



Summary Report of Winter Board Meeting February 8-10, 2022

Executive Summary

The Alaska Mental Health Board (AMHB) and the Advisory Board on Alcoholism and Drug Abuse (ABADA) hold joint board meetings for the purpose of promoting the effective coordination of Alaska's behavioral health services and programs. Due to the COVID-19 pandemic, this meeting was held virtually via Zoom. Throughout the meeting the boards received updates from affiliated organizations located across the state and members of the Advocacy Committee met with legislators to discuss legislative priorities of the boards. The boards also hosted a public comment hearing to gather personal testimony from providers, administrators, and behavioral health consumers.

Planning and Announcement of the Meeting

This winter meeting of AMHB/ABADA is typically held in Juneau to coincide with the legislative session, however due to an increase in COVID-19 cases, these meetings were held virtually via Zoom. This meeting was advertised via online public notice, GovDelivery, and a flyer was created for distribution by external stakeholders, including the Alaska Behavioral Health Association.

Schedule of Events

- February 8* Presentations from the Alaska Mental Health Trust Authority and Alaska Behavioral Health Association.
- February 9* Panel on Southeast Alaska's Continuum of Care, presentation on HB 172/SB 124 Mental Health Facilities legislation, public comment.
- February 10 Presentations from the Department of Health and Social Services, Central Council of the Tlingit and Haida Indian Tribes of Alaska, panel on youth mental health services, and board business.

*Meetings with legislators and the Advocacy Committee took place on February 7, 8 and 9 via Zoom.



Highlights from Partner Presentations

Alaska Mental Health Trust Authority (Trust)

The Boards received a general overview of the Trust from newly appointed CEO Steve Williams, including the organizational structure, mission, Trust Land Office operations, and general budget development process. Trustees approved FY 23 spending allocations by primary funding areas including Disability Justice , Mental Health Addiction and Intervention , Beneficiary Employment and Engagement , Housing and Home and Community-Based Services , as well as additional priorities like Workforce Development and Early Childhood and Prevention . More information on the Trust FY23 budget can be found at this website: <https://alaskamentalthtrust.org/alaska-mental-health-trust-authority/fy23-budget-development/>

The Trust has continued investment in the Crisis Now model, including program staffing, call center expansion and planning efforts in Fairbanks, Mat-Su, Anchorage. The Trust is also engaging in stakeholder outreach in rural communities across Alaska. The Fairbanks Mobile Crisis Team began providing 24/7 services in December 2021, assisting 23 individuals in 40 calls, over half of the time de-escalating and stabilizing without the need for law enforcement or emergency medical services. The hope is that this type of response will continue and will be achieved in other communities throughout Alaska.

Alaska Behavioral Health Association (ABHA)

ABHA CEO Tom Chard shared an update from their member organizations, including challenges with service implementation due to flat funding and cuts to behavioral health treatment and recovery grants, administrative burdens, workforce challenges, continuity of care issues, and general system failures. Members have experienced new opportunities in the last few years, including an increased awareness of behavioral health treatment, a new appreciation and capacity for telehealth, opioid settlement funds and Federal COVID relief funds, and the 1115 Medicaid waiver. Members voted on legislative priorities including the budget, telehealth (including HB 265 and SB 175), data transparency, children/youth mental health including education and related bills HB 60 and SB 80), Title IV Alcohol Board reform (SB 9), housing, workforce, DHSS split and all-payer claims databases.

ABHA has begun developing the Behavioral Health Data Collaborative as a model for data collected by the State to be analyzed and used in a way that helps the behavioral health system as a whole. The Collaborative has been introduced to partners such as the University of Alaska, Department of Health & Social Services, Division of Behavioral Health and Healthcare Services.

Department of Health and Social Services

HB 172/SB 124 Mental Health Facilities/Meds



DHSS Deputy Director Heather Carpenter, DHSS Project Coordinator Laura Russel, Trust CEO Steve Williams and Assistant Attorney General Steve Bookman from the Department of Law presented to the boards on legislation that is intended to move the crisis model of care forward in Alaska. The bills effectuate a no-wrong-door approach on stabilization services, enhance options for law enforcement and first responders to efficiently connect Alaskans in crisis to the appropriate level of crisis care, and support more services designed for stabilization, including 23-hour crisis stabilization centers and short-term crisis residential centers. Pieces of this legislation are narrowly focused on the current Title 47 civil commitment statutes; however, the bills do not change the current statutory authority for who can order an involuntary commitment, nor does it change who has statutory authority to administer crisis medication.

This legislation was crafted to continue the implementation of Crisis Now which includes crisis call centers, mobile crisis teams, 23-hour stabilization, and short-term stabilization. Parts of this model are being implemented in communities across Alaska, and some services are covered under the 1115 Medicaid Waiver for eligible patients and providers, however the no-wrong-door component is in jeopardy if these bills fail to pass before the end of the 32nd session of the legislature.

Executive Order 121 Reorganization

Commissioner Adam Crum and Deputy Director Heather Carpenter presented on Executive Order 121 (EO), which reorganizes the Department of Health and Social Services into two departments, Department of Health (DOH) and Department of Family and Community Services (DFCS). The bifurcation was proposed in an executive order last year; however, it was withdrawn to make the changes that are reflected in this year's EO, including planning and stakeholder engagement for the transition period, correction of drafting areas and erasing redundancies that were deemed unnecessary.

