving help, not receiving it.
- Hoke: Although the main Child Advocacy Center (CAC) is in Gakona, a satellite was opened in Valdez at the Providence Counseling Center, which has allowed service for children and families locally when child abuse allegations are made. Classes such as Safe Touch are available in schools where children can talk about their personal safety and what to do. After intake at the CAC and interviewing the kids, a holistic approach is used to work with the families and caregivers to help them through the process.
- Edwards: His response was not discernible. The Zoom feed was not working properly.
- Logsdon: She is the local Valdez and Cordova OCS worker.
- Giusti: The district has partnerships with many nonprofit organizations in town, such as Advocates of Victims of Violence, Sound Wellness Alliance Network, and Valdez Native Tribe as well as Special Education Services Agency (SESA) and Southeast Regional Resource Center (SERRC). The district has a school counselor at each school and one shared school nurse. The district tries to follow the trauma-engaged framework that has been adopted by the Department of Education. She is thankful for all the programs in town that support families such as a homeless liaison, migrant education, support for English language learners, and Indian education.

Question 2: Thinking about what is working well for behavioral health services in Valdez, what are the barriers and gaps to care, and how do we improve those?

- Wadsworth: Collaborative relationships is one of the strengths in Valdez, and they are working well. We are open to new and innovative ideas which requires us to be flexible and creative. Crisis response is also working well in Valdez. We have mental health crisis response 24/7. He referred to the poem by Joseph Malins called “A Fence or an Ambulance” where the townspeople staffed an ambulance at the bottom of a cliff rather than building a fence to stop people from falling off it. Community behavioral health is like staffing the ambulance, but it would be better served to build the fence as a preventive measure. Some services are available to some people but not others, such as Medicaid-only services. Reducing the burden of documentation would be helpful. Excessive documentation requirements take away time that could be spent helping people. The international fish processing workforce has brought its own mental health challenges.
- Hoke: The CAC does not have a mental health clinician on staff, but families can be referred to the counseling center. Services can be expanded to include the non-offending caregiver, which is a great help to the child involved. Follow-up services can be a problem

if the families have a problem with payment. There are some resources like the Violent Crimes Compensation Board that can help out with some of the costs.

- Giusti: Connections with other organizations is important and working. A big challenge is getting the kids engaged and getting families that need support into the office. Another barrier is the social economic status of people, and some people turning a blind eye toward people who are suffering. She gets to listen to children, and they talk about everything, sometimes making it clear that the family needs some help. There are few services for children under 12 in a mental health crisis, and that is another barrier.
- Edwards: Cooperation with the schools, the police department, and other organizations is working.

Question 3: Could you talk specifically about barriers, needs, and services for youth that you see here in Valdez?

- Wadsworth: The needs of youth are about the same as the adult needs – there is a culture of disconnection. Preventive-type activities such as those provided by Parks & Rec are helpful. The greatest concern at the counseling center is the feeling of being alone or isolated. Sports and dance can engage the kids, but youth engagement is difficult if you're not in sports and you don't dance.
- Hoke: There is a lot of isolation now with social media. A lot of advocacy services are geared toward the caregivers because many times the children are ready for counseling but it's the adults that need to get them there. Trying to engage the kids in activities is difficult because many times they are more isolated than ever before.
- Logsdon: Youth services are tough, and getting families and youth engaged in services is a challenge. The counseling center has clinicians who are specialized and trained to work with children, which is a huge service for the youth.
- Giusti: The level of anxiety from the pandemic has gone unresolved, and the children mimic the anxiety of the adults around them. Supporting the whole family, everyone who lives in the household, is important as we strive to get back to normal.
- Hoke: Research has shown that early intervention is a great help toward a healthy adult life. The ACEs study showed that most of the adult problems stem from adverse childhood experiences. Substance abuse occurs when the adults are masking the pain of the childhood experiences.

Question 4: Thinking about crisis service needs in Valdez for youth and adults, where do you identify that need, and what services would help?

- Wadsworth: Even during COVID they have been able to maintain 24-hour, seven-days-a-week crisis intervention. The first responders in Valdez are compassionate and caring and will transfer people to the hospital where the counselors will intervene. It would be helpful if the counselor could respond with law enforcement to homes.

