

ALASKA MENTAL HEALTH TRUST AUTHORITY

PROGRAM & PLANNING COMMITTEE

January 4, 2018
9:00 a.m.

Taken at:
Alaska Mental Health Authority
3745 Community Park Loop, Suite 120
Anchorage, Alaska 99508

OFFICIAL MINUTES

Trustees present:

Chris Cooke, Chair
Mary Jane Michael
Carlton Smith
Laraine Derr (via Speakerphone)
Jerome Selby
Paula Easley
Greg Jones

Trust staff present:

Mike Abbott
Steve Williams
Miri Smith-Coolidge
Kelda Barstad
Andy Stemp
Carley Lawrence
Luke Lind
Michael Baldwin
Carrie Predeger
Katie Baldwin-Johnson
Jimael Johnson
Valette Keller

Also participating:

Verne Boerner; Kathy Craft; Randall Burns; Patrick Reinhart; Duane Mayes (via Speakerphone).

PROCEEDINGS

CHAIR COOKE calls the Program & Planning Committee meeting to order, stating that all trustees are present. He asks for any announcements. He introduces Verne Boerner, one of the two new members of the Trust Authority Board appointed by Governor Walker, subject to legislative confirmation. He congratulates her on the appointment. He adds that the other appointee is Mike Powers who is not here today, and he extends congratulations to him, as well. He moves to the agenda and asks for a motion for approval.

TRUSTEE SELBY makes a motion to approve the agenda.

CHAIR COOKE states that he would like to take the privilege of the chair to make one addition to the agenda. He continues that it would be useful to have a brief section on the agenda for trustee comments, in case there are any. He asks for any objection to approve the agenda, as amended.

There being no objection, the motion is approved.

CHAIR COOKE moves to the minutes from October 26, 2017.

TRUSTEE SELBY makes a motion to approve the minutes of the October 26, 2017 meeting.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

MEMBER COMMENTS

CHAIR COOKE moves to member comments, stating that he will go around the room.

TRUSTEE EASLEY has no comments.

TRUSTEE JONES also has no comments.

TRUSTEE SELBY states that the information flow has been good since the last meeting and adds that staff is doing a very good job. He appreciates the updates and being kept informed.

TRUSTEE SMITH echoes those thoughts and states that it is nice to have things on a regular schedule. He added that it is also nice to see things concise and laid out. He also wishes everyone a Happy New Year.

TRUSTEE MICHAEL wishes a Happy New Year to everyone. She states that she has been meeting weekly with Mr. Abbott. It has been very helpful and a good opportunity to exchange ideas, and answer questions. She continues that she had an opportunity to attend the Girdwood event, Challenge Alaska. They were celebrating their capital campaign, and they are purchasing the land that their building sits on in Girdwood from the resort. They were on a long-term lease which was expiring, and they had the option to purchase. She adds that, with this opportunity to participate, she gave them the good news that the Trust was providing the grant to help them top off this capital project. It was a packed house and a great celebration.

CHAIR COOKE asks Ms. Derr if she has any comments.

TRUSTEE DERR replies not at this time.

CHAIR COOKE echoes the comments about the staff performance, stating that he likes the weekly reports that Mr. Abbott has started. They are informative and brief, which means they will actually get read. With regard to the new appointees, he states that it is in the Trust's interest to see that the Governor's appointees be confirmed. He would like to explore a policy that the Trust can assist in dealing with the costs in attending board meetings and committee meetings.

MR. ABBOTT states that he will work with the board chair and bring the proposal back to the board later in January.

CHAIR COOKE moves on to the regular agenda and the Medicaid reform update. He asks Ms. Baldwin-Johnson to continue.

MEDICAID REFORM UPDATE

MS. BALDWIN-JOHNSON introduces Randall Burns and Genn Moreau, stating that they will start with a discussion about where the efforts related to Medicaid reform and all of the activities that the Department and, specifically, DBH, have been engaged in. She continues that after that, Duane Mayes will be speaking specifically about some of the progress related to the 1915(i) and (k) reforms. She adds that there will be an opportunity to ask and answer questions. She states that the Trust has a substantial investment in Medicaid reform with the Department, and she appreciates the time that it has been taken to prepare this presentation.

