Advisory Board on Alcoholism and Drug Abuse
Alaska Mental Health Board

Quarterly Board Meeting Minutes

Held via Zoom

October 12 – 13, 2021

Dually Appointed Members Present:
Monique Andrews
Robert Dorton
Diane Fielden

Dually Appointed Members Absent:
Brent Tri

ABADA Members Present:
Renee Schofield, Chair
Lee Breinig
Anthony Cravalho
Philip Licht
Christine Robbins
Katholyn Runnels
Enlow Walker

ABADA Members Absent:
Blake Burley
Chase Griffith

AMHB Members Present:
Sharon Clark, Chair
William Cook
Christopher Gunderson
Karen Malcom-Smith
Brenda Moore
Tonie Protzman
Charlene Tautfest

AMHB Members Absent:

Ex-Officio Members Present:
Tracy Dompeling (Day 1)
Sharon Fishel
Catherine Stone
Duane Mayes (Day 1)
Adam Rutherford

Ex-Officio Members Absent:
Gennifer Moreau-Johnson – excused
D.C. Albert Wall – excused

Staff:
Bev Schoonover, Executive Director
Teri Tibbett, Advocacy Coordinator
Jennifer Weisshaupt, Planner II
Stephanie Hopkins, Health Planner II
Kevin Holian, Administrative Assistant II
Val Cooday, Statistical Technician I

Minutes Prepared by: Paula DiPaolo, Peninsula Reporting

Tuesday, October 12, 2021

CALL TO ORDER – 8:30 a.m.

Chair Renee Schofield welcomed the Board members to the meeting. The mission statement was read by Enlow Walker, and Board members introduced themselves and disclosed conflicts of interest as follows:

ETHICS DISCLOSURES

Lee Breinig	Has a family member who is a Trust beneficiary; does contract work for an organization that receives funding from the Trust, Ionia; and a tribally enrolled member of Tlingit and Haida as well as Sealaska and Kavilco.
Philip Licht	President and CEO of Set Free Alaska, which bills Medicaid and receives State grants; is a director of the OPS council for Recover Alaska, which manages the State COVID funds.
Katholyn Runnels	Sits on the Controlled Substances Advisory Board.
Dr. Enlow Walker	Member of the Fairbanks North Star Borough Health and Social Services Commission, which distributes grant funding, some of which is State funds.
Charlene Tautfest	Board President of Peninsula Community Health Services, which bills Medicaid and receives State grants.
Christopher Gunderson	Denali Family Services, a CBHTR grantee and bills Medicaid.
Tonie Protzman	Executive director of the National Association of Social Workers in Alaska, and a program administrator for Cornerstone Recovery in Anchorage.
Tracy Dompeling	Director for Alaska Division of Juvenile Justice.
Sharon Fishel	*Ethics disclosure was put in the meeting chat and not verbalized. Transcription unavailable.*
Adam Rutherford	Chief mental health officer for the Department of Corrections.

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

APPROVAL OF THE AGENDA AND PREVIOUS MEETING MINUTES

Philip Licht **MOVED** to approve the agenda and the minutes from the July 2021 meeting, **SECONDED** by Charlene Tautfest. Hearing no objection, the motion **PASSED**.

OLD BOARD BUSINESS

Excused and Unexcused Absences

Renee Schofield clarified the procedure for requesting an excused absence from meetings. It was explained that if the member e-mails the staff/Bev Schoonover and the chair of the appropriate board that they cannot attend a meeting, the absence will be counted as excused. That is important because unexcused absences is one of the reasons a member could be asked to step down.

NEW BOARD BUSINESS

Officer Elections Nomination Committee Update

Philip Licht **MOVED** that for the ABADA board, Renee Schofield serve a second term as the chair, Lee Breinig as the vice-chair, Anthony Cravalho as the secretary, and Diane Fielden as the at-large position, **SECONDED** by Enlow Walker. Hearing no objection, the motion **PASSED**.

Monique Andrews **MOVED** for the AMHB that Sharon Clark serve as chair, Charlene Tautfest as the vice-chair, Brenda Moore as the secretary, and Monique Andrews as member-at-large, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**.

Statewide Suicide Prevention Council Update

Eric Morrison, who works for the Statewide Suicide Prevention Council, reported on suicide statistics for 2020. The 204 suicides in 2020 was the second highest in the last ten years, and American Indian and Alaska Native suicide deaths decreased from 2019, the highest number on record. Males accounted for 165 deaths compared to 39 for females; and suicides by firearm in 2020 were the highest on record.

September was Suicide Prevention Month, and the Governor also issued a proclamation identifying September 5 – 11 as Suicide Prevention Week in Alaska. International Suicide Prevention Day was September 10, and the council held a webinar co-hosted with the Alaska Native Collaborative Hub for Research and Resilience regarding working with community members to create more protective environments for Alaska Native young people.

The council also hosted an information booth at the Out of Darkness Walk in Anchorage on September 11th, which was sponsored by the Alaska chapter of the American Foundation for Suicide Prevention.

Congress passed a bill in 2020 to create the phone number 988 for suicide prevention lifelines across the country, and Alaska's 988 number should be fully operational in July 2022.