- Hoke: Having the multidisciplinary team under the one roof at the CAC helps to minimize further trauma to the child in not having to tell what happened over and over. The district attorney and Division of Juvenile Justice are in Palmer, but we try to do the best we can with the services we have here in Valdez.
- Edwards: One of the bigger obstacles is that Valdez does not have any foster homes, so children who need a foster home have to be removed from the community. There is no OCS presence in Valdez, so when a crisis involves OCS, they rely on the community partners to step in until they can get there.
- Giusti: Continuing to support Providence Counseling Center is important. Training and education in trauma-informed care is vital, and suicide prevention training such as ASSIST is available in town as is Mental Health First Aid. She would like to see an ACEs study performed in the community to be more proactive as well as preparing for crises.

Question 5: Is there a one-minute last thing that you wanted to touch on for our board members?

- Wadsworth: There needs to be an associate licensing level for counselors. One of the challenges in rural Alaska is that the clinicians must have a wide variety of skills because whoever comes in the door, the clinician has to be able to handle that. Doing some sort of rural fellowship would be helpful to bring people in and have them work. Usually we get people who come into the community for a couple of years and then go to another community, which helps in those situations where the patient does not want to get help from someone they know. Involuntary admission costs are covered, but voluntary is not, so that falls on the hospital or family members to cover that cost which could be thousands of dollars. If the message is it's better to be involuntary, that is the wrong message.
- There should be a counselor in every Alaskan school. Some counselors travel to a community and are not trusted because they are there for only a short time and don't get to build relationships.

Eric Boyer did not know that voluntary transport is not covered and said that John Solomon and Lance Johnson should be aware of that since the Alaska Behavioral Health Association is the main advocacy body with the state. He said the Trust supports mobile responses all around the state. Small communities have no mechanism for funding mobile response, and they are actively working with the Department of Health to come up with a mechanism because Medicaid and the 1115 waiver doesn't do it.

Eric stated that Anchorage, Mat-Su, and Fairbanks have co-response programs where a clinician goes out with either a police officer or paramedic to try and take law enforcement out of the scenario. He added that Ketchikan is considering imposing an alcohol tax to help fund these services. Anchorage has an alcohol tax, and Juneau has a tobacco tax.

Director Mayes commented that the panel members are all heroes using existing resources to try to address issues with our adults and youth. He asked about what they do in terms of caring for each other and for self-care. Gina Hoke said that they try to treat each other like family members and know that they have each other's back. Gianna Giusti added that she has a checklist she uses before going home to make sure she is present at home. She also goes out in nature and physically moves to work it out before going home.

Eric Boyer asked if there were really no foster homes in Valdez, and Crystal Logsdon responded that there is one licensed foster home with no openings. She has had to remove children from Valdez to place them in foster care, which is challenging for reunification and certainly not an ideal situation. Eric Boyer commented that the Trust is working closely with leadership of the state departments to address the complex care issue.

Adam Rutherford asked where the Title 47s are housed and how they are managed. Matt Wadsworth said they usually come in through the ER. Almost everything comes right through the hospital.

Bobby Dorton asked if there are foster homes in the tribal community, and Crystal Logsdon said licensed foster care is in a crisis mode across the state and she is not aware of any tribal foster homes in Valdez. On a positive note, Bobby said his uncle was adopted into a family in Valdez many years ago and was welcomed as one of their own.

Anthony Cravalho asked what the challenges were of getting residents of Valdez to go into this line of work. He also asked if the demographic of about half the Native population being below the poverty line is reflected in the clientele demographics. Crystal Logsdon said she worked for OCS in her hometown before coming to Valdez, and she found it stressful and awkward to run into people she had worked with. It became stressful to even go to the store or gas station.

Tom Edwards said that disproportionality is statewide. About 22 percent of the population of the state is Native, but about 63 percent of the children in custody are Native.

Matt Wadsworth said there have been a few local clinicians come through. It is challenging because some patients want an insider and some want an outsider. He would like to see jobs on the bachelor's level as well as the master's level. Gina Hoke added that in a small community, you know everyone and some of their problems, and you don't go out much because of that.

COMMUNITY STRENGTHS: How Communities are Supporting Young People

Jessica Sanigaq Ullrich, Ph.D. and Lisa Wexler, Ph.D.

Lisa Wexler is a professor at the University of Michigan, and she has been working on suicide prevention with Maniilaq Association, Norton Sound, Kawerak, and other communities in the YK Delta. Jessica Ullrich is an assistant professor at Washington State University in the IREACH program focusing primarily on research.

They have been working on the Alaska Native Collaborative Hub for Research on Resilience for about seven years, and it is a study about community strengths and the support of young people at a community level. They try to uplift and support indigenous leadership at all levels because so much of the suicide research focuses on what is wrong, but they try to focus on the strengths, heritage, and culture to support well-being. They make the work into a respectful ceremony in the way they engage and set up their intention and process the information together.

