



Summary Report of October 8-9, 2020 Virtual Board Meeting

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 facilitated community discussions with a variety of providers located across the state. The boards also hosted a public comment hearing to gather personal testimony from providers and behavioral health consumers.

Planning and Announcement of the Meeting

Due to the ongoing public health pandemic, board members and staff agreed to a virtual zoom meeting in place of an in-person meeting in a rural community, with the intention to reevaluate the possibility of a rural meeting in the spring. The meeting was advertised on both the ABADA and AMHB websites, via online community calendars, online public notice, and a flyer was created to share via internal networks and with Alaska Behavioral Health Association members.

Schedule of Events

- October 8 Board meeting with Roberts Rules of Order Training, Public Comment and Visual History of the Boards
- October 9 Board meeting with Division of Behavioral Health (DBH) update and panel on the impacts of COVID-19 on behavioral health in Alaska

Public Board Meetings

Board meetings were held via the AMHB/ABADA Zoom account with a public link. Depending on the presentation, 5-10 members of the community attended.

What We Learned: State of the State in Regard to COVID-19

Senator Lisa Murkowski opened the meeting addressing the impacts COVID-19 has had on Alaskans with mental health and substance use disorders. Senator Murkowski noted that Alaskans have previously encountered barriers to accessing critical care, which have only been exacerbated by the COVID-19 pandemic. Social distancing guidelines have led to an increase in isolation within communities and support networks, which is why it is important for Alaskans to find creative ways to support one another. The senator announced several pieces of legislation she is working on, including the Tele-Mental Health Improvement Act which prohibits additional barriers to telehealth and the Mainstreaming Addiction Treatment Act which eliminates prescribing requirements for buprenorphine.



Department of Health and Social Services (DHSS) Commissioner Adam Crum spoke next. Commissioner Crum shared that DHSS authorized \$750,000 of federal CARES Act funding to support statewide suicide prevention efforts following a cluster of suicides earlier in the year. Additionally, the Alaska Careline and newly created Alaska First Responder's line are available to offer 24/7 crisis line support for those dealing with the pandemic. DHSS is also working to implement the recently passed SB 120, which establishes crisis stabilization centers into statute and creates a definition for a facility in order to facilitate the process of licensure.

DHSS Deputy Commissioner Al Wall concluded the welcome by sharing updates on the 1115 Behavioral Health Medicaid Waiver in Alaska and updates on national level conversations regarding expanding access to telehealth. Behavioral health services have been at the forefront of the high utilization of telehealth services, showing that services can successfully be delivered in an alternative way.

What We Learned: Board Member Introductions & Discussions

Because the meeting was conducted virtually, the Board Chairs asked that time be provided for fellowship amongst board members, particularly as many were new and had not had a chance to get to know one another. Board members shared where they were from, their involvement in their communities, what they hoped to learn by participating on the Boards and explained their areas of interest.

What We Learned: Presentations and Updates from Ex-Officio Board Members

Division of Juvenile Justice (DJJ)

Division Director and AMHB ex-officio board member Tracy Dompeling shared that DJJ has been working on system changes to address the needs of youth at the individual level, specifically intensive substance use treatment as well as violent offender programming. Another area that needs improvement is youth with neurobehavioral problems who become involved in the DJJ system. In March, staff visited the MacLaren Youth Correctional Facility in Oregon, which has found success serving this population of youth. DJJ hopes to implement a neurobehavioral program in the Bethel facility, ideally with technical assistance from MacLaren staff once pandemic-related travel restrictions ease.

DJJ is working with the McLaughlin Youth Center (MYC) in Anchorage to implement a Texas-based program for violent offenders, as well as creating a specialized unit for intensive substance use treatment. This year the Girls residential treatment program moved to Juneau to relieve pressure at MYC and offer new treatment modalities. It is anticipated that this move will give staff the capacity to develop a program focused on younger offenders who have mental health and other behavioral health needs best addressed by providing more support to their family, rather than placing the youth in detention.



Department of Education and Early Development (DEED)

Education Specialist III and AMHB ex-officio board member Sharon Fishel reported on the AK Rises project in Fairbanks, a federal Department of Education grant to place mental health clinicians in four schools in the Fairbanks North Star Borough (FNSB) School District. The project was ready to launch when the pandemic began, and DEED has been working with DBH to create mini health clinics in each of the four schools.

DEED also received an Advancing Wellness and Resiliency in Education (AWARE) grant from the Substance Abuse and Mental Health Services Administration (SAMSHA), which will provide \$9 million over five years to place school counselors or social workers in Fairbanks, Juneau and Bering Strait school districts. Project AWARE will offer social-emotional and prevention and intervention services and assist in the referral process for families if the child needs treatment or counseling.

