

MEETING AGENDA

Meeting: Program & Planning Committee
Date: July 31, 2019
Time: 8:30 am
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (844) 740-1264 / Meeting Number: 809 966 172 # / Attendee Number: #
<http://thetrust.webex.com>
Trustees: Chris Cooke (Chair), Verné Boerner, Laraine Derr, Paula Easley, Ken McCarty, Mary Jane Michael, John Sturgeon

Wednesday, July 31, 2019

Page No.

8:30a	Call to order (Chris Cooke, Chair) Announcements / Approve agenda / Ethics Disclosure Approval of Minutes: April 18, 2019	5
8:45	CEO Update	
9:00	FY21 Trust Budget Recommendations Presentation <ul style="list-style-type: none">Steve Williams and Katie Baldwin	17
9:15	FY21 Trust Budget Recommendations Presentation <ul style="list-style-type: none">Trust Program Staff	
10:30	Break	
10:45	FY21 Trust Budget Recommendations Presentation <ul style="list-style-type: none">Trust Program Staff	
12:15	Catered Lunch	
12:45	Alzheimer's Resource of Alaska Presentation	
1:15	Recess	
3:00	FY21 Trust Budget Recommendations Presentation <ul style="list-style-type: none">Trust Program Staff	
3:20	FY21 Capital Budget Recommendations – Advisory Boards <ul style="list-style-type: none">Bev Schoonover (AMHB/ABADA)Denise Daniello (ACoA)Anne Applegate (GCDSE)	

Page No.

3:45	FY21 Trust Budget Recommendations – Next Steps <ul style="list-style-type: none">• Steve Williams and Katie Baldwin	
4:00	FY20 Approval <ul style="list-style-type: none">• Crisis Stabilization Center / Bartlett Hospital	28
4:30	Trustee Comments	
4:45	Adjourn	

Future Meeting Dates

Full Board of Trustee / Program & Planning / Resource Management / Audit & Risk / Finance

(Updated – June 2019)

- | | | |
|--------------------------------|----------------------------|------------------------|
| • Program & Planning Committee | July 31, 2019 | (Wed) |
| • Audit & Risk Committee | August 1, 2019 | (Thu) |
| • Finance Committee | August 1, 2019 | (Thu) |
| • Resource Mgt Committee | August 1, 2019 | (Thu) |
| • Full Board of Trustee | August 28-29, 2019 | (Wed, Thu) – Anchorage |
| | | |
| • Full Board of Trustee | November 6-7, 2019 | (Wed, Thu) – Anchorage |
| | | |
| • Audit & Risk Committee | January 3, 2020 | (Fri) |
| • Finance Committee | January 3, 2020 | (Fri) |
| • Resource Mgt Committee | January 3, 2020 | (Fri) |
| • Program & Planning Committee | January 3, 2020 | (Fri) |
| • Full Board of Trustee | January 29-30, 2020 | (Wed, Thu) – Juneau |
| | | |
| • Audit & Risk Committee | April 22, 2020 | (Wed) |
| • Finance Committee | April 22, 2020 | (Wed) |
| • Resource Mgt Committee | April 22, 2020 | (Wed) |
| • Program & Planning Committee | April 22, 2020 | (Wed) |
| • Full Board of Trustee | May 20, 2020 | (Wed) – TBD |

Future Meeting Dates

Statutory Advisory Boards

(Updated – June 2019)

Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse

- Executive Committee – monthly via teleconference (First Wednesday of the Month)
- September 23-27, 2019 – Kenai or Anchorage <tentative>

Governor’s Council on Disabilities and Special Education

- Oct 2-3, 2019 - Anchorage (pre-meeting for Autism Ad Hoc on Oct 1)

Alaska Commission on Aging

- September 12-15, 2019 – ACOA Rural Outreach

**ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING**

**April 18, 2019
9:00 a.m.**

**Taken at:
3745 Community Park Loop, Suite 120
Anchorage, Alaska**

Trustees Present:

Chris Cooke, Chair
Mary Jane Michael
Laraine Derr
Paula Easley
Verne' Boerner
John Sturgeon
Ken McCarty

Trust Staff Present:

Mike Abbott
Steve Williams
Miri Smith-Coolidge
Kelda Barstad
Andy Stemp
Luke Lind
Michael Baldwin
Katie Baldwin-Johnson
Jimael Johnson
Valette Keller
Eric Boyer
Autumn Veal
Allison Biastock
Travis Welch

Trust Land Office:

Wyn Menefee
Sarah Morrison

Also participating:

Deputy Commissioner Albert Wall; Laura Russell; Jillian Gellings (via speakerphone).

PROCEEDINGS

CALL TO ORDER

CHAIR COOKE called the meeting to order and stated there was news from Juneau about the confirmation of new trustees.

MR. ABBOTT announced that the Legislature took action on two of Governor Dunleavy's appointments, John Sturgeon and Ken McCarty, both of whom were successfully confirmed by the Legislature yesterday in joint session.

CHAIR COOKE congratulated the new trustees, and asked John Sturgeon for any comments.

TRUSTEE STURGEON stated that he was happy to be on the Trust board, and looked forward to working with everybody.

CHAIR COOKE asked for any other announcements. He moved to approval of the agenda.

APPROVAL OF AGENDA

MOTION: A motion was made to approve the agenda by TRUSTEE DERR; seconded by TRUSTEE EASLEY.

There being no objection, the MOTION was approved.

ETHICS DISCLOSURE

There were no ethics disclosures.

APPROVAL OF MINUTES (October 17, 2018; January 3, 2019)

MOTION: A motion to approve the minutes of October 17, 2018, was made by TRUSTEE DERR; seconded by TRUSTEE BOERNER.

There being no objection, the MOTION was approved.

MOTION: A motion to approve the minutes of January 3, 2019, was made by TRUSTEE DERR; seconded by TRUSTEE EASLEY.

There being no objection, the MOTION was approved.

CHAIR COOKE moved to a memo from Steve Williams.

MR. WILLIAMS began with a history of how the Trust looks at the state budget, the role of the trustees in the state budget, the recommendation process, the role of the advisory boards and the Department for the new sitting trustees. He introduced some of the leaders of the advisory boards and explained their importance to the Trust in that they provide a lot of good information and advocacy around the needs of the beneficiaries out in the community. He laid out the history and process as the groundwork for the memo, which was designed to provide the Program and Planning Committee an update on where the budget was today. He stated that the memo was a team effort that was drafted and included in the packet prior to the House Finance Committee actually approving the budget that got transmitted to the Senate. He explained the table that was

designed to illustrate the differences between what the trustees approved in September to what the Governor submitted in his amended budget in mid-February. He discussed the differences.

CHAIR COOKE stated that the Senate had to weigh in, and this was not final. There has to be reconciliation of various proposals, and then the Governor has to act on whatever the outcome is from the Legislature. He added that this is an update, and not something that has to be responded to.

MR. WILLIAMS added that staff is not recommending or asking for any action from the board. It is not known how the budget will turn out yet. He stated that the trustees will be apprised through the weekly reports and other communications, but we will probably not have decisions ready for the trustees to contemplate until the end of June.

TRUSTEE BOERNER asked what would happen to the MHTAAR funds specifically with the Job Center liaison with Corrections' monies if not included in the Governor's budget.

MR. WILLIAMS replied that has happened in the past. Staff looks at the project and makes a determination on: the impact; is the project going to continue to fly; is it something that is critical to advocate and work with the Legislature to get that put back into the budget; or do the analysis and in light of the stats of the project, given the circumstances, would come back to the trustees for how that could be appropriated.

MR. ABBOTT stated that only the trustees can authorize the use of Trust funds. There are some occasions -- and the MHTAAR accounts are an example of that -- where an appropriation to go along with a trustee choice is needed. In the case of MHTAAR money, no MHTAAR funds can be spent without the explicit authority of the trustees.

TRUSTEE McCARTY asked if the State is looking to the Trust for data collection to show the efficacy of various programs, and are we able to help them show that these programs are working from the data.

MR. WILLIAMS replied that, when requested, the data we have is provided. He continued that the dialogue has covered a lot of the elements of the memo, and this memo also includes Medicaid. He added that Medicaid is going to naturally flow into this conversation. He continued the report and moved to the capital projects. It is designed to show the differences between what the trustees approved and what was included in the FY20 amended budget. The Senate is currently looking at those. He pointed out that the special needs housing grants and the homeless assistance project grant funding, that is critical funding for the beneficiaries to be able to access housing and, in some cases, the additional support services needed to maintain that housing.

MR. ABBOTT stated that Medicaid will be a hot topic, and the legislative process may be less determinative than the administrative processes that will be actively engaged.

TRUSTEE EASLEY asked if there was an indication on reduction in employees.

MR. ABBOTT replied that there are some people-related reductions in the Department's budget, but not large ones. He stated that personnel reductions will likely drive the outcomes on the

Medicaid conversation.

TRUSTEE MICHAEL asked about the status of the waivers; specifically the 1115.