There were no documented youth suicides in Alaska Native communities until the 1960s. Colonization changed a lot of the structures that supported well-being in communities, and the communities are beginning to identify that and begin to heal in intentional ways around that by starting with the strengths that have always been there in Native communities.

Elder suicide in Alaska Native communities is much lower than elder suicide in white communities in the Lower 48, and they are trying to understand at a community level why that is. Past research has focused on deficits, illness, and disease, but this study is trying to focus on the strengths, wellness, and solutions.

They work with different groups and have three collaborative hubs with different tribal organizations to host a large gathering of people from across the state. They are getting the young people involved and have formed a youth steering committee to hear their input and get guidance. The community resilience study works in the three regions of the state that are struggling the most with suicide: Northwest, Bering Strait, and Y/K.

Interviews were conducted of 256 individuals in 65 communities and questions ranged from governance to recreation. Some of the subjects and questions asked are listed below:

- Governing responsively:
 - Are elders involved in decision making?
 - Are community meetings well attended?
 - Are community leaders responsive to community needs?
 - Are the different institutions in a community getting together at least every month or organize and coordinate what they are doing?
 - Are they working together?
- Governing responsibly:
 - Are leaders doing what they said they were going to do?
 - Are they acting responsibly?
 - Are young people coming to the community and learning about culture and history?
 - Are teachers and medical providers learning about community history?
- Youth opportunities:
 - Are there summer jobs?
 - Are there job training opportunities?
 - Is there access to Internet?
 - Are there culture camps and chances to get out on the land?
 - Do you have basketball camps or other recreational opportunities?

- Spirituality:
 - Are there resources to help young people tap into a spiritual practice?
 - Are there church practices? Conditional spirituality?
 - Are the options working together?
 - Are they supporting one another?
 - Are young people engaging in activities that include elders?
 - Are indigenous ceremonies continuing around harvesting and subsistence and dance and traditional crafts?
- Schools
 - Does the school teach Alaska Native culture and history?
 - Do teachers get training in culture and community history and values?
 - Does the school calendar include or allow for local subsistence?

Historically, there were some rural Alaskan communities where the churches were more oppressive of the cultural traditions than others, forbidding dances, songs, and native languages. Research is ongoing to determine the suicide rate in more open communities versus the more restrictive ones.

Anthony Cravalho told the story of Buckland, Alaska, where no Native dancing was mentioned in the community plan. A Yupik teacher came to work there, though, and he started a Native dance group for the youth. The church had put a stop to Native dancing for many years, but they found a way to break through, so it was their relationship with the church that had changed. Having Native pastors now guiding the churches has also changed that relationship with the community. It is still Christian based but not the tyrannical method of past days.

A digital story video made by a young person was shown as a sample of the digital stories project where youth made videos and then shared them with the community. The people were proud, and this project showed how much the youth were loved and how well-being is relational between family, community, and peer-to-peer.

RECESS

The business meeting recessed at 4:32 p.m.

Wednesday, October 4, 2023

CALL TO ORDER – 8:45

ALASKA MENTAL HEALTH TRUST AUTHORITY UPDATE

Eric Boyer, senior program officer at the Mental Health Trust Authority, briefly described his background remarking that five and a half years ago he started working for the Trust.

The Trust is a State of Alaska corporation and has a seven-member board of Trustees. There is an official application process to be a member of the board, and the Governor has authority to accept

the recommendation of the review committee or choose someone else. The candidate then has to go through a legislative review process to get approved. Board members are restricted to serving two five-year terms.

The Trust was formed in 1994 after settlement of a lawsuit, and it started with \$200 million and the right to about a million acres of land. By statute the Trust has to make money on the land, and a land sale is going on right now. The proceeds go back to serving beneficiaries along with monies that the Permanent Fund Corporation and Department of Revenue manage.

Beneficiaries are those Alaskans who experience mental illness, developmental disabilities, chronic alcohol or drug addition, Alzheimer's disease and related dementia, or traumatic brain injuries. The mission of the Trust is to provide leadership in the advocacy, planning, implementing, and funding of services and programs for Trust beneficiaries.

FY '24 began July 1st, and \$39 million is allocated in this year's budget. The board's role is to manage how that is approved and allocated as well as the money that's in the Permanent Fund Corporation, Department of Revenue, and the land. The Trust values input from surveys and public testimony to help decide how funding should be allocated.

The five-year behavioral health Comprehensive Plan runs through 2024 and supports beneficiaries around substance use, suicide prevention, housing, and other issues. Boards and community members will be contacted to provide input into the next five-year plan.