The current State Suicide Prevention Plan, titled Recasting the Net, Promoting Wellness to Prevent Suicide in Alaska, will expire in December of 2022. A State Plan subcommittee has been formed from representatives from the council, AMHB, ABADA, Alaska Mental Health Trust Authority, AFSP Alaska, Alaska Native Tribal Health Consortium, and Senator Begich's office, and the subcommittee will be working on the new State Suicide Prevention Plan.

Alaska Work Matters Task Force Update

Sharon Clark reported that the purpose of the task force is to improve employment outcomes for Alaskans with disabilities, and the organizational meeting was held in March. A survey was taken of the members to find out what their interests and concerns are, and five core topic areas were identified. The culmination of this task force will be a series of recommendations that will be forwarded to the Governor in February 2022.

Alaska Psychiatric Institute (API) Update

Charlene Tautfest reported that this board meets monthly, and at a special meeting recently, the board discussed the vaccination and mask mandates. There is concern that if the vaccine mandate goes into effect, about 40 percent of the staff would be lost. They are trying to get API approved as a SHARP eligible site, which might help with staffing. One challenge to the staffing shortage is that API pays less than other organizations in the area, but there is an effort to build relationships with other facilities, Providence in particular.

The board is making progress on reviewing the hundreds of API policies that are archived, and a safety survey last completed in 2019 with a very low turnout will be sent out again.

Purchases include new furniture to open the winter garden, lockers for inpatients, and Wi-Fi. It is possible the federal government will contribute funds for the Wi-Fi. A DSH preliminary audit suggests that API was overpaid and may have to refund $1 million.

The daily program schedules for patients are being redesigned and allow four to six hours a day of activities. Follow-up meetings with Alaska Behavioral Health are scheduled to discuss methods of discharging.

Anthony Cravalho asked what the source was for the information that staff would be let go based on COVID vaccines. Charlene Tautfest responded she believed it came from the CEO.

AMHB/ABADA STAFF UPDATES

Kevin Holian introduced himself and summarized his background. He has worked for the State for seven years and has a master's degree from University of Bordeaux in France. He performs administrative functions, deals with equipment diagnostics, and is learning to better navigate HR and financial systems and report-generating programs.

Stephanie Hopkins is a planner with the boards. She is involved in legislative and consumer advocacy, and she does policy analysis during the legislative sessions.

Stephanie is updating the Super Advocate Training spreadsheet for participants, and this year there is an online registration form, which will populate the data directly into the spreadsheet. She and Teri Tibbett will be facilitating trainings this year and are scheduling them to try to reach the most people. A storytelling workshop is also in the works where participants tell about themselves and then get feedback from the group.

Stephanie has also been tracking some bills and has run the Trust advocacy weekly teleconference Zooms. She shadows with the FASD Respect Act working with a nationwide coalition.

Stephanie reported that she scans public notices for relative regulations; she is the liaison for the Traumatic and Acquired Brain Injury workgroup, and a group dealing with Alaskans with disabilities. She also joined the Housing and Homelessness Workgroup and hopes to discover how the homeless intersect with the elderly and the re-entry population. She also attends meetings regarding human trafficking in Alaska and how to stop it.

Stephanie has been doing a lot of research on behavioral health and primary care integration, the intersection with equity and access to care coupled with institutional racism and telehealth and broadband access. She is involved with positive community experiences such as communications around positive childhood experiences and has attended a lot of conferences regarding mental health policy, alcohol laws, and Native health, among others.

Val Cooday is the statistical technician for the boards and works on keeping the datasets updated, such as the Behavioral Risk Factor Surveillance System, the Pregnancy Risk Assessment Monitoring System, the Childhood Understanding Behaviors program, and others, and is currently finishing and updating the 2020 data end graphs for the Mental Health National Outcomes Measures Uniform Reporting System.

Jennifer Weisshaupt does a lot of work with OSMAP, Office of Substance Misuse and Addiction Prevention, and meets monthly for the Statewide Opioid Workgroup regarding the Statewide Opioid Action Plan. The State of Alaska received $17 million in federal funds for helping to combat the opioid crisis. There are 13 task forces across the state all doing similar work on opioid prevention but not communicating and sharing their work, so there is some duplication. A group was started called Change Partners, which is a coalition of coalitions working to try to bring the coalitions together, and she is also active in that group.

Jennifer reported that the Overdose Data to Action grant is $3.6 million annually for three years. It began in 2019 for the purpose of strengthening state data systems regarding evidence-based prevention of overdose. An assessment is completed each year, and she will coordinate sending that information to the coalitions.

Jennifer stated she participated in national webinars to get the voice of the people doing the work up to the policymakers on a community level. They used Google Jamboard, and it worked well. Since that first meeting in Juneau, other entities have used it including the Region 10 Opioid Summit in Riverside, California.

She was invited to participate in the last drug overdose death review that OSMAP initiated in 2020 in an effort to strengthen evidence-based interventions to reduce the risk factors and service gaps, and that report is expected to be published soon.

The Association of State and Territorial Health Officials (ASTHO) conducted a training on pain clinic closures. The training included using the incident command system to assess the urgency of each closure, and they are writing a plan for that.