MS. BALDWIN-JOHNSON stated that Deputy Commissioner Al Wall could give an update.

DEPUTY COMMISSIONER WALL announced that the Commissioner was confirmed and thanked him for his leadership. In response to the waiver, he stated that the 1115 is currently accepted with the Federal Government, and is being implemented. There are two phases: first is the substance abuse treatment recovery; the next phase focuses more on mental health. He continued that the code to change the Medicaid computer system is being implemented so that people can bill for the new codes. He added that the waiver allows for bundled payments and for payments for a few types of services that currently are not in the system. It gives an exemption to the exclusion which allows substance-abuse providers to be able to bill Medicaid for over the 16-bed limit, which has restricted access in the state. That would be significant. He stated that the goal is July 1st. He added that the 1115 is alive and well, and being implemented as rapidly as possible.

TRUSTEE McCARTY asked what percent of the Medicaid changes or funds are involved with beneficiaries.

MR. ABBOTT replied that Medicaid expansion generally targets a high percentage of beneficiaries. Substance use treatment is 100 percent, then the other elements of the 1115, the mental health work, is close to 100 percent beneficiaries. He stated that this is one of the most important efforts that the Trust has made in terms of concentrating the funding in a manner that multiplies the amount of resources available to beneficiaries. The initial commitment was \$10 million to support Medicaid expansion and reform. He continued that the concern expressed is that the 1115 is not yet fully implemented. The first portion of it, associated with substance use, is going to be rolled out shortly. The second portion, associated with mental illness, is a ways off, and there is no Federal authority to move forward with that. He added that, although Federal authority appears likely, there is still the State regulating writing process that is required before the second piece of the 1115 waiver will go into effect. Providers could then bill against it, and then the need for the grants would be reduced. He stated that the concern is the unknown about how much funding will be able to ultimately be charged through the 1115 and, therefore, how much grant funding could be reduced. He continued that staff recommendation is that the behavioral health grants not be reduced until there is a demonstration that the 1115 is really providing the services on that fee-for-service basis and that, therefore, the grants to those providers are no longer necessary.

TRUSTEE MICHAEL stated that it would be helpful to do a work session and have staff do a presentation and bring everyone up to speed on historically what has happened. It would be helpful to have a kind of a 101 on Medicaid and to refresh all memories about the history and how we are going forward.

MR. WILLIAMS went over the Medicaid dashboard which the Department maintains to give a sense of the Medicaid program. He continued with a few closing comments.

CHAIR COOKE stated that Trustee Michael's suggestion about a work session was excellent

and would be appropriate to do in conjunction with or shortly before any special meeting taking up some of these same issues. He moved to the comp program discussion.

COMP PLAN UPDATE

MR. WILLIAMS stated that Jillian Gellings, Deputy Commissioner Wall, and Autumn Veal will present an update.

MS. VEA began with an overview of what the comp plan is and the efforts that have been done so far. She explained that the Comprehensive Integrated Health Program Plan is a statutory obligation that the Department has a program that meets the needs of beneficiaries in Alaska in the least restrictive environment. The statute further dictates that the Department has an obligation to have a written program plan that is developed in conjunction with the Trust, and that plan is revised and updated. She continued her overview. She stated that the plan is very comprehensive and is not just specific to mental health, but covers all of the beneficiary groups. She explained that the uniqueness of this particular program plan is that it is really strong on system prevention and preventing individuals from becoming beneficiaries. Another unique process was the engagement of stakeholders and the public; all had a voice in what was uniquely developed to create this comprehensive and creative program for beneficiaries. She continued that a vision statement was developed during the strategic planning sessions. It read: "The vision of strengthening of systems for Alaskans to receive comprehensive prevention, treatment, and support services at the appropriate level of care across the lifespan to lead meaningful lives in their home communities." That is what this plan intends to do. She stated that the group decided to go out for public comment and make sure that beneficiaries, external stakeholders, and other individuals would have a voice in what the comprehensive program would look like. She asked Jillian Gellings to talk about the public comment process.

MS. GELLINGS stated that the public comment was posted on their public notices website on March 11th and went through April 12th, a full month. Anyone that was interested in the behavioral health system was encouraged to send in public comment. These were stakeholder groups and individual beneficiaries. In addition, the comp plan was put online for public notice for public comments, also posted the public comments and the comp plan on the Department website. She continued that the home page had a spot where the Comprehensive Integrated Mental Health Program Plan and the link to the plan was posted on the main page. From all that a variety of e-mails were received in response, and she noted some of the topics. She added that over the last month a subcommittee has met and taken the public comments from the spreadsheet, considered each individual comment, and, following all this, an overview document of all public comments online will be published. She talked about the kind of strategies used in moving from public comment into the implementation of the plan, and then the plan going forward. In the future, the work group will continue to meet on an annual basis to look at the comp plan. She stated that another subcommittee has started meeting to finalize the plan content and incorporate the data and indicators. Left out of the plan that was posted for public comment was the data which will be included and monitored going forward.

MS. VEA stated that the data subcommittee is meeting weekly, and they are just developing the figures that are the best graphic representation of why the goals appear in the plan the way they do.

MS. GELLINGS continued going through the timeline. She stated that one of the strategies is

the website platform for the comp plan where a lot of the updates and public comments will be posted. The plan and the website will both go live on July 1st. She concluded her update.

DEPUTY COMMISSIONER WALL stated his thanks to the Trust for providing and doing most of the work.

TRUSTEE McCARTY stated that this holistic approach is great and asked about the website and if it will be individualized in nature so that beneficiaries can go onto it and review and report on how they are doing..

MS. GELLINGS replied that there has not been a lot of discussion on the website development at this point, but that is an interesting piece and something that can definitely be considered.

MR. BALDWIN clarified that the focus is more at the higher level in systems and will be more at a systems and programmatic level of data and tracking.

MS. VEA added that there is a vision that Trust beneficiaries will be able to access the website and be connected to resources.

TRUSTEE BOERNER expressed her shared excitement about this moving forward. She stated that the reason she held up approval of the minutes was because she wanted the record to show that the tribal health system is a critical component of the ability to meet the needs of beneficiaries and that Alaska has many unique aspects. The existence of the Trust is something unique in the nation, and also included the existence and the comprehensive nature of the tribal health system. She commended the folks that went back and worked with the tribal health directors and such to get that sort of input. She extended her kudos and appreciation.

CHAIR COOKE asked if Trust personnel are still involved in this phase of the subcommittee, reviewing various inputs and developing a final plan, or if it is all in the Department.

MS. VEA replied that she, Michael Baldwin, and Steve Williams, along with the program officers, are constantly contributing and editing and restrategizing to make sure that the outline is the most comprehensive system for beneficiaries.

MR. WILLIAMS stated that this core team has spent an inordinate amount of time and effort on this. It was a small team that was needed to get to this point; but it also recognized the need to get outside perspectives; hence, the desire of the team to give an opportunity for public comment to make sure that the information was well-informed from outside of that group.

CHAIR COOKE asked for further comment.

DEPUTY COMMISSIONER WALL commented that he liked this approach because it is more technologically based and can be used as a platform for future years and can evolve. It has a living aspect.

MR. ABBOTT commented that there has been a lot of talk about the impact of gubernatorial transitions, and there is always uncertainty associated with those. He stated that the Trust could not have had a better partner than Commissioner Crum, Deputy Commissioner Wall, Jillian

Gellings and the other team members in this comp plan development process. He recognized the level of commitment.

CHAIR COOKE called a recess.

(Break.)

CHAIR COOKE called the meeting back into session and moved to an update on the API situation.

API UPDATE

MR. WILLIAMS asked Deputy Commissioner Al Wall from the Department of Health & Social Services to continue.

DEPUTY COMMISSIONER WALL began with a brief update on what is going on at API and stated that the situation changes daily, mostly for the better. There was a governance board meeting where the membership of the board was expanded. It now includes an individual from the Trust as a voting member. This is extremely critical and has been needed for a long time. A representative from the Alaska Mental Health Board was also included with a vote; and an individual member at large from the community. That individual will be screened and recommended by National Association for Mental Illness, NAMI.

DEPUTY COMMISSIONER WALL stated it is a good thing for the hospital to have that broad spectrum oversight and visibility. Also included is a new type of member on the board which is just a representative from another organization. They can serve on committees and can vote on committees. That membership is very large and included groups that really should have been included years ago. There is a broad range of representation on the board at this time. He continued that, also at that meeting, a Policy Review Committee was established, which is the first committee ever in the governance body. The Department is required by the Joint Commission to go through and renew the policies, evaluate the policies for adhering to Joint Commission and CMS on a two-year rotating basis. He added that a number of new people were hired. Dr. Matt Niemeyer, an Alaska-born licensed psychologist, will be there as the CEO. He has good hospital experience, is a great clinician, has good leadership skills, and really understands efficient psychiatric care. The leadership team is expanding and an offer has been made to a full-time Director of Nursing, a classified position, by a member of the leadership team. He introduced Laura Russell, his policy adviser who has been doing a lot of the interviews. He continued that the Trust provided \$150,000 for a contract for a specialist to come in and do the evaluations. A forensic psychiatrist has come on board and has already done some evaluations. He did nine in five days and those nine are back in court. We are waiting for evaluations on 39. The process is moving forward. He asked for any questions.