MR. BURNS states that they were asked to provide an update on some of the progress on 1115, where we are, and the anticipated additional time frames for implementation. He begins with an update on the commitment that the Trust made to support the 1115 effort, as well as Medicaid reform. Also included is the Administrative Services Organization and bringing them online. He states that the Department made a commitment, working with the Behavioral Health Association, and the directors of the various behavioral health agencies to begin a rebasing project on the behavioral health rates. He adds that this only applies to nontribal behavioral health providers. The tribal beneficiaries' providers are on a separate system set up by the Indian Health Services. He continues that this project began about two-and-a-half years ago, and the good news is that there are proposed new rates and he believes that will be out for public comment by the end of this month. He thinks that this will have a substantial impact on services to individuals in the state with behavioral health, whether it is mental health or substance-abuse needs, and they have been reduced recently because of their inability to be competitive in terms of salary increases due to the underfunding. The hope is that this will change the trajectory. He adds that there has also been a lot of involvement by stakeholders in the Medicaid reform process, including the behavioral health processes. He explains that six teams were formed as part of the 1115, and over 90 people participated in the development of the application. This application is being applied to CMS and is the Medicaid section 1115 behavioral health waiver demonstration. He states that an RFI was developed to get an impression of whether there was interest outside of Alaska by nationally known companies, and we received responses from over ten individuals that were interested. Those responses were used to request information to help formulate the request for proposals, which is now in substantial draft. The scope of work is done with the hope to have it on the street by March. He talks about creating the trainings and the

need to increase the understanding of contract management and performance measurements. He adds that it became clear that the provider organizations needed some financial management and focus. He states that the 1115 is specifically intended to provide states with additional flexibility to redesign and improve their access to Medicaid services and programs, and to evaluate whether or not the State's plan for those new services is effective. He continues that the 1115 is being designed to offer services that are not typically offered in Alaska. Also being suggested is a focus on early intervention with families and children, and moving people away from the overuse of acute care and hospital services. He adds that one of the things that is required is quarterly reports on the success of the changes that are being implemented over the five years of the waiver. There will be a lot of data to track on whether or not there is success in the commitments that have been made to these goals. He talks about the funds that the Trust committed and how they were used. He moves to the ASO, which is not a part of the 1115 on the application to CMS, but is clearly key to the plans for reform of the system. The ASO is intended to expand the existing treatment and capacity of the system, and to improve the ability for residents to access the proposed changes that are being made to behavioral health care. He states that this is key to the Medicaid cost containment, and the service quality and outcomes. They will be actively involved in working to meet the outcome requirements that CMS will put on for the waiver. He adds that they, with the Department, will be responsible for the successful reforms to the system and the reductions to the administrative burdens that are currently on providers, which have also been committed to changing. He states that all of this work has caused a significant change in the timelines for this project; and we expect that work to continue for the next year, which changes how the project is being monitored. He moves on and talks about the funding and how it will change. He adds that by FY20 all of those funds that have been committed by the Trust will be spread over three years instead of two. He thanks all, and asks for any questions.

CHAIR COOKE thanks Mr. Burns and asks the trustees for any questions.

TRUSTEE MICHAEL asks that given that there is funding available in each of these years, if there are any organizations that may need bridge funding, mental health programs that can be supported while waiting for the rebasing to occur. She continues that there are less mental health services going to people, and the Trust may prevent that from happening through rebuilding these programs.

MR. BURNS replies that the answer is complicated. He explains that when the Governor introduced his budget for FY19, he also introduced a supplemental budget for the current fiscal year. In that budget is \$18 million that the Department has put together seeking specifically substance use treatment in a variety of ways and in various communities. He adds that he is hopeful that it has the support of the Legislature and is acted on quickly. If it is supported, that money could go out on the street as soon as possible. He explains what it will be used for. He adds that they are also seeking, specifically in Anchorage and the Mat-Su, withdrawal management programs, because they are so few. They are also seeking additional funding for residential substance abuse treatment, and for housing supports to help individuals who are coming out of residential treatment or jail who need housing. Again, he states that it requires some infrastructure, which is desperately needed.

TRUSTEE MICHAEL states that she would like to work with the group on the issue of setting up some kind of a crisis response stabilization facility. She continues that there are opportunities for partnering and going in early.

TRUSTEE SELBY commends Mr. Burns and his staff for their tenacity in dealing with the 1115 process. He asks which grantee providers took the \$10 million hit.