Jennifer is also on the program steering committee for Restore Hope and Linkage to Care Collaborations working behavioral health with first responders and setting up 24/7 mental health crisis response teams.

The Department of Behavioral Health put on a three-day conference, the Medicines for Addiction Treatment Conference this year. Many participants said it was the most trauma-informed, culturally relevant state conference they had ever attended. Jennifer explained that she also focuses on early childhood matters. She sits on RCCY, the Residential Care Children and Youth call, and she meets with the Family Focused Treatment Association regarding therapeutic foster homes.

Jennifer stated the CLEAR Trauma-Informed Schools Project for elementary schools is aimed at modifying teachers' responses to children and behaviors in less of a punitive way and more of a trauma-informed way with the goal of keeping more children in school rather than suspending them. That report was finalized in September.

She is on the steering committee of the Family Services Training Center through the Center for Human Development, a new group that's providing training treatment models and foundations to providers.

Jennifer will make all the links for the above information available to the members.

Anthony Cravalho asked what the biggest need was now for RCCY. Jennifer responded that she thought it was staffing, not due to COVID but because of website problems and background checks.

ALASKA DIVISION OF BEHAVIORAL HEALTH – SPECIAL COVID-19 FUNDING UPDATE

Grant Rich, a research analyst III with Alaska Division of Behavioral Health in Juneau, has over 20 years' experience as a professor of psychology. He is the author of eight books and numerous peer-reviewed journal articles, mostly on trauma resilience and post traumatic growth. He works in grant writing and reporting mostly with the Substance Abuse and Mental Health Services Administration (SAMHSA). He reported on some of the COVID-19 specific funding that has come through Alaska recently.

The SAMHSA block grants are noncompetitive, so as long as the State is in regulatory compliance, it will receive funding. The block grant is typically divided between the substance abuse block grant and the mental health block grant. Alaska combines the two types of grants in one application but still has to keep the data, finances, programming, and target populations separate.

The block grants are for prevention, treatment, and recovery to supplement insurance coverage, so individuals without insurance are targeted, and they support services not typically covered by Medicaid, Medicare, or private insurance.

There is a lot of reporting associated with these grants stating the plans, estimated expenditures, and targeted data goals for both substance abuse and mental health, followed by reports on what was actually accomplished.

These block grants are based in large part on population. For example, Alaska typically receives around $6 million, a lot less than California which receives almost $255 million. SAMHSA was able to award two additional special one-time COVID-19 block grants adding at least $10 million to Alaska's funds for substance abuse and mental health. The spending period for these grants is generous, from two to four years depending on the grant. These grants also set aside funds for primary prevention, important because Medicaid and others don't fund prevention, they fund treatment.

The grant applications are written to specify the activities instead of the receiving organizations. Once the grants are approved, then DBH works with grants and contracts to identify the appropriate agencies. If funds are not expended by the end of the reporting period, a no-cost extension or carryover can be approved if the funds will be expended for work that was already approved. All the grant funds have to be tracked in quarterly reports and financial reports and must be reported in WebGas.

Lee Breinig noted that there was funding allocated for peer support and asked whether there has been any communication with training organizations such as the Alaska Commission for Behavioral Health Certification. Grant Rich responded that the lead peer support person recently retired and said he could get an answer to him later.

Renee Schofield asked if there would be delays in getting the funding out because of the website being down. Grant Rich replied that it is going slower because some of the necessary systems are not available, but if funds are not expended by the end of the budget period, an extension can be granted.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) REGION 10 UPDATES

David Dickinson is regional administrator for SAMHSA Region 10 serving the states of Alaska, Idaho, Oregon, Washington, and 272 federally recognized tribes. Previously he worked in Washington and Kansas and is a trained addiction specialist psychologist. He worked as an agency director in a large facility in Sonoma County, California, with inpatient medical treatment, prevention programs for schools, and Sonoma County Drug Court.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness across America, and COVID and retirement have caused the staff to be reduced by about 25 percent. They operate the Centers for Substance Abuse Treatment and Prevention, Mental Health, and Behavioral Health Statistics and Quality. In response to the opioid crisis, their budget has tripled in the last five years.

The new assistant secretary, Miriam Delphin-Rittman, Ph.D., set the following five priorities for the SAMHSA team:

- Preventing overdose
- Enhancing access to suicide prevention and crisis care (part of 988)
- Promoting children and youth behavioral health
- Integrating primary and behavioral healthcare
- Using performance measures, data, and evaluation to improve performance

Overdose deaths have increased to more than 95,000 nationwide in the one-year period ending at the end of February. To combat the overdose problem, grant funds will be used to purchase fentanyl test strips, overdose reversal drugs, and for education. Future grant funds will be used for harm reduction activities.

SAMHSA has an office of Behavioral Health Equity which created the National Network to Eliminate Disparities. That organization is addressing the issue of equity in behavioral health in multiple historically underserved communities across the county. Also, three Centers of Excellence disseminate training and technical assistance for healthcare practitioners regarding behavioral health disparities.

The SAMHSA-HRSA Center for Integrated Health Solutions is a resource that promotes the development of integrated primary and behavioral health issues. SAMHSA is launching an Office of Recovery to support those who are in or seeking recovery.