TRUSTEE McCARTY asked if he is going to the pretrial facility or to API for assessments.

DEPUTY COMMISSIONER WALL replied that he goes to them; some of them are actually in communities. There is a group in the Department of Corrections waiting for evaluations, and others who have been evaluated are waiting for a bed for care.

MR. ABBOTT asked for an update on how capacity is at API.

DEPUTY COMMISSIONER WALL replied that in the last two days six new patients were accepted, which is a bump up from where it had been over the last 60 days. Capacity is now at 33, which is more capacity, primarily due to the new doctors that are working there. He discussed a piece of legislation coming out that will address the crisis meds issue, causing a bottleneck in the system.

TRUSTEE MICHAEL asked about discharges. There were stories about people just being released into the streets. She stated that they should have been directed toward an organization. She was also interested in discharges with regard to people who could possibly be placed in a community-based program but are housed at API.

DEPUTY COMMISSIONER WALL stated that Alaska is the one state with the broadest laws regarding personal rights. If a person does not have a court order that tells them they have to be in that building, there is no control over what they do under that circumstance. He continued that if they are held against their will, it becomes a crime. It is an unfortunate situation, and everything is done to prevent it. He added that the biggest problem is the lack of continuity of care when people are discharged. API will continue to fail if a continuum of care is not developed. He stated that the second phase of the 1115 is designed to address that with at least a code that will let someone bill for partial hospitalizations.

TRUSTEE DERR asked about the lawsuit that has been filed and how disruptive that could be.

DEPUTY COMMISSIONER WALL stated that he is not able to comment on the litigation, and added that it could be disruptive.

TRUSTEE McCARTY asked about any mechanism that is done or may be implemented to look at the referrals to API to see if they are appropriate.

DEPUTY COMMISSIONER WALL replied that the system is designed so that API acts as its own arbiter, which is not a typical hospital function. His intent is to remove that process from API and let it be a hospital, and then have an office that does nothing but receive the incoming patient information and place them where they need to be.

TRUSTEE MICHAEL asked about a crisis stabilization program in Anchorage.

DEPUTY COMMISSIONER WALL stated that there are very specific things that the Trust can do in that area; research, best-practice type of things; staff laying out what other states are doing in the area of crisis stabilization. That needs to be in a cohesive presentation, so all know what is being looked at and what is wanted to be adopted going forward. He continued that the 1115 implementation, Phase II, should have the billing mechanism to let that happen. He added that this is one of his main goals and will probably take two years. He stated that one of the issues dealing with that population that is aggressive and can be violent is consistency in approach and good training that is implementable. There are systems that require a group to be involved that are de-escalation models. Mandt is one that teaches to avoid physical contact, to back off, let the person yell and scream if he wants to, if he is not hurting anyone. He describes the three levels of Mandt training. He continued and stated that Wellpath is on track to run the hospital. One side is becoming more stable on a day-to-day basis; the other side is still on provisional terms,

and will be until June 30th. He added that there are still unsafe practices that are being done in the hospital that need to be fixed with retraining.

CHAIR COOKE thanked the deputy commissioner and recessed for lunch.

(Lunch break and site visit.)

CHAIR COOKE called the meeting back into session and moved to the Focus Area Review.

FOCUS AREA REVIEW

MR. WILLIAMS stated that a high-level overview of the focus areas was put together. He began with the background and history. He added that people say that the Trust should continue and maintain the focus areas; the efforts around workforce development; and the increased effort around early childhood prevention and intervention. It is good feedback and a good gauge of what the community sees as needs as well as what it sees as the direction the Trust should be placing its funding and staff resources, as well. He recognized Katie Baldwin-Johnson.

MS. BALDWIN-JOHNSON began with the Substance Abuse and Prevention and Treatment focus area which is important because there are beneficiaries that are experiencing the negative health and life outcomes associated with drug and alcohol addiction. She talked about the data and the different programs with funding provided by the Trust.

MS. BARSTAD stated that housing and long-term support services affect the beneficiaries deeply. Housing is necessary, but many of the beneficiaries experience many barriers in obtaining and maintaining affordable housing. If beneficiaries end up homeless, those barriers increase. She talked about working with Trust partners on a variety of different housing initiatives, with the vast majority implementing the Housing First practice. Housing in Alaska saves lives and is a core critical service for the beneficiaries. She spoke to the support services, long-term services and supports that were implemented, as well as the change of the standard of care. Ensuring that people have housing and adequate long-term services support their medical well-being. She went through some examples of the work that has been done in the Housing, Long-Term Services and Supports focus area.

TRUSTEE EASLEY commented on the expectation of the Mental Health Trust to solve the homeless problem, which is not the goal.

CHAIR COOKE stated that the Trust is good at providing some incentives, and a base funding through which organizations are going to take on these kinds of tasks and then multiply with other funding sources. There is a need for nongovernmental sources to make a project happen. There is a need to scrutinize proposals as they come in, and to make sure that the Trust is not being looked at being the deep pocket.

MR. WELCH stated that Trust beneficiaries are at an increased risk of involvement in the justice system, both criminal and civil, not only as defendants but also as victims. Annually, the beneficiaries make up about 40 percent of incarcerations in the state. That high number has made the State of Alaska DOC the largest provider of mental health services in the state. He continued that the Trust had three goals in looking at the issues to serve beneficiaries: one, developing criminal justice in community behavioral health partnerships; two, diverting Trust

beneficiaries; three, maintaining public safety by improving the health of beneficiaries in Alaska communities. He went through some of the data and some of the programs. He added that there is a need to continue to support, expand and provide funding for programs that will help the Trust and partners achieve the goals for the Disability Justice focus area to better serve the beneficiaries.

MS. BALDWIN-JOHNSON thanked Mr. Welch and introduced Jimael Johnson, who will cover Beneficiary Employment and Engagement.

MS. BALWIN-JOHNSON stated that the Beneficiary Employment and Engagement focus area is based on a previous initiative called the Beneficiary Project Initiative. She continued that the overall and primary goal is to improve outcomes and promote recovery for beneficiaries through integrated competitive employment and meaningful engagement opportunities. Evidence shows that work and meaningful engagement is critical to the quality of life, and is a critical component of recovery for people with mental illness and substance use disorders. She described and talked about some of the peer support and recovery-oriented services, as well as some of the other services that are funded by the Trust. She then highlighted the microenterprise grants that are awarded twice a year; fifteen awards of up to \$10,000 for any given beneficiary that is eligible. She added that they are also working with the State and partners in developing a credentialing system and more standardized training and workforce development for peer support workforce that provides that experience and supports the beneficiaries to recovery.

CHAIR COOKE recognized Eric Boyer.

MR. BOYER stated that the two site visits, the Anchorage Correctional Center and API, both demonstrated how Trust funding is equipping the workforce. At the Correctional Center, Adam Rutherford talked about programming, SBIRT, which is Screening Brief Intervention Referral and Treatment, which is an evidence-based practice in substance use. That is training through the training cooperative at the university. He also mentioned the staff being trained in mental health first aid for first responders, and added that eight of the staff got there through student loan repayment programs through the SHARP program. He moved to the API site visit and stated that the Alaska Psychology Internship program, which Trust funding helped to evaluate, actually got that program accredited through the American Psychological Association. That program has produced 71 clinical psychologists in the last nine years. He added that those site visits showed that the Trust is doing things that impact the beneficiaries in real positive ways.

TRUSTEE BOERNER stated that the very fact that inclusion of the villages was incorporated into the program was spectacular. There is a need to work and build the capacity within the state and have programs like that bringing a real return on investment.

MS. BALWIN-JOHNSON stated that the emergent strategies around early childhood and the inherent opportunities for prevention are of critical interest to the Trust. This has been a developing area over the past several years. Trauma in early life is highly correlated with the beneficiary groups; young children are especially impacted by trauma. Intervening early in childhood can alter the life trajectory and is why this work is important to the Trust. She talked about some of the programs and then focused on the 1115 Medicaid waiver which is a promising reform effort that will positively impact young children and families. Also continued is the

work on integrating behavioral health into primary-care settings, and she highlighted the workforce issues.

CHAIR COOKE moved to the budget.

BUDGET

MR. ABBOTT stated that because proposed budget changes are not yet known, it may not be ready to talk about, and will most certainly not be resolved at the May board meeting. Staff will be working with the board chairs to organize one or two trustee events to perfect the FY20 budget primarily based on the outcome of the legislative process, the appropriations process. There was a possibility of rescheduling the May meetings, but they are currently scheduled for Fairbanks, and there are a lot of important community conversations scheduled for that and a full agenda of both informational items and decisions that are timely for the May 7 and 8 time frames. He recommended maintaining that and going to Fairbanks. He went through the itinerary and the field trips. He concluded the staff presentations and information for the Program and Planning Committee.