About half of the annual budget is for authority grants, actual money provided to an agency or organization to provide support directly to beneficiaries. About one-fourth is for Mental Health Trust Authority Approved Receipts, money going to the state or university system. An example of this is the allocation to DBH to support a project regarding supported employment.

The approved recommendations are sent to the state and get put in the Governor's budget for consideration. This year the Trust made \$9.5 million in recommendations to the Governor. Last year he reduced the recommended amounts by about 30 percent, so advocacy is very important in this process to assist in getting the items approved.

Two big line items are for housing assistance, Special Needs Housing Grant (SNHG) and Housing Assistance Program (HAP). Last year the Governor approved some of that funding, but it was greatly reduced. Again, advocacy got some of that funding replaced.

The Permanent Fund Corporation manages about \$550 million for the Trust, and the Trust gets 4.25 percent each year which provides the corpus of the work it does. The Trust Land Office made \$11 million last year, and if it is not all spent, it comes back to the Trust.

The Trust funds innovative ideas like Crisis Now with stabilization services, 988 call center, mobile crisis team, or supported employment or housing. Lastly, the Trust has over a million

dollars for mini-grants, which are \$2,500 or less to help a beneficiary with a need to improve their life, whether that's clothing or a specific need for care and treatment or for a vehicle.

The primary focus areas for the work of the Trust are as follows:

- Disability Justice. This includes therapeutic courts and any other item to support somebody from going into the system and an added position of occupational therapist in Juneau.
- Mental Health and Addiction Interventions. This is a large line item that covers things like the Department of Family and Community Services (DFCS) designated evaluation and treatment position, all the Crisis Now work, and treatment access.
- Beneficiary Employment and Engagement includes supported employment which is funding that goes into the state but is also an authority grant line item, Volunteers of America.
- Housing and Home and Community-Based Services supports housing units in Anchorage, Fairbanks, Bethel, Nome, Juneau, and soon to be Ketchikan.

A major goal is to establish a behavioral health emergency system similar to the 911 system according to the Substance Abuse Mental Health Services Administration (SAMHSA) best practices guidelines. Work is ongoing in Kotzebue, Mat-Su, Fairbanks, Copper River, Juneau, Ketchikan, and Anchorage with staff partnering with EMS, the judicial and probation systems, and other local providers. Discussions are occurring in Nome, Bethel, Unalaska, and other locations.

They continue to advocate for co-response, a police officer and a mental health person responding to calls, and integration, the combination of physical and behavioral health, all to allow law enforcement to step back. The mobile teams that operate in Fairbanks, Mat-Su, and Anchorage are experiencing amazing outcomes and exceeding the benchmarks set by SAMHSA.

The Health Information Exchange (HIE) is a nonprofit organization that enables the private and secure sharing of health information between medical providers. Responders have the ability to consult the electronic health record in the field on their tablets to see what medications the person is on and which medical providers have been treating the person.

The Trust is working with partners to get 23-hour and short-term crisis beds, and they want to employ the “no wrong door” policy where no one gets turned away and there is a place to go other than jail. They are working with partners and contractors to diminish the stigma and shame surrounding mental health issues.

Working for the Trust Land Office are geologists, real estate agents, and timber experts. The timber industry on Prince of Wales Island generates a lot of income and is done in a sustainable, conservation-minded way. Trust land activity earned \$11 million last year, and there is a land sale going on currently. Fort Knox near Fairbanks is on Trust land, and the Trust receives a royalty on the gold recovered.

The Department of Revenue has over a hundred million dollars of Trust money, and some is set aside so the Trust can pull operating capital from the department for four years if needed.

Bobby Dorton commented that because of the Trust and others advocating for legislation to issue state identification cards to people being released from prison, it is now state law. Eric Boyer commented that was a perfect example of reentry advocates coming together to influence legislation.

Anthony Cravalho asked a question about the land swap, and Eric Boyer responded that the Trust had heavily timbered property around some towns in Southeast, but it could not be harvested because the local people were against it. So they did a one-for-one swap to the National Forest Service so it could be protected in trade for other timbered land in Southeast that can be harvested.

Brenda Moore commented that it was expensive to be a part of HIE and wondered if there were plans to defray the cost for community providers. Eric Boyer responded that there were some funding supports to help with that process and to reach out to the HIE staff.

Adam Rutherford asked if the Trust is considering using funds toward Internet technology to help beneficiaries in rural communities. Eric Boyer responded that recently federal funding came to the state to help with connectivity in rural Alaska, and they are working to figure out how best to support that in terms of Trust resources and advocacy. Stephanie Hopkins added that all of Alaska counts as tribal lands under the FCC Affordable Connectivity Program that can pay as much as 57 percent of your Internet if you meet certain income limits.