In Oregon, the Drug Addiction Treatment and Recovery Act (Measure 110) changed the criminal sentencing laws for schedule 1 controlled substances from felonies to lesser violations and then would direct people to the resources for treatment and recovery, mostly financed with marijuana revenues.

SAMHSA's National Guidelines for Behavioral Health Crisis Care core components include someone to talk to, someone to respond, and a place to go. Many situations are resolved on the phone, but if not resolved, mobile crisis teams would respond. This crisis care would steer these situations away from law enforcement and decrease the impact on jails and emergency departments.

Marijuana is an addictive substance, and about 1 in 10 who use it become addicted. If started at a young age, that is about 1 in 6. Marijuana can cause permanent IQ loss, and is linked to depression, anxiety, suicide planning, and psychotic episodes, and it also affects athletic performance. Marijuana is also linked to an increase in people driving under the influence, and if used during pregnancy, it has been shown to cause fetal growth restriction, premature or still birth, and problems with brain development.

Technology Transfer Centers are located across all ten HHS regions and are focused on workforce training resources and have developed a telehealth learning series which is available through www.telehealthlearning.org.

Also, there is a new Center for Excellence for Protected Health Information relative to health privacy laws, substance use disorders, and telehealth.

The Coronavirus Aid and Relief Act (CARES) provided $425 million to SAMHSA to increase access to mental health services through community behavioral health centers and also provided funds for emergency grants for COVID and emergency response suicide prevention.

The Evidence-Based Practices Resource Centers aim to provide information and tools needed to incorporate evidence-based practices into communities or clinical settings. To see the collection of scientifically based resources, go to www.samhsa.gov/ebp-resource-center.

Lee Breinig asked about Measure 110 in Oregon and wondered if there has been support from law enforcement. David Dickinson responded that he had not seen data on that question yet but noted that he thought that the shift away from interdiction and toward treatment was a national trend.

Adam Rutherford mentioned that Alaska was moving toward more medication-assisted treatment processes with the Department of Corrections and wondered if Mr. Dickinson could address that and the collaboration between SAMHSA and the DEA regarding the transport of controlled substances and national guidelines. Mr. Dickinson responded that SAMHSA and the DEA have been working toward achieving more flexibility so that people can stay in treatment longer. It is important to make medication-assisted treatment available not only while a person is incarcerated but to make sure they can connect and continue with their treatment upon release.

Charlene Tautfest asked how the expiration of funds from the CARES Act or other sources would impact state budgets. She also asked about the vaccine mandate and if there would be an impact on staffing for 988 and crisis lines. Mr. Dickinson replied that the importance of behavioral health has been recognized, and hopefully the block grant funding to all the states will continue. He commented that he has not seen any negative impact from the vaccine mandate yet.

Karen Malcom-Smith asked for a description of the 15 addiction recovery centers in Oregon. Mr. Dickinson referred her to the State of Oregon Health Authority website for that information but added that the centers would be fully staffed 24/7/365.

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM (ANTHC)

BEHAVIORAL HEALTH WELLNESS CLINIC

Dr. Cody Chipp, the director of behavioral health for the Alaska Native Tribal Consortium, announced the opening of the Behavioral Health Wellness Clinic, a telehealth clinic. They strive to prioritize access to services and provide compassionate care, and he stressed that this service is for immediate short-term care so people can avoid a situation becoming a crisis. It takes only about five minutes to register, and the provider tries to call them back within an hour. They are treating adults only at the present time but expect to expand services to those 12 and over starting November 1st.

Currently, the clinic is telehealth only, and they operate statewide for Indian Health Service beneficiaries: Alaska Natives and American Indians only. Since start-up in July, they have seen about 75 people.

Charlene Tautfest asked what the greatest need was of those people that were served by the clinic, and Dr. Chipp responded it was predominantly anxiety and depression and some substance abuse issues. For those who need longer treatment, they try to connect them to another group that could better meet that need.

Lee Breinig asked about trade-offs between telehealth versus in-person care, and Dr. Chipp explained that telehealth removes some barriers to accessing care such as child care and transportation.

In response to Lee's question regarding peer support in working with the clientele, Dr. Chipp talked about an impressive program in Washington that had an elder sit in the waiting room talking with the clientele, which helped build strong connections. Dr. Chipp would like to include standing elder mentorship groups to bring traditional and life experience knowledge to the clientele. Currently the clinic staffing profile does not include peer support.

Robert Dorton asked if services were provided to the rural areas, particularly with peer support, and Dr. Chipp responded that this clinic is telehealth and for short-term treatment. He agreed that peer support is of tremendous value.

A question in the chat asked if the clinic was connected to hospitals for step downs from acute care or referral process. Dr. Chipp said they are not connected with Providence but do have some connections with the Alaska Native Medical Center ER. He noted that patients coming out of acute care are usually best served under the community behavioral health umbrella, but if the clinic can help make the connection for transitions, they are happy to do that.