The split is meant to reduce bureaucracy for the public to navigate and for the legislature to oversee and allow leadership to work more effectively with stakeholders and employees to address concerns before they turn into issues. The EO was introduced on the first day of session in 2022, giving the legislature 60 days to disprove the EO in a joint session; barring this outcome the bifurcation will take effect on July 1, 2022.

**Editor's Note: EO 121 was not disproven and became law on March 18, 2022.*

Central Council of the Tlingit and Haida Tribes of Alaska

Dr. Tina Woods, senior director of Community and Behavioral Services (CBS) for Central Council of the Tlingit and Haida Indian Tribes (CCTHITA) provided an overview of new behavioral health programming that has been in place since November 2021. CBS includes departments of Tribal Family Youth Services, Family Court Services, Community Wellness Advocacy, Re-Entry and Recovery, and Behavioral Services. These departments provide outpatient mental health and substance use disorder assessments, individual, group and family therapy, same-day crisis response, tele-behavioral health services, community crisis response, and programs for Elders (Elder Virtual Talking Circles) and Youths (Native Youth Olympics). There are three non-congregate shelters in operation for citizens



returning from incarceration, as well as those in recovery who need a safe, sober place to live and individuals returning from residential treatment.

CCTHITA is currently working with the State of Alaska to become a Medicaid billable agency, which will open services to non-tribal members, who are currently unable to utilize CBS programs other than re-entry and recovery. Plans for future programming include intensive outpatient programs, culturally responsive men’s healing, and the promotion and curriculum creation for peer support.

Highlights from Community Panels

What is Southeast Alaska’s Continuum of Care?

Board member Philip Licht moderated a panel of substance use providers from Bartlett Hospital, Front Street Clinic, Southeast Alaska Regional Health Consortium (SEAHRC), and Public Health Nursing. Providers discussed the continuum of care and the levels their agency provides for substance misuse, as well as needs the agency or community has to offer a full continuum of care. The boards heard that gaps in the continuum come from a lack of inpatient beds and few services available in outlying communities, but peer support could help fill some of these gaps.

Panelists discussed the impacts telehealth has had in service delivery, which has made patient access to office-based opioid treatment easier and had some impact on de-stigmatizing those receiving treatment. Telehealth has also served patients that struggle with transportation or mobility issues maintain care, and decreased the number of no-shows, however, the benefits of telehealth are limited to those who have the technology and skills to access services remotely.

Statewide Panel on Youth Mental Health Services

Panelists from Alaska Behavioral Health, Residential Youth Care and the Juneau and Bering Strait School Districts discussed the status of youth mental health services across the state. Panelists shared the momentum gained prior to the COVID-19 pandemic, innovations that were made to adapt to pandemic restrictions, including telehealth, and work on SAMSHA’s Project AWARE (Advancing Wellness and Resilience in Education) grants that provide school-based clinical services. Difficulties in recruitment and retention of employees were shared across the state, due to burnout, funding and funding cycles, and lack of access to affordable housing.

Despite the setbacks of the past few years, panelists reported success in a number of long-term programmatic areas including expansion of services available in schools, “grow your own” workforce initiatives, crisis response in Ketchikan, and community engagement programs for youth. The Boards heard that new and complex needs are arising in more children, and issues typically prevalent in high school youth are now showing up in middle schoolers. Assessment of youth can only go so far without services in the community to link to.

Public Comment

The boards heard live comments from eight members of the public.



Comments from attendees included:

- Need for crisis intervention services and gratitude for areas that have them
- Upstream primary prevention for opioids
- Lack of prescribing providers in Fairbanks and correspondingly long waitlists
- Input needed for a public service announcement on opioid use for commercial fisherman
- Need for harm reduction services like syringe access programs and other clean injection supplies, Narcan, fentanyl test strips
- Stigma reduction
- Advocating for early screening for suspected traumatic brain injuries
- Increased access to mental health services is needed, particularly in the pre-release justice involved population
- Debt burdens from student loans or child support are traumatic and instigating relapses and recidivism
- Need for transition services for those leaving in-patient treatment

Legislative Visits

Prior to the meeting, members of the AMHB/ABADA Legislative Advocacy Committee selected members of the legislature they would like to meet with to discuss board priorities. Meetings with the offices of Representatives Tuck, Zulkosky, Snyder, Kreiss-Tompkins, Spohnholz, Patkotak, LeBon, Claman and Merrick, and Senators Micciche, Gray-Jackson, Wilson and von Imhof were held February 7-9 via Zoom.

Board Business Discussion and Actions Taken

Board members received a training on how to use the Narcan kits that were distributed with meeting materials, including how to differentiate between use and misuse of opioids, what to do in the event of a suspected overdose, and symptoms of opioid withdrawal.

The chairs led a discussion setting goals for actions that can be taken outside of statutory duties as board members. Topics of interest include:

- Domestic violence, and Missing and Murdered Indigenous People
- Data utilization
- Withdrawal management and detox services
- Stigma reduction
- New models for sober and recovery housing
- Peer support
- Workforce shortage
- Telehealth
- Repurposing vacant buildings for treatment centers



Board members voted to approve a rural outreach program for small groups of board members in April and May, reporting out to the full board at a quarterly meeting in June. In subsequent meetings of the Executive Committee, the rural outreach program was tabled in favor of an in-person meeting in Sitka in early spring 2022.

Follow Up Discussion Items

- Staff will be working to update public notice template language to clarify appropriate behavior for meeting attendance.