TRUSTEE COMMENTS

TRUSTEE BOERNER appreciated the ability to share and stated that the Trust faces a challenge with the budget cuts coming. An incredible need was seen today, as well as the gaps. Working on building the capacity of this state to meet the needs of the Trust beneficiaries, which is bound within our Constitution, is a challenge. She thanked the trustees, the advisory boards, the staff for their continued work, and the individuals that were met that welcomed and helped educate us about the challenges. She stated that she looked forward to working with this group, the partners and the State in finding ways to meet those challenges.

TRUSTEE MICHAEL stated that this was a great meeting and appreciated Al Wall. She continued that understanding the API issue and visiting was beneficial. She talked about the major transitions in trustees, and will miss the old, and welcomed the new trustees aboard. She thanked them for their participation.

TRUSTEE STURGEON thanked staff for the briefings and the backup material. He stated that it is a lot to absorb, and he will go home and read. He noticed the future meeting schedule and will miss the meeting in September. He added that he had a direct order from the U.S. Supreme Court to “grab your hovercraft and go find a moose.” This will be his 50th consecutive year. He thanks all for being so friendly and helpful.

TRUSTEE McCARTY thought of the old story of the six blind men and the elephant. Here is this elephant trying to help the beneficiaries and there are more than six blind people in the room that come from different perspectives to work on this issue. He stated that he is a small blind person in the process and expressed his thanks to being part of this. He continued that he is very interested in data collection and also in nutrition. He was at the Evolution of Psychotherapy Conference in December, which happens every five years. Five years ago they said that there was a strong indication that nutrition was affecting mental health. He was involved in the study with the University of Calgary research team helping the study with autism using nutrition. He had a preliminary of five kids and just using that nutrition, the autism went away. One of the kids was taken to the University of Davis at the MIND Institute, was started on this super

nutrition a month prior, and the MIND Institute said that the child did not have autism. He was excited to be part of this.

CHAIR COOKE talked about attending the Ravens Ball, which is a fundraiser and honoring ceremony put on by the Tribal Health Consortium. Many people in the medical community participate in that. He stated that it seems like the kind of event that the Trust should be a participant in as well. It would help to network with the partners and people and get the word out about the Mental Health Trust Authority. He recommended that for further study and review. He added that when he first began learning about the Trust he had asked Jeff Jesse, the director at the time, how many programs like this are out there. Mr. Jesse replied just one. This is a unique opportunity to contribute to improving all of those lives, and he is excited and looking forward to the next meeting and hearing about more of the activities. He thanked all and adjourned the meeting.

(The Program and Planning Committee meeting adjourned at 3:58 p.m.)

	A	B	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1		Alaska Mental Health Trust Authority												
2		Proposed Revised FY21 Budget												
3		July 31, 2019 Program and Planning Committee Meeting												
4		(amounts in thousands)												
5														
6			FY21 Funding-Approved Sept. 5&6 2018							FY21 Proposed Revised Amounts				
7			Sum of MHTAAR/ MHT Admin & AG	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		Proposed Changes	Sum of MHTAAR/ MHT Admin & AG	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other
8														
9		Non-Focus Area Allocations												
10		Trust / TLO Operating Budgets	8,703.7	8,703.7	-	-	-		(63.0)	8,640.7	8,640.7	-	-	-
11		Other Non-Focus Area Allocations	7,501.8	901.8	6,600.0	-	-		75.0	7,576.8	926.8	6,650.0	75.0	-
12														
13														
14		Focus Areas:												
15		Housing and Long-Term Services & Supports	3,873.8	2,743.8	1,130.0	3,413.0	8,100.0		64.2	3,938.0	2,824.8	1,113.2	3,413.0	8,100.0
16		Beneficiary Employment and Engagement	2,564.0	543.8	2,020.2	-	-		(353.8)	2,210.2	250.0	1,960.2	-	-
17		Substance Abuse Prevention and Treatment	900.0	-	900.0	-	100.0		900.0	1,800.0	-	1,800.0	-	100.0
18		Disability Justice	2,136.9	1,432.4	704.5	372.7	-		(126.2)	2,010.7	1,276.2	734.5	372.7	-
19														
20		System Improvements	1,404.0	1,289.0	115.0	-	-		55.0	1,459.0	1,239.00	220.00	-	-
21		Advisory Board Requests	850.0	850.0	-	2,050.0	-		0.0	850.0	850.00	-	2,050.0	-
22														
23		Totals	27,934.2	16,464.5	11,469.7	5,835.7	8,200.0		551.2	28,485.4	16,007.5	12,477.9	5,910.7	8,200.0
24														
25														
72		Beneficiary Group Legend												
73		All-All Trust beneficiary group												
74		ADRD-Alzheimer's Disease and Related Dementia												
75		BH-Behavioral Health												
76		IDD-Intellectual and Developmental Disability												
77		TBI-Traumatic Brain Injury												

	A	B	D	N	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR
5	Non-Focus Area Allocations				Type	FY21 Funding-Approved Sept. 5 & 6 2018								FY21 Proposed Revised Amounts						Beneficiary Group
6		Dept/RDU Component (or recipient)	(O) Capital (C) Other	Auth Grant		Sum of MHTAAR/ MHT Admin & AG	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		Proposed Change		Sum of MHTAAR/ MHT Admin & AG	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		
7		<i>Trust & TLO Administrative Budgets</i>																		
8		Trust Authority MHT Admin Budget	DOR	O		4,135.3	4,135.3	-	-	-		79.8		4,215.1	4,215.1	-	-	-		All
9		Trust Land Office MHTAAR Budget	DNR	O		4,568.4	4,568.4	-	-	-		(142.8)		4,425.6	4,425.6	-	-	-		All
10		Total Trust & TLO				8,703.7	8,703.7	-	-	-		(63.0)		8,640.7	8,640.7	-	-	-		
12																				
13		Other Non-Focus Area Allocations																		
14																				
15		<i>Grant Making Programs</i>																		
16		Partnerships / Designated Grants		AG		2,150.0	-	2,150.0	-	-		-		2,150.0	-	2,150.0	-	-		All
18		Grant Making Programs Subtotal				2,150.0	-	2,150.0	-	-		-		2,150.0	-	2,150.0	-	-		
20																				
21		<i>Dental</i>																		
22		Trust Directed Projects - Dental	ANHC (Anch Comm Hlth)	AG		140.0	-	140.0	-	-		-		140.0	-	140.0	-	-		All
23		Trust Directed Projects - Dental	ICHC (Fbks Comm Hlth)	AG		100.0	-	100.0	-	-		-		100.0	-	100.0	-	-		All
24		Donated Dental	Dental Lifeline Network	AG		30.0	-	30.0	-	-		-		30.0	-	30.0	-	-		All
25		Dental Subtotal				270.0	-	270.0	-	-		-		270.0	-	270.0	-	-		
27																				
28		<i>Mini Grants</i>																		
29		Mini Grants for beneficiaries experiencing mental illness, chronic alcoholism & substance abuse.	Information Insights	AG		950.0	-	950.0	-	-		-		950.0	-	950.0	-	-		BH
30		Mini grants for ADRD beneficiaries	Alzheimers' Resource Agency	AG		350.0	-	350.0	-	-		-		350.0	-	350.0	-	-		ADRD
31		Mini grants for beneficiaries with developmental disabilities	Information Insights	AG		400.0	-	400.0	-	-		-		400.0	-	400.0	-	-		IDD
32		Mini Grants Subtotal				1,700.0	-	1,700.0	-	-		-		1,700.0	-	1,700.0	-	-		
33																				
34		<i>Trust Statutory Advisory Boards</i>																		
35		ABADA/AMHB joint staffing	DHSS/DBH/AMHB-ABADA	O		479.5	479.5	-	-	-		-		479.5	479.5	-	-	-		BH
36		GCDSE operating/Research Analyst III (06-0534)	DHSS/DSDS/GCDSE	O		131.2	131.2	-	-	-		-		131.2	131.2	-	-	-		IDD
37		ACoA Planner (06-1513)	DHSS/DSDS/ACoA	O		126.1	126.1	-	-	-		-		126.1	126.1	-	-	-		ADRD
38		Trust Statutory Advisory Boards Subtotal				736.8	736.8	-	-	-		-		736.8	736.8	-	-	-		
39																				