STAFF UPDATES, CONTINUED

Teri Tibbett, the advocacy coordinator for the Boards, reported that her main goal is to get the issues and concerns of people with behavioral health disorders to the policymakers. She thanked Stephanie Hopkins, who helped get registration forms online instead of using fax and is also bringing new ideas to the office.

Teri explained that they are conducting advocacy trainings online via Zoom for the Joint Advocacy for all the disability groups, and more people are involved since they can call in from anywhere. The training schedule is available on the Trust's Joint Advocacy website, www.AlaskaMentalHealthTrust.org/jointadvocacy. She is writing the annual Joint Advocacy report, which outlines legislative bills and budget items that impact Trust beneficiaries.

Teri explained that she focuses on Fetal Alcohol Spectrum Disorders and is following a bill currently before Congress called the FASD Respect Act, sponsored by Senator Murkowski. For current information on the Act and to see research conducted in collaboration with the University of Alaska, use the link on the Alaska FASD Partnership website.

Teri also works with the Nine Core Messages document, which was created by the FASD Partnership. It details what everyone should know about prenatal alcohol exposure, such as strengths and challenges, statistics, and the latest research.

They also are coordinating a statewide effort to bring together re-entry coalitions and case managers who are helping people transition out of incarceration. The website is www.AKreentry.org, which is not a government website because it's an advocate-led organization. One project they are working on is to bring in digital technology to incarcerated persons who have been mainly isolated for a year-and-a-half because of the pandemic, which will give them the ability to have conversations or engage in telehealth. They are also working on a statewide re-entry resource hub for access to housing, employment, and other services.

Teri reported that the statewide re-entry coalitions are working on both temporary and permanent re-entry housing. They are also working with the Alaska Coalition on Housing and Homelessness and other agencies to bring people together to advocate for supportive housing for people who are justice involved.

RECESS

Hearing no objection, the meeting recessed at 12:30 p.m.

Wednesday, October 13, 2021

CALL TO ORDER – 8:30 a.m.

Chair Sharon Clark welcomed Board members to the meeting.

ALASKA MENTAL HEALTH TRUST AUTHORITY UPDATE

Sharon Clark welcomed Steve Williams, Katie Baldwin-Johnson, Eric Boyer, and Travis Welch to the meeting to provide an update on the Trust.

General Trust Updates
Katie Baldwin-Johnson announced that CEO Mike Abbott is retiring early next year, so the Trustees are currently recruiting for the position and hope to have it filled by the end of the year.

They are also currently recruiting for a Trustee to sit on the seven-member board of Trustees. The representatives review the applications and make a recommendation for qualified candidates, which is then forwarded to the Governor for nomination and confirmation by the legislature.

In August, the Trustees approved an amended FY '23 budget for the Mental Health Trust, and they are already working to develop the FY '24 and '25 budget.

Steve Williams reported that the Governor sent a letter to the board of Trustees with recommendations on how State opioid settlement funds might be expended. An Opioid Advisory Council was established recently, and the Trust holds a seat on that council. The letter also encouraged the Trust to partner with and be a part of the 988 implementation, which the Trust is already doing and is looking forward to having a three-digit crisis line for people to call for help.

The Governor also requested that the Trustees reevaluate and assess GF/MH recommendations, but the staff and partners had looked at those recommendations and made adjustments to what had been previously approved and had reduced the recommendations by about 36 percent, but it did not reduce any services that the Trust had previously supported.

Brenda Moore asked how the funds would be tracked to assess the Governor's veto of funds that the legislature had included last session. Steve Williams replied that most of the vetoed funds would not have a negative impact, but they will pay attention to the system as it's currently funded to see if there are any unforeseen negative impacts.

Legislative
Steve Williams reviewed State legislation as follows:

HB 124 / HB 172 would change certain provisions in Title 47 to redesign the response to persons in crisis to steer away from law enforcement and EMTs and more toward trained mental health personnel who would assess the situation and then refer the person on to the next level of care if necessary. This work is being accomplished in partnership with DHSS and many other entities. This legislation would effectuate a "no wrong door" approach to stabilization services where no one is turned away. If more intensive levels of care are needed, the 23-hour crisis stabilization center is the first step, followed by a short-term crisis residential center.

The opportunity to assess and design a new behavioral health crisis system was made a little easier because of the 2016 Medicaid Reform work and the implementation of the 1115 Behavioral Health Waiver. They were also able to learn of the work in Arizona, Georgia, and Washington where a new behavioral crisis system steering away from law enforcement and EMTs was being studied. Currently, only a doctor or a law enforcement officer can hold someone in an emergency crisis situation. The new system would allow a mobile crisis team to take someone for a 23-hour stabilization period.

Data from Arizona showed that of 100 crisis calls, 90 get resolved by the trained staff receiving the calls. A mobile crisis team was deployed for ten calls, and only three were taken to the 23-hour crisis stabilization center.

Charlene Tautfest asked if there would be a separate number for the crisis calls. Steve Williams responded that ideally that would be the case, and that if a crisis caller dialed 911, the dispatcher would relay that call to the crisis line. Charlene also asked if a person in crisis was in the ER, if the hospital would contact a crisis stabilization unit to take over. Travis Welch responded that in other areas where these facilities are established, the hospital can either admit the person if there is an underlying medical issue, or they can reach out to the mobile crisis team with the goal being to get the person to the least restrictive environment for their care.