Brenda Moore said that in the past, Trustees have had differing viewpoints on prevention such as early childhood funding. She asked if the current Trustees were in favor of the prevention piece. Eric Boyer said that the prevention/early intervention area in the budget was increased by almost a million dollars last summer, so there has definitely been a shift in that priority.

Kara Nelson asked about Travis Welch, and Eric Boyer responded that Travis had been the Trust program officer in the Justice focus area. He now works in the Department of Corrections in Health and Rehabilitation Services. The Trust should have the vacant position filled by the end of the year.

[SUPPORTED EMPLOYMENT: Individual Placement and Supports Model](#)

Director Mayes is the director of the Division of Vocational Rehabilitation within the Department of Labor and Workforce Development. He described his background and experiences growing up with deaf parents.

Director Mayes discussed the Alaska Work Matters Task Force:

- Alaska became an Employment First State in 2014 allowing the use of publicly funded services to people with disabilities with the goal of competitive and integrated employment.
- A comprehensive report is submitted annually to the Trust on data from all of the relevant divisions that deal with competitive and integrated employment, and they now also want

to get it to the legislature to educate them on the power and value of competitive and integrated employment.

- In 2018, Alaska repealed the subminimum wage law that allowed workers with disabilities to be paid less than minimum wage.
- In 2019, a team from several Alaska departments attended the National Governor's Association Employment Learning Lab, and one of the action items that came out of that was to develop the Alaska Work Matters Task Force.
- The Empowerment Through Employment Conference was held in 2019 and included high level employment policy discussions with the State Exchange on Employment and Disabilities (SEED).
- Through SEED came the telework policy, which increased employment for people with disabilities and enabled many to work from home.
- The purpose of the task force was to review and analyze existing policies, practices, procedures, and existing barriers, and prepare a report on the findings. Possible enhancement areas:
 - Making the State a Model Employer of Individuals with Disabilities.
 - Building the capacity of the private sector for more employment opportunities for individuals with disabilities.
 - Designing youth transition programs providing career development.
 - Establishing Employment First initiatives recognizing that work in the general workforce is the preferred outcome.
 - Improving transportation policies for options that are reliable and accessible.
 - Implementing stay-at-work and return-to-work policies for individuals who become ill or are injured.
 - Supporting disability-owned and disabled-veteran-owned businesses through procurement and contracting systems.
 - Enhancing rural traditional skill development.
 - Individualized Placement and Supports Model.

The task force had 28 members including tribal representation, private employers, members of beneficiary boards, individuals with disabilities, and directors of several state agencies. Telework continues to be a core employment strategy for people with disabilities.

Some cross-agency collaboration within the State of Alaska include:

- The Trust Beneficiary Employment and Engagement became a reality.
- The At-Risk Youth Initiative was implemented.
- The Senior Employment Initiative has been elevated.
- The Business Employment Services Team was expanded.
- Regular Empowerment Through Employment conferences will be held.

Some high points of the Task Force Final Report include:

- State of Alaska as Model Employer is the first core area.
 - Set utilization goals for state hiring. Carr's is number 1 for hiring people with disabilities, and the State is number 2.
 - Increase awareness and utilization of existing Provisional Hire programs to avoid the competitive process through Workplace Alaska.
 - Establish a Centralized Accommodation Fund (CAF) for State positions to cover increased cost of hiring the disabled. It is hoped that this will be adopted during the next legislative session.
 - Increase State employment for people with the most significant disabilities which would require personal care services as a form of accommodation.
 - Ensure that all State of Alaska online platforms are fully accessible.
 - Educate executive and legislative staff about disability employment trends.
- Second, Building the Capacity of the Private Sector.
 - Building on the existing Business Engagement Services Teams. They spend a lot of time educating employers throughout the state on all issues specific to disability so they are better prepared to employ people with disabilities.
 - Continue planning and implementing job fairs, including the virtual approach.
 - Increase the number of students with disabilities served by the Alaska Vocational Technical Education Center. AVTEC has been modernized, and its placement rate of trained individuals is 95 percent.
 - Increase the number of people with disabilities involved in apprenticeships and internships. There were two apprenticeship grants written through the Alaska Workforce Investment Board.
 - Support disability-owned and disabled veteran-owned businesses through procurement and contracting systems.
 - Reduce hiring barriers for job seekers within the justice system involvements. A committee is being formed to investigate this recommendation.
- Third, Employment Services and Supports.
 - Strengthen State support for Employment First.
 - Strengthen implementation of the state Medicaid plan and waivers to better support employment services and outcomes.
 - Expand the use of the Individual Placement and Supports (IPS) model for people with mental health conditions or substance use disorders. This will be addressed later in the meeting.
 - Improve transportation policies. Patrick Reinhart is leading this effort.
 - Support rural traditional skill development such as subsistence and self-employment. They are working with the 11 Tribal Vocational Rehabilitation directors to accomplish this recommendation.
- Fourth, Preparing for work and transition.
 - Expand and improve existing school-to-work transition resources for school personnel.
 - Strengthen the At-Risk Youth Initiative.
- Fifth, Stay at Work, Return to Work.