MR. BURNS replies that they were all of the grantees that the Division funds. A percentage of reduction was taken out of most of the grants that were awarded. The only ones that were withheld from any impacts were the psych emergency services grants.

A brief discussion ensues.

TRUSTEE DERR states appreciation for all the hard work that everyone put into this.

CHAIR COOKE thanks Mr. Burns, and states that Duane Mays, Senior and Disability Services, has the next presentation.

SENIOR AND DISABILITY SERVICES

MR. MAYES begins with the history and Senate Bill 72, which passed in 2016. There were different cuts to the budget, specifically with SDS, but replaced with Medicaid dollars. Another contract was made with home- and community-based strategies. Within the contract there was a section specific to behavioral health around home- and community-based services, which is being addressed in the 1115. He states that the object was to complete a plan that details all the tasks necessary to implement the changes which was moved forward in February 2017. He moves to the two important pieces: The Community First Choice Option, 1915(k); and the ISW, the individualized supports waiver, which is an authority under the 1915 (c) section of the Social Security Act. He states that quite a bit of work has been done, and we are ready to go live with the option of CFC and the authority of ISW in March of 2018. He explains that the legacy system, referred to as DF3, is being replaced with a computerized off-the-shelf product that is being customized to the Division and referred to as "Harmony." It is important to note that currently there is a consumer-driven personal care assistance program. He adds that in order to receive that institutional level of care, that level has to be met. He continues that the other piece are the four individualized supports waivers, which is currently within Senior Disability Services, the 1915 (c) waivers, and they have been in place for 25 or 30 years. A fifth waiver is being added. He states that the ability to control and manage the costs for the ISW is establishing a cap of \$17,500. That seems to be a doable figure for this group of people. He adds that the cap is a way to control costs going forward. He moves to the third piece, which is the assessment tool. He states that this tool will be changed out, and the one that will be used is referred to as the InterRAI. This will go live in July of 2019. He continues that the high-level workflow is being vetted with the stakeholders, and will come up with a more detailed framework that will be presented to the stakeholders in June of 2018. He adds that the community is excited about the ISW because a General Fund program, community development disability grant component, is being refinanced under the new ISW authority. He asks for any questions.

TRUSTEE MICHAEL commends the efforts because it has been a long process. She states that the ISW waiver will reach a lot of individuals who do not need a high level of care, but do need supports in order to be successful in the community. She asks about the budget.

MR. MAYES replies that they are actually on budget and on target to support the implementation of the ISW, the new authority, the PFC.

CHAIR COOKE asks Mr. Abbott if the administration will be able to work with the Division concerning the carrying over from '18 to '19 in the use of those funds.

MR. ABBOTT replies affirmatively, stating that we are grateful for that kind of information.

CHAIR COOKE asks for any other questions. There being none, he asks Carley Lawrence to begin her presentation.

PUBLIC PERCEPTIONS OF THE TRUST AND TRUST BENEFICIARIES

MS. LAWRENCE states that, since 2002, the Trust has conducted quantitative research every two to three years to better understand Alaskans' perceptions and possible discrimination and stigmas associated with Trust beneficiaries, and the broad awareness levels of the Trust Authority. She continues that Jean Craciun will present the findings from this quantitative research. She adds that the survey was done differently, diving deeper into the possible discrimination and stigmas associated with two beneficiary groups.

MS. CRACIUN states that this is a sociologist's methodology that has been used for a long time, and we are now starting to see more of its application in important studies, such as this one. This work was done in August 2017, with a very large sample, 700. She continues that a lot of the State's statistics were used to make sure that the State was being represented. In terms of the residents' populations, there is only census data from 2012, and we go back there to update the databases regularly. The margin of error is 4 percent in either direction. She adds that the five main regions in Alaska were specifically looked at: Anchorage, Mat-Su, Kenai, Fairbanks, Rural and Southeast. Asked about was the Affordable Care Act, and we and found that there are conflicting views by Alaskans. The study was split-sampled three ways with three stories: one about alcohol abuse; one about drug abuse; and one about mental illness. Then, a series of questions were asked. She states that throughout the survey, a negative sentiment was disproportionately expressed toward Alaskans experiencing alcohol abuse. Compared to drug addiction and mental illness, respondents are 11 percent more likely to believe that people suffering from alcohol addiction should be able to snap out of it. She adds that responders are more than twice as likely to deny employment to someone with an alcohol abuse problem than they are to deny employment to someone with mental illness. She goes through the survey, explaining as she goes through the results. She then moves to the perceptions of the Trust and Land Office. There is a quarter of the population in Alaska that still views the Trust as just dealing with mental illness, and therein lies the communication work and the work moving forward.