DEED is working with the Alaska Mental Health Trust Authority to pilot a temporary, non-permanent special services Type-C school counselor to the 13 school districts that currently don't have access to a counselor, social worker or nurse within the school system.

In addition, Sharon mentioned the Statewide Suicide Prevention Council (SSPC) continues to provide grant funding to DEED for school-based suicide prevention, however many of these are peer-to-peer activities that need to be adapted to the new virtual learning environment.

Division of Vocational Rehabilitation (DVR)

Division Director and AMHB ex-officio board member Duane Mayes reported that DVR is celebrating 100 years of public vocational rehabilitation, with 55-60% of the individuals served having either a primary or secondary disability of mental illness. DVR utilizes a dual customer approach, working with clients as well as the employer and plays a critical role in helping the economy rebound at both the state and national level. Currently there is a risk of penalty as they have been unable to spend allocated federal dollars due to the pandemic. The division is working with the Congressional delegation to get waivers in place to roll over any unspent federal money into the next federal fiscal year.

Alaska Housing Finance Corporation (AHFC)

Director of Public Housing and AMHB ex-officio board member Cathy Stone shared updates on the Public Housing Department, which houses about 13,000 people each night, 45-50% of whom are persons with disabilities. There is currently a moratorium on evictions for non-payment of rent until January 1, 2021. AHFC has been working to ensure individuals are able to stay on top of rent payments, as they were postponed, not eliminated. There is a real scenario that those unable to pay rent at the end of the moratorium are evicted due to the inability to backpay their rent in full. AHFC is working to create a safety net program to mitigate the risk of this scenario.



Department of Corrections (DOC)

Mental Health Clinician IV and AMHB ex-officio member Adam Rutherford recognized the dedication of the staff at DOC, who are not able to telework and are on the frontline. The pandemic has had a huge impact on the DOC system and required many adaptations in order to accommodate the needs of their population. DOC is working to protect the wellness of both the offender population and of staff, using the guidance outlined by SAMSHA to help incorporate health and wellbeing components in existing policies.

In the past year, clinicians with expertise in dual diagnoses and a psychiatric provider have been hired, medication-assisted treatment (MAT) services have been expanded, and work continues on the integrated care unit at Highland Mountain, anticipated to be complete April 2021. The department has moved to a new American Society for Addiction Medicine (ASAM) program called CONTINUUM to conduct computer-guided interviews and assessment for people with substance-related and co-occurring conditions. DOC started a substance misuse re-entry coordination program conducting warm hand-offs with addiction providers in the community prior to the individual leaving the DOC facility. Contracts have also been awarded to provide substance abuse services within DOC probation offices in Kenai and Fairbanks.

What We Learned: Robert's Rules of Order

Robert Coghill appeared before the Boards to provide a training regarding Robert's Rules of Order. He reviewed the responsibilities of the chairperson during the course of the meeting and provided examples of how to make motions and amendments to motions. He acknowledged that it is customary for these boards, and is indicated in the bylaws, that ex-officio members do not get to vote and that quorum is made up of the members of the Boards. He stressed that the intent of Robert's Rules of Order is to ensure there is courtesy, that the chairperson is a neutral party, and that everyone on the board has the responsibility to be engaged and use the motion process.

What We Learned: The History of AMHB/ABADA

The Advocacy Coordinator for the Boards Teri Tibbett presented a "Brief History of the Boards," starting with the services provided prior to statehood, moving into the creation of the Alaska Mental Health Trust Land Settlement. The Alaska Mental Health Board was created by the Legislature and Federal Public Law in 1987 and the Advisory Board on Alcoholism and Drug Abuse was created by the Legislature and Executive Order in 1988. The creation of the Division of Behavioral Health (DBH) during Governor Murkowski's administration in the early 2000s also co-located the Boards under one executive director with shared staff and joint meetings.

The presentation shared highlights of the boards' advocacy efforts over the years, including work on Adverse Childhood Experiences (ACEs), Fetal Alcohol Spectrum Disorders (FASD), Medicaid Expansion, coordinating the Alaska Opioid Policy Task Force, and advocating for the needs of



justice-involved beneficiaries. Board staff are currently involved in a variety of advocacy efforts, including the Healthy Alaskans State Health Improvement Plan, Traumatic/Acquired Brain Injury State Plan, Alaska Early Childhood Coordinating Council, an Employment for Alaskans with Disabilities Task Force and legislative advocacy.

Public Comment

Written public comment was solicited via the AMHB/ABADA website beginning September 24, 2020, however no comments were received. The boards heard live comments from two members of the public on the evening of the first day of meetings.