	A	B	D	N	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR
5	Non-Focus Area Allocations				Type	FY21 Funding-Approved Sept. 5 & 6 2018								FY21 Proposed Revised Amounts						Beneficiary Group
6		Dept/RDU Component (or recipient)	(O) Capital (C) Other	Auth Grant		Sum of MHTAAR/ MHT Admin & AG	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		Proposed Change		Sum of MHTAAR/ MHT Admin & AG	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		
45		<i>Prevention & Early Childhood Intervention: Programs serving young children promote resiliency, prevent and address trauma, and provide access to early intervention services.</i>																		
46																				
47		<i>Promote practice-informed, universal screening efforts and early intervention services</i>																		
48		BTKH Maintenance/Monitoring		AG		80.0	-	80.0	-	-		-		80.0	-	80.0	-	-		All
49		Universal developmental screening integration and capacity building		AG		-	-	-	-	-		100.0		100.0	-	100.0	-	-		All
50		Integration of pediatric primary care and behavioral health		AG		-	-	-	-	-		150.0		150.0	-	150.0	-	-		All
51																				
52		<i>Ensure accurate identification of social-emotional needs for children and their caregivers</i>																		
53		Trauma Informed practice promotion		AG		100.0	-	100.0	-	-		-		100.0	-	100.0	-	-		All
54		Infant & Early Childhood Mental Health Capacity Building		AG		-	-	-	-	-		150.0		150.0	-	150.0	-	-		All
55																				
56		<i>Reduce Instances and Impact of Adverse Childhood Experiences (ACEs)</i>																		
57		Improve social determinants of health for families and young children: Peer Support/Parenting Policy, data & programs		AG		200.0	-	200.0	-	-		100.0		300.0	-	300.0	-	-		All
58		Prevention & Early Intervention Subtotal				380.0	-	380.0	-	-		500.0		880.0	-	880.0	-	-		
59		<i>Consultative & Technical Assistance Services</i>																		
60		Grant-writing technical assistance		AG		180.0	-	180.0	-	-		-		180.0	-	180.0	-	-		All
61		Technical assistance for beneficiary groups & Trust initiatives		AG		510.0	-	510.0	-	-		-		510.0	-	510.0	-	-		All
62		Communications		AG		400.0	-	400.0	-	-		-		400.0	-	400.0	-	-		All
64		Consultative & Technical Assistance Services Subtotal				1,090.0	-	1,090.0	-	-		-		1,090.0	-	1,090.0	-	-		
65		<i>Comp. Plan/ Data Evaluation</i>																		
66		Comprehensive Program Planning & Consultative Services		AG		100.0	-	100.0	-	-		250.0		350.0	-	350.0	-	-		All
67		Scorecard Update	DHSS/DPH/HPSD	O		40.0	40.0	-	-	-		-		40.0	40.0	-	-	-		All
68		DHSS Comprehensive Program Planning Coordinator	DHSS/DPS/HPSD	O		-	-	-	-	-		75.0		75.0	75.0	-	75.0	-		All
69		Alaska Health Workforce Profile	DOLWD / Administrative Services Division	O		75.0	75.0	-	-	-		(50.0)		25.0	25.0	-	-	-		All
70		Data Evaluation & Planning Subtotal				215.0	115.0	100.0	-	-		275.0		490.0	140.0	350.0	75.0	-		
71		<i>Other</i>																		
72		Rural & Community Outreach		AG		-	-	-	-	-		200.0		200.0	-	200.0	-	-		All
73		Emergency Psychiatric Services Assistance		AG		900.0	-	900.0	-	-		(900.0)		-	-	-	-	-		BH
74		Advocacy Training		AG		10.0	-	10.0	-	-		-		10.0	-	10.0	-	-		All
75		AK Autism Resource center	DEED/Teaching/SSA	O		50.0	50.0	-	-	-		-		50.0	50.0	-	-	-		IDD
76		Other Subtotal				960.0	50.0	910.0	-	-		(700.0)		260.0	50.0	210.0	-	-		
77																				
78		Total Other Non-Focus Area Allocations				7,501.8	901.8	6,600.0	-	-		75.0		7,576.8	926.8	6,650.0	75.0	-		
80		Total Non-Focus Area Allocations				16,205.5	9,605.5	6,600.0	-	-		12.0		16,217.5	9,567.5	6,650.0	75.0	-		

	A	B	D	N	CR	CS	CT	CU	CV	CV	CX	CY	CZ	DA	DB	DC	DD	DE	DF
5		Housing and Long-Term Services & Supports Focus Area	Type		FY21 Funding-Approved Sept. 5 & 6 2018								FY21 Proposed Revised Amounts						<u>Beneficiary Group</u>
6			Dept/RDU Component (or recipient)	Operating (O) / Capital (C) / Auth Grant (AG)	Sum of MHTAAR & AG	MHTAAR	Authority Grant	GF/MH	Other		Proposed Changes		Sum of MHTAAR & AG	MHTAAR	Authority Grant	GF/MH	Other		
7		<i>Housing & long term services and supports (LTSS) policy coordination and capacity development</i>																	
8		Housing Coordinator		AG	100.0	-	100.0	-	-		(100.0)		-	-	-	-	-		All
9		Juneau Housing Coordinator	City and Borough of Juneau	AG	100.0	-	100.0	-	-		10.0		110.0	-	110.0	-	-		All
10		City of Fairbanks Housing Coordinator	City of Fairbanks	AG	110.0	-	110.0	-	-		0.0		110.0	-	110.0	-	-		All
11		DD System capacity development	AK Assn of Developmental Disabilities (AADD)	AG	65.0	-	65.0	-	-		0.0		65.0	-	65.0	-	-		IDD
12		Office of Integrated Housing	DHSS/DBH/BH Admin	O	125.7	125.7	-	-			0.0		125.7	125.7	-	-	-		BH
13		System infrastructure and capacity development for ADRD and IDD programs		AG	150.0	-	150.0	-	-		0.0		150.0	-	150.0	-	-		ADRD/IDD
14		Strategy Subtotal			650.7	125.7	525.0	-	-		(90.0)		560.7	125.7	435.0	-	-		
15																			
16		<i>Beneficiaries have safe, stable housing with tenancy supports</i>																	
17		Legal Resources for Trust Beneficiaries(evictions, legal barriers to stable housing)	Alaska Legal Services	AG	75.0	-	75.0	-	-		0.0		75.0	-	75.0	-	-		All
18		Special needs housing grant & Statewide Homeless Coalition Capacity Development (FY 2018 - FY 2022 - MHTAAR Lapses June 30, 2022)	DOR/AHFC	C	200.0	200.0	-	1,750.0	1,750.0		0.0		200.0	200.0	-	1,750.0	1,750.0		All
19		Juneau Rapid Rehousing	Family Promise of Juneau	AG	-	-	-	-	-		150.0		150.0	-	150.0	-	-		All
20		Homeless assistance project (FY 2018 - FY 2022 - MHTAAR Lapses June 30, 2022)	DOR/AHFC	C	950.0	950.0	-	850.0	6,350.0		0.0		950.0	950.0	-	850.0	6,350.0		All
23		Strategy Subtotal			1,225.0	1,150.0	75.0	2,600.0	8,100.0		150.0		1,375.0	1,150.0	225.0	2,600.0	8,100.0		
24																			
25		<i>Beneficiaries access effective and flexible person-centered LTSS</i>																	
26		AK Brain Injury Network - assessment clinics	ABIN	AG	160.0	-	160.0	-	-		-		160.0	-	160.0	-	-		TBI
27		HCBS Reform Contract	HCBS Strategies	AG	150.0	-	150.0	-	-		-		150.0	-	150.0	-	-		All
28		Rural HCBS Coordinator	DHSS/SDS/ACOA	O	0.0	-	-	-	-		81.0		81.0	81.0	-	-	-		ADRD/IDD
29		Decision Making Support	ASAGA	AG	0.0	-	-	-	-		48.2		48.2	-	48.2	-	-		ADRD/IDD
30		Home modification & upgrades (FY 2018 - FY 2022 - MHTAAR Lapses June 30, 2022)	DHSS/Facilities	C	300.0	300.0	-	750.0	-		0.0		300.0	300.0	-	750.0	-		All
31		Environmental Modifications/Assistive Technology		AG	125.0	-	125.0	-	-		(125.0)		-	-	-	-	-		All
32		Aging and Disability Resource Center	DHSS/SDS/Senior Community Based Grants	O	300.0	300.0	-	-	-		0.0		300.0	300.0	-				ADRD/IDD
33		Strategy Subtotal			1,035.0	600.0	435.0	750.0	-		4.2		1,039.2	681.0	358.2	750.0	-		
34																			
35		<i>Institutional diversion and return to community</i>																	
36		Assertive Community Treatment/Institutional diversion housing program	DHSS/DBH/Svcs SMI	O	750.0	750.0	-	-	-		-		750.0	750.0	-	-	-		BH
37		Strategy Subtotal			750.0	750.0	-	-	-		-		750.0	750.0	-	-	-		