- Stay-at-work and return-to-work policies and programs for individuals who become ill or injured on the job. Legislation to accomplish this is moving forward.
- Support and encourage teleworking where possible and desirable.
- Invest in post-COVID health and safety planning.
- Support and expand the Senior Employment Initiative. The Mature Alaskans Seeking Skills Training (MASST) program was transferred from the Division of Employment and Training to the Division of Vocational Rehabilitation. There is a significant uptick in the number of seniors who want to work.

An ad hoc committee was formed to coordinate activities and assess progress with respect to implementation of the recommendations in the report, and updates will occur through the existing beneficiary boards.

Beth Wilson, a social services program officer at DBH, described the IPS model for people with serious mental illness. The model has eight key principles:

1. Focus on competitive and integrated employment.
2. Eligibility is based on client choice. If an individual wants to work, they will be referred to the employment team.
3. Integration of rehabilitation and mental health services. An employment specialist is a member of the treatment team.
4. Attention to worker preferences.
5. Personalized benefits counseling including Medicaid and Social Security.
6. Rapid job search. The employment specialist will begin looking for employment on the client's behalf within 30 days.
7. Systematic job development. The employment team meets with employers and explains the program.
8. Time-unlimited and individualized support even after securing a job.

People in IPS attain employment faster, hold jobs for longer, and work more hours. IPS is more effective than alternative vocational approaches regardless of a variety of client background factors. People earn more, they have reduced substance use, reduced hospitalizations, and better control of their symptoms.

A steering committee was formed to perform site reviews of fidelity, reviewing files, interviewing staff, and accompanying the employment specialist on calls. South Peninsula Behavioral Health and Frontier Community Services both received good reviews.

In response to a question from Brenda Moore, Director Mayes explained that there were two tribal directors on the task force, and they developed a set of recommendations included in the report. Anthony Cravalho asked what was being done for the personal care services as a form of accommodation for employment. Director Mayes replied that nothing has been done except listing it, and that is the first step.

BOARD BUSINESS

SITE VISITS

Board members engaged in site visits to Providence Hospital, AHFC, Food Bank, Valdez Middle/High School, Senior Center, Fire Department, and the Job Center.

SITE VISIT REPORT OUT

Valdez Food Bank

It looks like the food bank has a pretty strong infrastructure, but some concerns were raised about storage space, delayed shipments, and possible loss of access to one food distribution program.

Valdez Middle School and High School

The counselors work hard to remain separate but work together as the two schools are attached and share a parking lot. The children here are going through the same things here in this small community as in a large city, and the pandemic has affected school-aged kids in a big way.

Senior Center

The center has a fairly new director, but he has a real passion for his work. He is interested in doing intergenerational activities that bring youth and seniors together, and they are doing that in one of the schools with a reading program. There was one employee that was a recipient of the advocacy training. The commercial kitchen is spacious, and they are thinking about how to use that to serve the community. They are also thinking about some sort of intergenerational daycare, so the seniors are helping out with the young kids. The seniors get disconnected and feel less respected because there is no positive feedback from working. A lunch was provided, and it was similar to being in a restaurant. The facility was clean, and the food and service were great.

Job Center

Some employers are just not willing to hire people with disabilities, citing concerns about time spent training and supervising. The Job Center manager has also visited the schools trying to get the kids thinking about a career path. She also encourages the public to bring the children with them while they are looking for work because there is no licensed childcare in Valdez.

Domestic Violence Shelter

The shelter was full, and that seemed to be the regular standard. A number of upgrades have been made to the facility that were funded through the Infrastructure and Jobs Act. A new roof is next, and there is a new security system with cameras that is useful to the neighborhood and police department.