CHAIR COOKE asks for any questions.

TRUSTEE DERR states that from the very beginning, in doing another study, she has been a skeptic because she believed that we all know that people with mental illness, alcoholism, whatever, are discriminated against. She asks if there are any statistics that looked at how this Alaska survey differs from national statistics.

MS. CRACIUN replies that was not part of this study, and she would like to take it down to that next level. This study was: Can you find a way to identify stigmas? A national search and research was done on that to try to find studies throughout the country that were looking at stigma identification.

TRUSTEE SMITH states that this is a great start. He asks how this information will be used going forward; and if a plan will be formulated to address these perceptions. He continues that he is also interested in knowing what the Congressional delegation knows, understands, about the Trust, particularly the Legislature.

MS. CRACIUN replies that is what she does.

A short discussion ensued.

TRUSTEE DERR asks to what end is this being done, and what will be done with this data.

MS. LAWRENCE replies that this information helps inform the communication strategies and is used as a baseline to see if there is an impact on reducing discrimination associated with Trust beneficiaries. She continues that this is monitored to see if the communication is having an impact on helping reduce the stigma that so many beneficiaries have to deal with on a daily basis.

CHAIR COOKE calls a break.

(Break.)

CHAIR COOKE states that next on the agenda is Alaska 211.

ALASKA 211

MS. BROGAN states that in August, 2017, Alaska 211 celebrated its tenth anniversary in operation. She continues that the support of the Trust has been a key component in the ongoing success and in the ability to continue to answer those calls. She adds that Alaska 211 is a free and confidential service supported by a call center and also an online website that is a database of resources from across the state. When it was launched, there were only a couple thousand services in that database. Today there are over 7700 individual services that are available for referrals. She states that the call volume continues to be monitored before and after the hours of operation. She adds that they are co-located with the Municipality of Anchorage over at the Operation Center. It is a great partnership. If there was a disaster in the Municipality of

Anchorage, Alaska 211 would be used for folks to get emergency information out. In 2017 there were some opportunities to be involved in the development of some other statewide systems. The first partnership was with the section focusing on suicide prevention within the Alaska Native Tribal Health Consortium. That will continue, and it has uncovered some brand-new resources out in Rural Alaska. The second partnership is the Anchorage Coalition to End Homelessness, which is interested in looking at prevention and diversion, and what that may mean. Alaska 211 will be able to use the data that has been collected for all of those requests to affect positive change as far as folks getting those assessments, which is the first step into getting stable housing. She moves on to the project with the State Court System and the Access to Justice Committee, and the Justice for All Steering Committee; they are looking at a pilot portal project using technology to create an access point for individuals that have issues around Access to Justice. She explains that when working with civil justice and justice issues, they also need food, perhaps daycare, and they are interested in how the 211 system can be integrated with that portal project. For the fifth year, United Way was an ACA health-care navigator organization. For the third year there was a health-care navigator in the call center at Alaska 211, and we were able to take calls, answer questions and make appointments with other health-care navigators out in the community. She states that next is the Recover Alaska Project, and we are in the second year of a contract with them for the resource center. She continues that what is interesting and what is being learned about through the Recover Alaska project is that the role of Alaska 211 is in information and referrals. The job is to have a robust database of services, and then share that information with the callers. She states great appreciation for the support of the Trust, and she hopes that the slight reduction in funding from the Trust this past grant year can be restored.

CHAIR COOKE asks for any questions.

TRUSTEE DERR states that Alaska 211 is providing a good service, and appreciates the work being done.

CHAIR COOKE asks how people are informed about the availability of Alaska 211, and if it is only for Anchorage or is it available statewide.

MS. BROGAN replies that Alaska 211 is statewide. About 79 percent of the calls come from the Anchorage Bowl area, and we are still looking for why that is the case.

A brief discussion ensues.

CHAIR COOKE asks for a motion to adjourn.

TRUSTEE SELBY makes a motion to adjourn the meeting.

TRUSTEE MICHAEL seconds.

There being no objection, the meeting is adjourned.

(Program & Planning Committee adjourned at 11:40 a.m.)