4

7/24/2019

	A	B	D	N	CR	CS	CT	CU	CV	CX	CY	CZ	DA	DB	DC	DD	DE	DF
5		Housing and Long-Term Services & Supports Focus Area	Type		FY21 Funding-Approved Sept. 5 & 6 2018							FY21 Proposed Revised Amounts						Beneficiary Group
6			Dept/RDU Component (or recipient)	Operating (O) / Capital (C) / Auth Grant (AG)	Sum of MHTAAR & AG	MHTAAR	Authority Grant	GF/MH	Other	Proposed Changes		Sum of MHTAAR & AG	MHTAAR	Authority Grant	GF/MH	Other		
38																		
39		Optimize information technology and data analytics																
40		Develop targeted outcome data	DHSS/SDS	O	80.0	80.0	-	-	-	-		80.0	80.0	-	-	-		BH/ADRD
41		IT application/Telehealth Service System Improvements	DHSS/SDS	O	38.1	38.1	-	63.0	-	-		38.1	38.1	-	63.0	-		BH/ADRD
42		Strategy Subtotal			118.1	118.1	-	63.0	-	-		118.1	118.1	-	63.0	-		
43		Administration																
44		Focus Area Administration		AG	95.0	-	95.0	-	-	0.0		95.0	-	95.0	-	-		All
45		Strategy Subtotal			95.0	-	95.0	-	-	-		95.0	-	95.0	-	-		
46																		
47		Housing and Long-Term Services & Supports Focus Area Total			3,873.8	2,743.8	1,130.0	3,413.0	8,100.0	64.2		3,938.0	2,824.8	1,113.2	3,413.0	8,100.0		

DRAFT

	A	B	D	N	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ
1		Beneficiary Employment and Engagement Focus Area	Type		FY21 Funding-Approved Sept. 5 & 6 2018						Proposed Change		FY21 Proposed Revised Amounts						Beneficiary Group
2			Dept/RDU Component (or recipient)	Operating (O) / Capital (C) / Auth Grant (AG)	Sum of MHTAAR & AG	MHTAAR	Authority Grant	GF/MH	Other				Sum of MHTAAR & AG	MHTAAR	Authority Grant	GF/MH	Other		
3		Ensure competitive and integrated employment at or above minimum wage																	
4		Job Center Liaison in Correctional facility		O	128.8	128.8	-	-	-		(128.8)		-	-	-	-	-		
5		Strategy Subtotal			128.8	128.8	-	-	-		(128.8)		-	-	-	-	-		
6																			
7		Expand resources that promote successful, long term employment for Trust beneficiaries									335.0		335.0	-	335.0	-	-		All
8		Individual Placement and Supports		AG	200.0	-	200.0	-	-		(200.0)		-	-	-	-	-		
9		Pre-employment transition services		AG	100.0	-	100.0	-	-		(100.0)		-	-	-	-	-		
10		Vocational Coordinator	ACMHS	AG	100.0	-	100.0	-	-		(100.0)		-	-	-	-	-		
11		Beneficiary employment technical assistance and program coordination	DHSS/DSDS/GCDSE	O	200.0	200.0	-	-	-		(100.0)		100.0	100.0	-	-	-		IDD
12		Strategy Subtotal			600.0	200.0	400.0	-	-		(165.0)		435.0	100.0	335.0	-	-		
13																			
14		Utilize ongoing recovery (including peer and family) supports services to reduce the impact of mental health and substance use disorders																	
16		BPI Program Grants	CHOICES	AG	440.2	-	440.2	-	-		-		440.2	-	440.2	-	-		BH
17			Consumer Web	AG	333.6	-	333.6	-	-		-		333.6	-	333.6	-	-		BH
18			Polaris House	AG	183.0	-	183.0	-	-		-		183.0	-	183.0	-	-		BH
19			NAMI Juneau	AG	100.6	-	100.6	-	-		-		100.6	-	100.6	-	-		BH
20			NAMI Anchorage	AG	154.1	-	154.1	-	-		-		154.1	-	154.1	-	-		BH
21			AYFN	AG	208.7	-	208.7	-	-		-		208.7	-	208.7	-	-		BH
22		Peer Support Certification	DHSS/DBH	AG	-	-	-	-	-		125.0		125.0	-	125.0	-	-		BH
23		Strategy Subtotal			1,420.2	-	1,420.2	-	-		125.0		1,545.2	-	1,545.2	-	-		
24																			
25		Beneficiaries increase self sufficiency																	
26		Social enterprise		AG	50.0	-	50.0	-	-		(50.0)		-	-	-	-	-		
27		Micro enterprise	UAA/CHD	O	150.0	150.0	-	-	-		-		150.0	150.0	-	-	-		All
28		Self sufficiency Training	YWCA	AG	50.0	-	50.0	-	-		(50.0)		-	-	-	-	-		
29		Strategy Subtotal			250.0	150.0	100.0	-	-		(100.0)		150.0	150.0	-	-	-		
30																			
31		Increased Capacity, Training, and Competencies																	
32		Supported Employment Provider training infrastructure and capacity	UAA/CHD	O	65.0	65.0	-	-	-		(65.0)		-	-	-	-	-		
33		Strategy Subtotal			65.0	65.0	-	-	-		(65.0)		-	-	-	-	-		
34																			
35		Administration																	
36		Focus Area administration		AG	100.0	-	100.0	-	-		(20.0)		80.0	-	80.0	-	-		All
38		Strategy Subtotal			100.0	-	100.0	-	-		(20.0)		80.0	-	80.0	-	-		BH/ARDD/IDD
39																			
40		Beneficiary Employment & Engagement Focus Area Total			2,564.0	543.8	2,020.2	-	-		(353.8)		2,210.2	250.0	1,960.2	-	-		

	A	B	D	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
5		Substance Abuse Prevention and Treatment	Type		FY21 Funding-Approved Sept. 5 & 6 2018								FY21 Proposed Revised Amounts						<u>Beneficiary Group</u>
6			Dept/RDU Component (or recipient)	Operating (O) / Capital (C) / Auth Grant (AG)	Sum of MHTAAR & AG	MHTAAR	Authority Grant	GF/MH	Other		Proposed Changes		Sum of MHTAAR & AG	MHTAAR	Authority Grant	GF/MH	Other		
7		<i>Increase awareness, improve knowledge to prevent drug/alcohol misuse</i>																	
8		Partnerships: Recover Alaska	Sultana	AG	100.0	-	100.0	-	100.0		-		100.0	-	100.0	-	100.0		BH
9		Strategy Subtotal			100.0	-	100.0	-	100.0		-		100.0	-	100.0	-	100.0		
10																			
11		<i>Improve Treatment and Recovery Support Services</i>																	
12		Treatment Access		AG	600.0	-	600.0	-	-		150.0		750.0	-	750.0	-	-		BH
13		SUD Direct Service Professionals		AG	150.0	-	150.0	-	-		(150.0)		-	-	-	-	-		BH
14		Strategy Subtotal			750.0	-	750.0	-	-		-		750.0	-	750.0	-	-		
15																			
20		<i>Ensure Alaskans have access to comprehensive crisis services and supports</i>																	
21		Crisis Continuum of Care		AG	-	-	-	-	-		900.0		900.0	-	900.0	-	-		All
22		Strategy Subtotal			-	-	-	-	-		900.0		900.0	-	900.0	-	-		
23																			
24		<i>Administration</i>																	
25		Focus Area Administration		AG	50.0	-	50.0	-	-		-		50.0	-	50.0	-	-		BH
26		Strategy Subtotal			50.0	-	50.0	-	-		-		50.0	-	50.0	-	-		
27		Substance Abuse Prevention and Treatment Focus Area Total			900.0	-	900.0	-	100.0		900.0		1,800.0	-	1,800.0	-	100.0		