Providence Hospital and Counseling Center

The hospital and counseling center were impressive, especially because of the small size of the community. The number of services that they are able to offer is amazing. The hospital side does not get funding from the city and is able to fund services primarily through third-party billing of Medicaid and private insurance. The physician and nursing staff seem to be in pretty good shape. The employees, especially Matt, wear different hats, and there is a lot of respect for staff and what is accomplished. The hospital is not a community health center because they are not considered

to be in a medical professional shortage area even though they are in a rural area and a lot of their staff was TDY.

Alaska Housing

They have a good process of just housing people where they can because there is very little housing in Valdez, but there are new developments happening.

Generally, the feeling was collaborative in most all the sites, people working together, partnerships being formed, and people wearing different hats as needed. The foundations have been built in Valdez, and the feeling is very hopeful.

PUBLIC TESTIMONY

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

RECESS

James Savage **MOVED** to recess the meeting, **SECONDED** by Renee Schofield. Hearing no objection, the motion **PASSED**, and the meeting recessed at 7:31 p.m.

Thursday, October 5, 2023

CALL TO ORDER – 8:45 a.m.

AMHB/ABADA Strategic Planning Discussion and Activity

Stephanie Hopkins outlined the objectives for this part of the meeting as follows:

- Know AMHB and ABADA statutory duties and discuss their interpretation.
- Identify FY24-25 priority areas for improvement.
- Brainstorm actions and project ideas for FY24-25 and beyond.

The primary focus areas are as follows:

- Increase access to safe and patient-centered institutional and community supports including withdrawal management, psychiatric care, and telehealth.
- Identify gaps and areas to build the continuum of care for substance use and mental health conditions.
- 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.
- Reduce the stigma and negative feelings about substance misuse and mental health concerns.
- Increase supportive employment services.
- Increase access to housing and housing supports.
- Behavioral health and primary health care integration.

- Reduce harm caused by alcohol misuse.

Normally, the primary focus areas for the next year are decided at the October meeting; however, staff proposes to wait until the January meeting to choose those areas to allow for some additional foundational work prior to starting that process.

The priority areas for improvement as identified by staff include:

- Planning and coordinating federal and state laws. The Advocacy Committee tracks a lot of laws and in the past has been more on the forefront of the legislative process. The API Governing Board has identified a bill that would be favorable, and perhaps the boards could help with that. The boards do not track federal legislation, but that is an area that could be explored because a lot of the state-funded behavioral health system comes from federal legislation.
- Annual implementation plan for Comprehensive Mental Health Plan. Charity Lee and Jenny Weissaupt are attending weekly meetings to develop the next five-year Comp Plan.
- Comprehensive plan for alcohol and drug treatment and prevention. There is a question whether this should be a separate plan or a larger section of the Comp Plan.
- Advising on substance use and mental health prevention, diagnosis, treatment and recovery. More education as to research and development needs to be available to the governing bodies.
- Public engagement. Staff would like to increase efforts in this area. For the Valdez meeting, there was an ad on the radio, and staff arrived a couple of weeks before the meeting and put up flyers and made relationships with people which boosted attendance. They want to increase the number of positions in the office to better track information requests. The block grant information should be more accessible, and public engagement should be increased.
- Periodic reporting. Staff would like to create an annual report with sections on board meetings, public comment received, advocacy work done, and research and planning, and provide that report to the boards.

Project ideas proposed by staff for FY24-25:

- Convene stakeholders before July to obtain feedback on current year's optional tables. DBH is the SAMHSA designated mental health planning council and is supposed to be engaged in the block grant application process. In the past, the boards were more engaged in the process, but it has moved away from the boards to DBH. The application has a lot of optional questions and tables, and because of time restraints, those have not been answered or filled out. Convene stakeholders after July to discuss newly released application and plan.
- Expand planning and coordination for substance abuse disorder prevention, treatment, harm reduction and recovery. Convene monthly meetings with stakeholders to discuss comprehensive planning work. At present, there is only one goal of the Comp Plan that is related to substance use, and the question is how this topic can be approached a little more broadly. They should stay involved in discussions and continue reminding people that the

DOC should be involved in this as well. FASD rates and treatment should be a part of the alcohol and substance use portion of the plan.