Charlene Tautfest further asked about advocating for hospitals. She would like to see a living room model or other dimly lit room away from the bright lights and activity. She also asked what happens after the person gets out of the treatment facility. Steve Williams said the continuum is the community on both the front and back ends. Upon discharge, for whatever gains the person made in the facility, those services are maintained and built upon in the community.

Enlow Walker asked if the mobile crisis team would be standing by at a facility or if the personnel would be called in from off-site to go on these runs. Also, would this be in the smaller communities as well as the larger cities? Steve Williams commented that the energies thus far have been focused on Anchorage, Fairbanks, and Mat-Su, but they have been working with other communities as well. The smaller communities will most likely consider their assets and decide or get help on how to best structure and design different components of the model.

A question came from the chat regarding what license types and levels would be empowered to initiate the emergency detentions. Laura Russell said that is still an evolving conversation, but there is discussion about the pros and cons of empowering all mental health clinical licenses or

being limited to the mobile crisis teams. Steve Williams added that they were trying to be broad but needed to discover what license types might be used to staff the mobile crisis team.

Karen Malcom-Smith wanted to clarify that the mobile crisis team was made up of a mental health professional and peer connection with no law enforcement involved and wondered what happens if there is a warrant for that person. Steve Williams confirmed that initially no law enforcement would be involved, but added that if the situation is acute or if there is a public safety risk, they would call law enforcement if needed. Travis Welch stated that whenever law enforcement is called, the person would be run through APSIN, the Alaska Public Safety Information Network, and there will be an alert notifying the dispatcher and the officer if there is an active warrant. The first priority is the safety and welfare of that person, and the warrant can be dealt with after the person is stabilized. If the initial call is to a crisis line, no access to APSIN is available, so there will be no warrant information.

In response to a question in the chat regarding detox and sobering, Steve Williams clarified that is part of the continuum of care and could be handled in 23-hour crisis stabilization setting or the connection to another existing detox facility could be made.

STATE OF ALASKA ALCOHOL AND MARIJUANA CONTROL OFFICE (AMCO) PRESENTATION

Glen Klinkhart, director of the Alcohol and Marijuana Control Board, summarized the background of cannabis and what the board does. In 1975 the Alaska Supreme Court held that the Alaska Constitution protected an adult's ability to use and possess a small amount of marijuana in the home through a right to privacy. In 2015, Alaskans voted to make cannabis legal for recreational use. The board tries to ensure that the licensees who sell, grow, and manufacture the cannabis products are doing it safely.

The marijuana board makes the policies, and the director works for the board and implements those policies. Some of the personnel are investigators who have peace officer powers and can conduct inspections and may carry firearms in the performance of their duties. They can take enforcement action, seize alcohol and marijuana depending on the issue; they serve subpoenas and execute search warrants and arrest warrants.

The two boards are volunteer boards and are made up of Public Safety representatives, Public Health personnel, rural area residents, and active industry members. The marijuana board meets at least four times a year, but in 2020 they met 18 times, some being emergency meetings to help protect the public during COVID. The meetings are open to the public and are recorded and posted.

The board regulates licenses and how they operate. The board can deny a license because of delinquent state or local taxes or a local governing body protest. A local government, either by ordinance or through voter initiative, can prohibit the sale or importation of marijuana or the operation of marijuana establishments but cannot prohibit personal use and possession of it.

There are different marijuana license types, including cultivation, manufacturing, testing, and retail stores. Currently, there are 435 cultivation licenses, 118 manufacturing licenses, 5 for testing, and 282 retail stores spread all over the state. All products are tracked through a database from seed to sale. The seedlings and plants are barcoded and are tracked through growth, harvest, manufacture, and sale.

In the last six months, the monthly sales have been around $20 million. The taxes paid to the State in FY 2020 were $24.2 million, which is distributed 25 percent to the general fund, 50 percent to recidivism reduction programs, and 25 percent to drug treatment and marijuana education.

In addition to its regulatory duties, AMCO investigates some criminal issues such as selling to minors, overserving, theft, and unlicensed persons. Violations of regulations such as using illegal pesticides put the public in danger, so they also investigate those incidents.

Mr. Klinkhart stressed that the majority of the licensees are abiding by the rules, and many are expanding their businesses to include manufacturing and concentrations and have retail shops.

Sharon Clark asked if the marijuana board conducted any kind of marijuana education in the schools. Glen Klinkhart responded that education is a high priority, and he has been working toward developing educational programs for the public and also for law enforcement.

Sharon Clark asked about the dogs that were trained to locate marijuana by scent. Mr. Klinkhart said that several of the dogs have been retired, but others are trained to find other things by scent. Also, there is an active black market, and the dogs might be able to help out with that.

Sharon Clark asked about the regulation of a restaurant where the patrons are allowed to smoke marijuana in the establishment. Mr. Klinkhart said that a consumption license is legal in that city because the city has allowed it. William Cook wanted to know which city had the restaurant with the consumption license. Mr. Klinkhart said there is one in Fairbanks and one in Ketchikan, but that one is not operating due to COVID. He added that Anchorage has barred that activity.