	A	B	D	N	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR
5	Disability Justice Focus Area			Type	FY21 Funding-Approved Sept. 5 & 6 2018					FY21 Proposed Revised Amounts										
6		Dept/RDU Component (or recipient)	(O) / Capital (C) / Auth Grant (AG)		Sum of MHTAAR & AG	MHTAAR/MH T Admin	Authority Grant	GF/MH	Other	Proposed Changes	Sum of MHTAAR & AG	MHTAAR/MH T Admin	Authority Grant	GF/MH	Other	Beneficiary Group				
7	Systems and Policy development																			
8	Alaska Justice Information Center		UAA/Anchorage Campus	O	225.0	225.0	-	-	-	-	225.0	225.0	-	-	-					
9	Strategy Subtotal				225.0	225.0	-	-	-	-	225.0	225.0	-	-	-				All	
10																				
11	Increased Capacity, Training, & Competencies																			
12	Public Guardian Position		DOA/OPA/Public Guardian	O	89.3	89.3	-	-	-	-	89.3	89.3	-	-	-				All	
13	Implement CIT training courses: Anchorage and others		Muni of Anchorage; City & Borough of Juneau, Dept. of Public Safety	AG	185.0		185.0	-	-	15.0	200.0	-	200.0	-	-				All	
14	Training for therapeutic court staff		ACS/Therapeutic Courts	O	15.0	15.0	-	-	-	-	15.0	15.0	-	-	-				All	
15	Training for DOC mental health staff		DOC/Inmate Health/Behavioral Health Care	O	25.0	25.0	-	-	-	-	25.0	25.0	-	-	-				All	
16	Specialized skills & service training on serving criminally justice involved beneficiaries		UAA/CHD	O	72.5	72.5	-	-	-	-	72.5	72.5	-	-	-				All	
17	Strategy Subtotal				386.8	201.8	185.0	-	-	15.0	401.8	201.8	200.0	-	-					
18	Community Prevention																			
19	Interpersonal Violence Prevention for beneficiaries		UAA/CHD	O	80.0	80.0	-	-	-	-	80.0	80.0	-	-	-				IDD	
20	Strategy Subtotal				80.0	80.0	-	-	-	-	80.0	80.0	-	-	-					
21	Community Intervention/Diversion																			
22	Juneau Mental Health Court		ACS/Therapeutic Courts	O	126.1	126.1	-	-	-	-	126.1	126.1	-	-	-				All	
23	Flex Funds for Mental Health Courts (Anchorage, Juneau, Palmer, and PFIT)		Partners for Progress	AG	214.5	-	214.5	-	-	15.0	229.5	-	229.5	-	-				All	
24	Palmer Family Infact Toddler (PFIT) Treatment Access & Training			AG	75.0	-	75.0	-	-	-	75.0	-	75.0	-	-				BH, IDD	
25	Centralized Competency Calendar Paralegal		ACS/Therapeutic Courts	O	78.3	78.3	0.0	-	-	-	78.3	78.3	0.0	-	-				All	
26	Holistic Defense-Bethel		DOA/PDA	O	193.8	193.8	-	-	-	-	193.8	193.8	-	-	-				All	
27	Holistic Defense-Bethel		AK Legal Services	AG	180.0	-	180.0	372.7	-	-	180.0	-	180.0	372.7	-				All	
28	Strategy Subtotal				867.7	398.2	469.5	372.7	-	15.0	882.7	398.2	484.5	372.7	-					
29	Booking and Screening Practices																			
30	Research Analyst		DOC/Inmate Health/Behavioral Health	O	105.0	105.0	-	-	-	(105.0)	-	-	-	-	-					
31	Strategy Subtotal				105.0	105.0	-	-	-	(105.0)	-	-	-	-	-					
32	In-facility Practices																			
33	Mental Health Clinician Oversight in DJJ Youth Facilities		DHSS/DJJ/Probation Services	O	162.4	162.4	-	-	-	(81.2)	81.2	81.2	-	-	-				All	
34	Strategy Subtotal				162.4	162.4	-	-	-	(81.2)	81.2	81.2	-	-	-					
35																				
36	Re-entry																			

8

	A	B	D	N	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR
5	Disability Justice Focus Area			Type		FY21 Funding-Approved Sept. 5 &6 2018								FY21 Proposed Revised Amounts						
6		Dept/RDU Component (or recipient)	(O) / Capital (C) / - Auth Grant (AG)			Sum of MHTAAR & AG	MHTAAR/MH T Admin	Authority Grant	GF/MH	Other		Proposed Changes		Sum of MHTAAR & AG	MHTAAR/MH T Admin	Authority Grant	GF/MH	Other		<u>Beneficiary Group</u>
37																				
38		Implement APIC discharge planning model in DOC	DOC/Inmate Health/Behavioral Health Care	O		260.0	260.0	-	-	-		30.0		290.0	290.0	-	-	-		All
39		DOC Discharge Incentive Grants	DOR/AHFC	O		100.0	100.0	-	-	-		0.0		100.0	100.0	-	-	-		All
40		Re-entry special needs housing		AG		150.0	-	150.0	-	-		0.0		150.0	-	150.0	-	-		All
41		Strategy Subtotal				260.0	260.0	-	-	-		30.0		290.0	290.0	-	-	-		
42		Administration																		
43		Focus Area Administration		AG		50.0	-	50.0	-	-		-		50.0	-	50.0	-	-		All
44		Strategy Subtotal				50.0	-	50.0	-	-		-		50.0	-	50.0	-	-		
45																				
46		Disability Justice Focus Area Total		*		2,136.9	1,432.4	704.5	372.7	-		(126.2)		2,010.7	1,276.2	734.5	372.7	-		

	A	B	D	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
5		System Improvements		Type	FY21 Funding-Approved Sept. 5&6 2018								FY21 Proposed Revised Amounts						
6			Dept/RDU Component (or recipient)	Operating (O) / Capital (C) / Auth Grant (AG)	Sum of MHTAAR & AG	MHTAAR	Authority Grant	GF/MH	Other		Proposed Changes		Sum of MHTAAR & AG	MHTAAR	Authority Grant	GF/MH	Other		<u>Beneficiary Group</u>
7		<i>Increased Capacity, Training, and Competencies</i>																	
8		The Alaska Training Cooperative	UAA/CHD	O	984.0	984.0	-	-	-		-		984.0	984.0	-	-	-		All
9		Providing Support for Service to Health Care Practitioners (SHARP)	DHSS/DPH/Health Planning & System Development	O	200.0	200.0	-	-	-		-		200.0	200.0	-	-	-		All
10		Alaska Area Health Education Centers	UAA AHEC (COE)	O	55.0	55.0	-	-	-		-		55.0	55.0	-	-	-		All
11		Housing continuum and Assisted Living targeted capacity development training	UAA/CHD	O	50.0	50.0	-	-	-		(50.0)		-	-	-	-	-		All
12		ADRD Workforce	Alzheimers' Resource of Alaska	AG	50.0	-	50.0	-	-		(50.0)		-	-	-	-	-		ADRD
13		System Improvement Admin		AG	65.0	-	65.0	-	-		5.0		70.0	-	70.0	-	-		All
14		Strategy Subtotal			1,404.0	1,289.0	115.0	-	-		(95.0)		1,309.0	1,239.0	70.0	-	-		
15																			
16		<i>Medicaid</i>																	
17		Reform Implementation Support		AG	-	-	-	-	-		150.0		150.0	-	150.0	-	-		All
18		Strategy Subtotal			-	-	-	-	-		150.0		150.0	-	150.0	-	-		
19																			
20																			
21		System Improvements			1,404.0	1,289.0	115.0	-	-		55.0		1,459.0	1,239.0	220.0	-	-		

	A	B	D	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
5	Advisory Board Requests			Type	FY21 Funding-Approved Sept. 5&6 2018								FY21 Proposed Revised Amounts						
6		Dept/RDU Component (or recipient)	Operating (O) / Capital (C) / Auth Grant (AG)		Sum of MHTAAR & AG	MHTAAR	Authority Grant	GF/MH	Other		Proposed Change		Sum of MHTAAR & AG	MHTAAR	Authority Grant	GF/MH	Other		<u>Beneficiary Group</u>
7	Capital Requests (sponsored by all boards)																		
8	Deferred Maintenance	DHSS/Dept Support Services Facilities Management	C		250.0	250.0	-	250.0	-		-		250.0	250.0	-	250.0	-		All
9	Medical Appliances and Assistive Technology	DHSS	C		-		-	500.0	-		-		-	-	-	500.0	-		All
10	Coordinated Community Transportation (FY 2018 - FY 2022 - MHTAAR Lapses June 30, 2022)	DOTPF/Program Development Alaska Transit Office	C		300.0	300.0	-	1,000.0	-		-		300.0	300.0	-	1,000.0	-		All
11	Essential Program Equipment (FY 2018 - FY 2022 - MHTAAR Lapses June 30, 2022) (fund in odd fiscal years)	DHSS/Dept Support Services Facilities Management	C		300.0	300.0	-	300.0	-		-		300.0	300.0		300.0	-		All
12																			
13	Capital Subtotal				850.0	850.0	-	2,050.0	-		-		850.0	850.0	-	2,050.0	-		
14																			
15	Advisory Board Total				850.0	850.0	-	2,050.0	-		-		850.0	850.0	-	2,050.0	-		

MEMO

To: Chris Cooke, Chair, Program & Planning Committee
Through: Mike Abbott, Chief Executive Officer
From: Eric Boyer, Program Officer
Date: July 24, 2019
Amount: \$200,000.00
Grantee: Bartlett Regional Hospital
Project Title: Bartlett Regional Hospital Crisis Stabilization Center

REQUESTED MOTION:

Approve a \$200,000 FY20 authority grant to Bartlett Regional Hospital for Crisis Stabilization Center project. These funds will come from the FY20 Emergency Psychiatric Services Assistance budget line.

STAFF ANALYSIS

Bartlett Regional Hospital (BRH) was awarded a 2 million dollar crisis stabilization grant award in FY19 to provide crisis stabilization services effective January 1, 2019 from the State of Alaska's Department of Behavioral Health. \$500,000 of this award could be used for a capitol project to expand BRH's crisis services. After performing an analysis for service provision in fully building out a capitol project for this service, costs for this project totaled over 7 million dollars. BRH has committed 5.1 million for this capitol project, with the hope of a combined total of 1.7 million dollars coming from Premera, Rasmuson, and the Trust. Premera has pledged 1 million dollars if there are local dollars put in to help leverage their funds. BRH has asked the Trust to fund \$200,000 and Rasmuson \$500,000. The Trust funds- will help leverage the bigger sum from Premera and Rasmuson for this project.