Comments from attendees included:

- Access to mental health and substance use disorder treatment for justice-involved individuals has been limited due to the COVID-19 pandemic.
- Access to telehealth needs to be expanded for those with behavioral health conditions, including those who are currently incarcerated or recently released from prison.
- Telehealth works for people who are typically underserved, like those in villages and those without primary care providers.
- Telehealth has the added benefit of stigma busting, as it breaks down barriers to accessing these services like being seen seeking treatment.

What We Learned: Update from the Division of Behavioral Health (DBH)

Division of Behavioral Health Director and AMHB/ABADA ex-officio member Gennifer Moreau-Johnson provided an update on the 1115 Behavioral Health Medicaid Waiver. Director Moreau-Johnson outlined the legislation passed in prior years to establish the foundation for the waiver, described the target populations, and identified the components of the Crisis Now model that are included in the waiver. These reform efforts are tied to cost containment with the concept of providing less costly, early intervention or community-based services, rather than higher cost services once a person escalates or is in crisis. The state intends to phase out state general fund grants to agencies and enable the agencies to bill Medicaid instead.

Director Moreau-Johnson also provided an update on Optum, the Administrative Services Organization (ASO) contracted with the state to improve access, clinical outcomes and efficiency. The goal of the ASO is to provide regional capacity development and support, liaise with providers, process claims, conduct patient outreach, communication and support, and manage data. At the time of the meeting, 99% of waiver service providers were onboarded and \$29.5 million had been paid on 109,000 claims. The top three diagnoses of individuals served were alcohol use disorder (32.8%), opioid use disorder (22.7%) and amphetamine-substance use disorder, severe (18.5%).

Director Moreau-Johnson also provided an update on Crisis Now, which follows the “no wrong door” model, where anyone who presents to the 23-hour crisis stabilization center receives treatment



regardless of the ability to pay. If Medicaid is not an option to bill, private insurance is under consideration. There is a gap between what Medicaid can cover and what Crisis Now provides, which is an area the boards might consider for advocacy in the future.

DBH Program Coordinator Leah Van Kirk presented on statewide suicide prevention efforts. DBH determined a high need for trained behavioral workforce to respond to suicidal ideation and identified Collaborative Assessment and Management of Suicidality (CAMS) as a framework to train behavioral health providers across the state. The CAMS model training will be delivered by the Alaska Training Cooperative beginning Fall 2020. DBH was awarded \$750,000 in CARES Act funding to mitigate the impacts of COVID-19 on mental health and to address the associated risk factors for suicide.

What We Learned: Roundtable Discussions on the Impacts of COVID-19 on Behavioral Health in Alaska

Office of Children's Services (OCS)

Protective Services Specialist IV Danielle Milliron shared the impacts that travel restrictions due to COVID-19 had on the work of OCS, particularly in light of the fact that completing home investigations and assessments plays a key role in ensuring the safety of a child, and the office serves the entire state. OCS has implemented policies around using Personal Protective Equipment (PPE) in the field, balancing worker safety protocols, and engaging with clients on virtual platforms. There has been a visible impact on the clients they serve due to the pandemic, with a higher rate of teen suicides than in many previous years, as well as a drop in protective service reports despite an increase in concerns for child safety. Many of OCS' mandatory reporters are in school districts, and without in-person classes many teachers have a harder time identifying families in possible need of intervention, an issue also brought up in the DEED presentation earlier in the meeting.

Norton Sound Health Corporation

Director of Behavioral Health Services Lance Johnson shared the size and scope of the Norton Sound region, which has 16 surrounding villages with 9,800 people. This size required a transition to distance-delivered services regardless of the location, as the clinics, hospital and primary care locations are only open for emergencies. There have been many benefits found from use of telehealth, including a feeling of safety from being on the phone or video that appears to lead some people to open up more than in-person treatment. No-shows have decreased, and new populations are requesting services due to the increased stress of homeschooling, teleworking, unemployment and general stress and anxiety. Many of the issues exacerbated by the pandemic were present prior to the onset of COVID-19, including teen suicide, and the increased attention and adaptation needs to continue after the pandemic ends. Advocacy is needed to permanently adopt the emergency regulations that allowed for expanded access to telehealth, including the types of services that are billable.



Fairbanks Reentry Coalition

Community Co-Chair Bobby Dorton presented on his lived experiences with incarceration, as a patient with COVID-19 and as the community co-chair of the Fairbanks Reentry Coalition. In-person recovery programs like 12 Step have closed down, which is a potential cause for a steep increase in relapses. Many people are reporting an increase in feelings of isolation or depression, resulting in poor eating and sleeping habits, declining hygiene, bottling up emotions and skipping or avoiding virtual support meetings. There is also a barrier to accessing online appointments for reentrants attempting to apply for housing, food stamps, Medicaid, ID or driver's license, as well as medical appointments. Quarantine requirements in residential programs like the Fairbanks Rescue Mission have prompted concerns that it feels like being back in prison, with individuals leaving before quarantine is completed. There is an increased need for peer support services due to the COVID-19 pandemic to fill leadership and accountability roles in the recovery process.