William Cook also asked about the use of alcohol and marijuana in some villages where the village had voted to be "dry." Mr. Klinkhart said the law is specific about marijuana; it cannot be outlawed for personal use.

William Cook then asked about the regulations for retail outlets. Mr. Klinkhart replied that the rules for marijuana shops are restrictive and that a video must be running at all times where there is product. Also, an ID must be shown before entering the facility, and the hours of operation can be set by the local area.

A question from the chat focused on whether law enforcement agencies will be keeping track of marijuana arrests. Mr. Klinkhart said some officers have been trained to detect not only marijuana impairment but also impairment from other types of drugs. However, there is not a bright line of measurement of impairment for marijuana and other drugs as there is for alcohol. They are trying

to devise a program that allows law enforcement to consistently enforce the law, but it's still a work in progress.

Chris Gunderson asked about barrier crimes and how licensees come to the attention of AMCO. Mr. Klinkhart said he had done a lot of outreach with the licensees encouraging them to admit a mistake when it occurs and then figure out how to correct it without penalty. Also, the officers comb the internet looking for illegal sales or improper advertising.

Karen Malcom-Smith asked how the number of licensees are limited. Mr. Klinkhart said that the board has taken a hands-off approach and left it to the cities and municipalities to decide if the number of shops would be limited.

Karen Malcom-Smith then asked about the THC levels in the products. Mr. Klinkhart said that the board sets the THC limits on products. The board not only monitors licenses, but also regulates almost every aspect of the business and the individual products down to the color of the packaging.

Karen Malcom-Smith asked for an explanation of vaping regulations. Mr. Klinkhart said the board does not regulate vaping except for the contents of the cartridges and the delivery methods, and that is on an individual basis, product by product. It is illegal to sell vaping cartridges that have not been approved by the board.

Renee Schofield commented that perhaps the board could be more visible about where the money goes and what programs it funds. She also discussed the pending Safe Banking Act and its unintended consequences such as removing marijuana testing from DOT. Mr. Klinkhart agreed that the Safe Banking Act would allow marijuana proceeds to be deposited, licensees can get proper loans, and funds can be properly taxed. On the other hand, then the IRS and DEA get involved.

Renee Schofield commented that transparency and education to the general public needs to have a broader voice. For example, the THC content in edibles was doubled, and most people in the community are unaware of that. She understands that officers have more important things to do, but she commented that the smoking and consequent odor has become more public when it was supposed to be for private personal use.

PUBLIC COMMENT

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

BOARD BUSINESS, CONTINUED

AMHB/ABADA Executive Committee Elections

Trustee Nomination Process

Bev Schoonover announced that one member of each board is needed to take part of the Trustee nomination process. She stated it's an interesting process and will take over a week to review the applications and select and interview applicants and then finally decide on recommendations.

William Cook volunteered to fill the slot for AMHB. He felt he could bring some experience to the table as he had filled that position before. Enlow Walker volunteered to fill the slot for ABADA.

Advocacy Committee

Sharon Clark announced that at least three members from each board are needed for the Advocacy Committee. Bev Schoonover explained that the committee meets regularly throughout the legislative session to identify and review bills and budget items of interest to the boards and to collaborate with staff to identify potential legislative actions. The feedback from this committee goes to other partner advisory boards.

From the AMHB, Sharon Clark, Brenda Moore, Tonie Protzman, and Charlene Tautfest volunteered. From ABADA, Anthony Cravalho volunteered. Two more members from ABADA are needed, and that will be dealt with at a later time.

Rural Outreach and Calls

Bev Schoonover explained there were concerns about losing the rural voice in the Zoom meetings because all the engagement and site visits are lost, such as the community panels, touring of facilities, and talking to the mayors.

Renee Schofield suggested they conduct Zoom calls with the rural communities to focus on their people and providers. The elders and community members could attend and talk about their region specifically. She feels that if they couldn't be there physically, being there electronically would be the next best way to keep in touch.

Charlene Tautfest pointed out that the last few in-person board meetings had been in Kenai, Kodiak, and Juneau. She proposed that the next meeting be in the Northern region, even if it's a small group of staff and the chairs. She is concerned that those villages being on lockdown are not being heard.

Adam Rutherford wondered if it was possible to have a Zoom meeting dedicated to rural communities so the Boards could see multiple communities at once instead of just one. Brenda Moore agreed that hearing from the rural communities is very important.

Charlene Tautfest suggested the Boards have a booth at the AFN annual convention next year in October and see if that is received well and how many people approach the booth and ask questions or make comments. Bev Schoonover mentioned that the Boards had a presence in the past at AFN

through the Suicide Prevention Council, and it's possible that next year they would be willing to have AMHB and ABADA board members there. This year the AFN convention will be from December 13 – 15, and Bev Schoonover will talk to Eric Morrison of the Suicide Prevention Council to see if they would be willing to allow the Boards to have a presence at their booth.

Bev Schoonover reported there is about $30,000 from the block grant for rural outreach typically used for meeting with educators and mental health providers to get information about the needs of youth in the community. Those funds could be used for the AFN convention or small group trips.