- Review grantee reports and community action plan summaries. DBH requires communities to have a community action plan meeting which brings together all the providers. The community group and all of their grantees are submitting reports which can be overwhelming. It would be great to have all the reports summarized and available.
- Support Statewide Epidemiology Workgroup. The Statewide Epidemiology Workgroup is a SAMHSA group, and staff proposes supporting them and expanding that group and its effectiveness.
- Make data more easily accessible to others by creating a data dashboard repository page on the AMHB/ABADA website. The State of Alaska does not have publicly facing accessible data. Staff proposes to create a single webpage that links to all the Alaska data dashboards as well as dashboards managed by universities and other organizations that have Alaska data.
- Evaluate records of Department of Health data requests. The Department of Health currently has many of the data systems for the state, and they get a lot of data requests. If those data requests could be reviewed and analyzed, it would be possible to meet the data needs of providers and the public. Data across organizations is defined differently, and that makes it difficult to have a cohesive data dashboard.
- Solicit ongoing public comment through the website. They are evaluating how there could be a link to a Google form or portal where people can send in comments.
- Host monthly consumer teleconferences. They used to hold these teleconferences and are looking into how to implement this again.
- Create a technical assistance log capturing technical assistance provided, public comment received, and requests received in meetings. Report on that as a standing agenda item in the monthly Executive Committee meetings.
- Any comments received at meetings, through the website, and monthly consumer teleconference will be analyzed and included in the annual report. A qualitative analysis of public comment received can be approached in a variety of ways, but utilizing the data should allow them to better engage with the public.

The members broke into small groups to review the statutory duties of ABADA and AMHB, discuss the priority areas for improvement, and develop project ideas to address areas of improvement.

BOARD BUSINESS, Continued

Board Elections and Subcommittee Appointments

Stephanie Hopkins reported that the Hiring Committee has been meeting since May, and it has advanced a candidate for the Executive Director position to the commissioner's office for approval. It is anticipated that other departmental approvals and ultimately the Governor's approval will be completed, and the new person will be on board by January.

Anthony Cravalho presented the slate of officers as determined by the nominating committee, and after nominations were taken from the floor, the following slates were elected by unanimous consent:

ABADA

Chair – Renee Schofield
Chair Elect – Kara Nelson
Secretary – Katholyn Runnels
At-Large – Anthony Cravalho

AMHB

Chair – James Savage
Chair Elect – Tonie Protzman
Secretary – Bobby Dorton
At-Large – Sharon Clark

Subcommittee Appointments:

Legislative Advocacy Committee:

AMHB

Brenda Moore
Tonie Protzman
Karen Malcolm-Smith

ABADA

Anthony Cravalho
Kara Nelson
Renee Schofield

Dual Seat

Bobby Dorton

Statewide Suicide Prevention Council:

Anthony Cravalho

Food and Nutrition

Tonie Protzman
Renee Schofield
Anthony Cravalho

Board Development

Renee Schofield
James Savage
Katholyn Runnels
Adam Rutherford
Sharon Clark

Unfinished Business/Set Date for Next Meetings/Discuss Locations for Next Meetings

- Virtual board meeting January 10, 2024 from 9 to noon.
- Spring urban meeting in Wasilla. Proposed dates will be announced later.

Members of the boards offered the following locations for the October 2024 rural board meeting. Staff will investigate transportation, lodging, and meeting locations and report back at a later time.

- Galena

- Dillingham
- Prince of Wales
- Wrangell

Other Business

D.C. Ricci provided a written report by e-mail that was read by Stephanie Hopkins.

FINAL COMMENTS

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

- Appreciate Stephanie Hopkins and the work she has done in the last few months.
- Honored to be a part of this group.
- The existing meetings among the people in Valdez and the collaboration when they were working together were impressive. Appreciated the good feeling of this meeting.
- The site visits were enlightening.
- The staff has a passion for this work, and that is appreciated.
- The board has come a long way, and it was nice to be in Valdez and spend time with everyone.
- The board is a good, strong, cohesive team.
- This in-person meeting has erased the feeling of not being connected. Will be more proactive next year.
- Thanks to the senior members who take the time to teach new board members.
- Thank you to the awesome staff who helped and supported Stephanie during her appointment as acting director.
- Appreciate everyone and the work for Alaskans individually and collectively.
- This was an extremely functional and pleasant meeting.
- There are professional relationships and friendship relationships, and this board has both. It feels like a family board.
- Hearing from the people in Valdez was awesome.
- Feeling safe and comfortable in these meetings, and feeling a lot of deepening connections.

ADJOURNMENT

Katholyn Runnels **MOVED** to adjourn, **SECONDED** by Renee Schofield. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 12:56 p.m.

MOTIONS

Renee Scholfield **MOVED** to approve the agenda as presented, **SECONDED** by Tonie Protzman. Hearing no objection, the motion **PASSED**. Page 1.

Katholyn Runnels **MOVED** to adjourn, **SECONDED** by Renee Schofield. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 12:56 p.m. Page 31.