Alaska Coalition on Housing and Homelessness

Director Brian Wilson stated that homelessness in Alaska was an extreme challenge before the pandemic due to the size of the state, limited transportation networks and a limited service array for housing and homelessness. The pandemic has cast a light on the flaws in the system, which is set up on an urban and rural hub without funding for a full range of services in every community, with many communities in rural Alaska without a single homeless services organization. There was no quarantine and isolation center response system when the pandemic hit, nor did organizations have PPE or technology to cover gaps created when libraries and other public internet access locations closed. There is an ongoing effort to shift from congregate settings, which are known to be super-spreader locations, to non-congregate settings, like the Sullivan Arena in Anchorage or the Juneau Arts and Culture Center. Some communities are using CARES Act money to place individuals in hotels or extended stays to relieve pressure on shelters.

The COVID outbreaks in the homeless population in Alaska were some of the worst in the country, prompting officials from Washington D.C. to fly to Anchorage to provide recommendations which are now in the process of being implemented, including a multiagency task force, improvements to isolation and quarantine locations, and on-site withdrawal and case management. There is work being done to prepare for vaccine distribution and for the end of the eviction moratorium and anticipated tsunami of evictions.

Southcentral Foundation

Interim Chief Executive Officer April Kyle shared how Southcentral Foundation has adapted service delivery to continue serving Anchorage, the Mat-Su Valley and the surrounding 20 villages during the COVID-19 pandemic. The Foundation identified three key principles to guide their response:

1. Behavioral health work is critical and essential



2. All services have to be open, and every currently served individual must continue to be served so that nobody falls through the cracks.
3. Access points have to continue.

Some programs were identified as needing to continue onsite, while others could be adapted to a mix of distance-delivery and onsite. There have been challenges with outreach to show that offices are open for service as well as outreach to identify those who need services. Many villages have been without a clinician due to travel restrictions, and in general the demand for providers well exceeds the supply. 1115 Medicaid Waiver services have been difficult to implement while also making numerous adaptations due to the pandemic. However, there has been a decrease in the overall number of no-shows, and virtual treatment has had good feedback.

Board Business: FY 21 Priorities and Board Elections

In September 2020, board members were asked to complete a survey indicating their role within the boards, how long they have been seated, and to rank the current priority areas of the boards to guide staff areas of focus for 2021. The results are as follows:

1. Increased access to substance use disorder and/or mental health treatment services.
2. Increased access to psychiatric crisis intervention and stabilization services.
3. Early childhood intervention and early prevention.
4. Reduce Adverse Childhood Experiences and childhood trauma.
5. Alaska Psychiatric Institute oversight.
6. Behavioral health and primary health care integration.
7. Reduce the stigma of living with substance use and/or mental health disorders.
8. Housing and housing supports for Alaskans.
9. Access to institutional and community supports for justice-involved Alaskans with behavioral health disorders.
10. Supportive employment services for Alaskans with mental health and substance use disorders.
11. Alcohol misuse prevention.
12. Tobacco misuse prevention.

Board members felt that alcohol misuse is a high priority as it is often a gateway to other substance use in the villages. Board members felt there were many areas to consolidate these topics, including prevention as a global category, early prevention and reduction in ACEs, and access to psychiatric care and API oversight. The Boards indicated they would like to see more work done on the barrier crimes matrix, peer support/family support, COVID-19 related issues like evictions and telemedicine, and to support equity in mental health and substance use treatment and prevention efforts to address the role discrimination plays in accessing treatment and services.



As per the bylaws, elections for Executive Committee leadership occurred. The Nominating Committee comprised of joint representatives of both boards and Board chairs utilized information from the survey about Board members' willingness to serve, and presented the following slates, which were confirmed. These positions will begin serving in their new capacity on December 1, 2020.

ABADA

Renee Schofield- Chair
Cathy Bishop – Chair Elect
Enlow Walker – Secretary
Anthony Cravalho – Member-at-large

AMHB

Sharon Clark – Chair
Brenda Moore-Byers – Vice Chair
Charlene Tautfest – Treasurer
Renee Hoffard – Secretary
Monique Andrews – Member-at-large

Follow Up Discussion Items

Following the presentation on FY21 Board Priorities, staff will create a document to demonstrate the survey results and discussion including new priority areas. Staff will develop a way to demonstrate how the day-to-day work of staff aligns with the priorities and how they tie back to advocacy.

The Advocacy Committee of the Boards will begin meeting following the release of the Governor's budget on December 15.