The crisis stabilization model that BRH has put into place is already helping keep Trust beneficiaries in the SE Alaska region to receive care closer to home, versus being referred to Anchorage or Seattle. The issue is there are not enough crisis beds available in SE Alaska for stabilizing someone having a mental health emergency. The BRH proposed facility buildout will add eight beds for crisis stabilization, with an additional outpatient floor within the same building. Beneficiaries who need 1-7 days of crisis respite will have this option, with the ability to receive extended care within existing in-patient residential or outpatient care in the region. Staff recommend funding for this project as this complete system of crisis care will keep Trust beneficiaries in the SE region, which will ease the burden on hospital emergency departments in other communities of the state. This plan will ultimately save Medicaid dollars, which can be used to support more Trust beneficiaries in the future.

PROJECT DESCRIPTION

This project will create a three story 12,000 sqft crisis stabilization facility. 5,000 sqft will be for an eight-bed crisis stabilization center serving adults (four beds) and youth (four beds) from Juneau and the surrounding Southeast Alaska communities. 5,000 sqft on the top floor of the facility will be for outpatient services mental health services. Currently there are no beds available in the Southeast Alaska region for this level of care. As a result patients are sometimes held at BRH's Mental Health Unit (MHU) and then sent out of the Southeast Region or out of the State for treatment services.

In FY2018 the Mental Health Unit (MHU) at Bartlett Regional Hospital (BRH) had 3,493 patient days, and Bartlett Outpatient Psychiatric Services (BOPS) had 4,817 patient days of use. Ninety (90) youth were assessed at BOPS and nearly 100% of the kids served at BOPS (plus those we sent out of town) were on Denali Kid Care (Medicaid). Of the 90 youth assessed at BOPS, 50% were sent out of Juneau due to a lack of services available here. These children were sent to either Northstar facility in Anchorage, API in Anchorage, or to long-term care centers both in state, and out of state. Our Crisis Stabilization Center will allow children to stay within their communities and homes. This program also helps house adults leaving the MHU by coordinating housing since most of our patients are either 1) homeless, or 2) have lost their housing, being kicked out, or evicted.

A majority of the adults and adolescents we serve in this capacity currently exhibit both mental health and substance misuse symptomology. The goal of our Crisis Stabilization Program is to develop a service that effectively treats their acute circumstance and provide least restrictive services to address their behavioral health needs at discharge from crisis placement.

BRH serves the capital city of Alaska and the largest city in Southeast Alaska. The hospital is owned by the City and Borough of Juneau. BRH operates the adjacent Rainforest Recovery Center, an inpatient and outpatient drug and alcohol treatment center. BRH has 45 beds, and 76 doctors on staff. By having this program occur at the hospital, patients needing help can come to the hospital and be directed to the Bartlett Outpatient Physician Services (BOPS) program and building directly across the parking lot from the Emergency Room. This will allow patients to easily access the programs they need without running up costly Emergency Room bills. By being located at the hospital our Crisis Stabilization Center will be able to use existing food, laundry, maintenance, etc. services already being provided at the hospital meaning we can set up inpatient care cost efficiently.

Bartlett Hospital expects to be able to deliver services in a more affordable range from \$6,000/patient/day (Current MHU daily cost) down to \$1,600.00/patient/day range by having specifically trained staff. We also expect to be able to make meaningful, impactful, changes in our community by offering these desperately needed services within our region. Our Crisis Stabilization Program has been operational since January 1, 2019. Between January 1, 2019 to June 30, 2019, we served 22 youth between the ages of 11-17 in a deemed "safe room" for anywhere from 24 hours to 7 days. Of these 22, we were able to stabilize 14 and divert them from

a higher level of inpatient care. While admitted, these youth receive psychiatric services along with individual and family therapy along with case management services to develop of discharge planning goals to fit the families' needs and desires.

These are the Juneau community entities who have provided us with letters of support for our project: Juneau School District, Juneau Police Department, Juneau Reentry Coalition, Capital City Fire/Rescue, National Alliance on Mental Illness Juneau, Gastineau Human Services Corporation, JAMHI Health & Wellness, Juneau Youth Services, Polaris House, REACH Inc., SEARHC, Rainforest Pediatrics, and Glacier Pediatrics, LLC.

EVALUATION CRITERIA

Here is Bartlett Regional Hospital's Crisis Stabilization Center's "Evaluation Plan" we implemented for the State of Alaska's Crisis Stabilization funding grant. It is the same evaluation plan we will use for this project

Indicators (how much did we do?)

- Number of patients admitted
- Number of patients diverted to a higher level of care
- Number of patients readmitted within 30 days of discharge
- Number of patients referred to outpatient treatment aftercare

Data Gathering Strategies (how well did we do?)

We will track admissions, completion rates, group attendance and referrals using AKAIMS. Bartlett Hospital utilizes the Client Status Review, Alaska Screening Tool, Colombia Suicide Screening Tool, Biopsychosocial Assessment, and the Electronic Health Record as tools to gather and evaluate the progress of these goals.

- Bartlett Regional Hospital Emergency Department records
- Bartlett Regional Hospital Crisis Stabilization utilization data

SUSTAINABILITY

BRH will use Medicaid reimbursements, and in-kind match for continuing and sustaining operations of this project. Bartlett Regional Hospital has projected revenue based off of the upcoming revised Alaska Community Behavioral Health Center Medicaid Reimbursement Rates. This would operate and bill as a "Crisis Stabilization Outpatient Program". Average daily revenue (based off of Medicaid) would be \$1,200.00 per day per patient. This project is sustainable from Medicaid revenue to support staff. Most patients served would be insured under Medicaid; however, Medicare, Premiera, TriCare, and Aetna do reimburse for this service. As an inpatient program, Bartlett Regional Hospital could not get reimbursements for offering this service, but with an outpatient crisis stabilization facility, Bartlett can get reimbursements.

In addition to being able to take in reimbursements, this program will employ specially trained staff to respond to patients needs for crisis stabilization, and it will provide more efficient care from 1:1 staff to patient ratios to 2:1. Bartlett/Rainforest Recovery Center expects to be able to deliver services in a more affordable range from \$6,000/patient/day down to \$1,600/patient/day range by having specifically trained staff.

WHO WE SERVE

Approximately 500 beneficiaries annually (120 for chronic alcoholism or substance abuse, 25 with developmental disabilities, 250 with mental illness, 15 for traumatic brain injuries and 90 secondary beneficiaries) will be served by this facility. Before Bartlett Regional Hospital (BRH) began this service, patients suffering from these conditions were held at BRH until they could be placed at a facility that was capable of taking care of them. Most of the time patients were flown out of state, due to a lack of treatment center openings within the State of Alaska. Studies have shown that treatment effectiveness skyrockets when patients are treated near home where friends and family are able to come and offer support.

The primary objective of our program is for access to treatment and evaluation and/or stabilization of individuals presenting with acute symptoms or distress. Crisis stabilization services include a comprehensive assessment, treatment plan development, and crisis intervention services necessary to stabilize and restore the individual to a level of functioning that does not require inpatient psychiatric hospitalization. These services are designed to reduce inpatient mental health admissions, and provide the least restrictive treatment options for treating substance misuse while also addressing the patient capacity needs we have experienced for years at BRH.

Our crisis stabilization program will help to:

1. Reduce the number of youth experiencing a behavioral health crisis being sent out of community, away from their family for treatment; thus serving them and their families in their home community.
2. Provide a step-down approach for adults discharging from the Mental Health Unit; who are still in need of supports, allowing for patients with more acute behavioral health crises to utilize the Mental Health Unit beds.
3. Provide substance misuse support in the form of crisis stabilization for individuals experiencing psychotic features or withdrawal symptoms as a result of their substance misuse and dependence.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	300
Developmental Disabilities:	50
Substance Abuse	150
Traumatic Brain Injuries:	15

Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	90
Number of people to be trained	250

BUDGET

Space or Facilities Costs (Trust Funding)	\$200,000.00
Space or Facilities Costs (Other Sources)	\$6,424,475.00
Space or Facilities Narrative:	<p>\$4,424,475 from Bartlett Regional Hospital - this is a minimum estimate. Bartlett Regional Hospital's board of directors has fully supported this project and has pledged to fund any shortfall in order to ensure this building gets built at a size and level for providing leading levels of care to our patients.</p> <p>\$500,000 from State of Alaska for Capital Construction costs</p> <p>\$1,000,000 from Premera for Capital Construction costs</p> <p>\$500,000 from Rasmuson Foundation for Capital Construction costs</p>

Total Amount to be Funded by the Trust	\$200,000.00
Total Amount Funded by Other Sources	\$6,424,475.00

Other Funding Sources	
State of Alaska Department of Health and Social Services Div. of Behavioral Health - Secured	\$500,000.00
Bartlett Regional Hospital - Secured	\$4,424,475.00
Premera - Pending	\$1,000,000.00
Rasmuson Foundation – Pending	\$500,000.00
Total Leveraged Funds	\$6,424,475.00