Detox Centers

Karen Malcom-Smith addressed the need for detox centers and loved that Oregon made funds available for 15 recovery centers. She expressed frustration at the lack of progress to provide the centers in Alaska. Renee Schofield would like to see a small group get together to figure out how to effect that. Bev Schoonover thought that meeting with the primary care groups would be helpful since these services must necessarily have a high level of medical oversight. Adam Rutherford asked if some of the travel funds could be used to send a small group from the Boards to go to Oregon to see some of those sites as it is identified as a SAMHSA best practice.

Charlene Tautfest offered to visit a facility in Oregon on one of her frequent visits there. She also is concerned about trust in healthcare in light of the vaccination mandate and the possible loss of providers.

Brenda Moore stated that the Anchorage Coalition to End Homelessness and the Municipality of Anchorage are proposing to use the Sullivan Arena as a mass care facility, and the plan addresses substance misuse and treatment, but detox services are not mentioned in the plan. She suggested that the Boards comment on the plan.

Bev Schoonover said that detox services are identified as a 1115 Medicaid service but was not sure how private detox services are funded. Adam Rutherford said the biggest issue is for detox to be affordable to everyone. Bev Schoonover said that the Trust and Recover Alaska have been talking about this also. Brenda Moore said that the Salvation Army has a detox facility at Clitheroe, but there have been ups and downs with that.

Set Date and Location for Next Meeting

Bev Schoonover recommended they try to meet in person in Juneau during the legislative session, and then they could have a meeting later that is focused completely on rural feedback. Looking further into the future, perhaps some travel this spring to rural communities should be considered. The money needs to be spent by June 30th.

Renee Schofield agreed with the Juneau meeting during the legislative session and suggested taking small groups after that meeting to different places and then reconvening to discuss what was heard, learned, and decide on possible solutions.

Charlene Tautfest mentioned that APCA meets in Juneau the third week in February, so the meeting should be scheduled before or after that. Teri Tibbett suggested that the meeting take place in February but definitely not later than mid-March and preferably before the end of February. That way they can take advantage of the availability of legislators.

Lee Breinig **MOVED** to have the next board meeting in Juneau at the end February, **SECONDED** by Tonie Protzman. After discussion, Lee Breinig **AMENDED THE MOTION** to meet in Juneau and leave the date open for consideration later, **SECONDED** by Renee Schofield. Hearing no objection, the motion **PASSED AS AMENDED**.

FINAL COMMENTS

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

- Great information from different presenters.
- Appreciative of the great marijuana presentation.
- Thank you everyone; great meeting.
- Love being a part of the board.
- Encouraged about additional funding made available to SAMHSA and what can be done with that.
- Looking forward to future meetings.
- While in Juneau, it's important to pay attention and have flexibility to attend a meeting or give testimony if the opportunity arises.
- Impressed with the professionalism and the different presentations in these meetings.
- Detoxification centers are important and hope the board can continue work in that area.
- Appreciative of the staff for facilitating and coordinating and lining up resources.
- Should review public testimony and follow up.
- Appreciated the segment on telehealth.
- Hopes the SAMHSA funding remains and won't be cut.
- Likes that the Mental Health Board might be represented at AFN.
- Appreciated the Crisis Now presentation but would like to see aftercare in the messaging.
- Would like to see hospitals include a less stimulating environment for emergency psychiatric care patients.
- Looking forward to seeing everyone again in person.
- Need to get infrastructure funding to providers to develop detox centers.
- Thank you to all the members who do so much work for the State.
- Need more public education regarding crisis recovery implementation for providers.
- Appreciated the staff updates and the explanation of their roles.
- Having SAMHSA present and knowing what's going on in other states is beneficial.
- Looking forward to accomplishments in the coming year.
- Was very sorry that the Sitka meeting was canceled.
- Hopes the rural meetings take place.

- Both Anchorage and Fairbanks Fire Departments are doing mobile crisis now thanks to grants through OSMAP.

ADJOURNMENT

The meeting adjourned at 12:39 p.m.

MOTIONS

Philip Licht **MOVED** to approve the agenda and the minutes from the July 2021 meeting, **SECONDED** by Charlene Tautfest. Hearing no objection, the motion **PASSED**. Page 2.

Philip Licht **MOVED** that for the ABADA board, Renee Schofield serve a second term as the chair, Lee Breinig as the vice-chair, Anthony Cravalho as the secretary, and Diane Fielden as the at-large position, **SECONDED** by Enlow Walker. Hearing no objection, the motion **PASSED**. Page 3.

Monique Andrews **MOVED** for the AMHB that Sharon Clark serve as chair, Charlene Tautfest as the vice-chair, Brenda Moore as the secretary, and Monique Andrews as member-at-large, **SECONDED** by Diane Fielden. Hearing no objection, the motion **PASSED**. Page 3.

Lee Breinig **MOVED** to have the next board meeting in Juneau at the end February, **SECONDED** by Tonie Protzman. After discussion, Lee Breinig **AMENDED THE MOTION** to meet in Juneau and leave the date open for consideration later, **SECONDED** by Renee Schofield. Hearing no objection, the motion **PASSED AS AMENDED**. Page 18.