

ALASKA MENTAL HEALTH TRUST AUTHORITY  
PLANNING COMMITTEE MEETING

April 20, 2017

8:30 p.m.

Taken at:

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

**OFFICIAL MINUTES**

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Trustees present:

Mary Jane Michael, Chair  
Carlton Smith  
Laraine Derr (via Speakerphone)  
Jerome Selby  
Paula Easley  
Russ Webb  
Larry Norene

Trust staff present:

Greg Jones  
Jeff Jessee  
Steve Williams  
Miri Smith-Coolidge  
Valette Keller  
Carley Lawrence  
Amanda Lofgren  
Mike Baldwin  
Luke Lind  
Katie Baldwin-Johnson  
Heidi Wailand  
Carrie Predeger

Trust Land Office present:

John Morrison  
Aaron O'Quinn

Also participating:

Kathy Craft; Chris Cooke; Kate Burkhart (via Speakerphone); Kathy Ireland; Debbie Mong; Rebecca Madison; Monique Martin; Christie Reinhart; Denise Daniello (via Speakerphone); Randall Burns; Jim Calvin; Jean Gerhardt-Cyrus; Beth Davidson; Nancy Merriman (via Speakerphone); DeWayne Harris.

## **PROCEEDINGS**

CHAIR MICHAEL calls the Planning Committee meeting to order and does a roll call of the trustees. She asks for any announcements. There being none, she moves to the agenda.

TRUSTEE WEBB makes a motion to approve the agenda.

TRUSTEE NORENE seconds.

*There being no objection, the motion is approved.*

CHAIR MICHAEL moves to the minutes of December 12, 2016.

TRUSTEE NORENE makes a motion to approve the minutes of December 12, 2016.

TRUSTEE EASLEY seconds.

*There being no objection, the motion is approved.*

CHAIR MICHAEL moves to the minutes of January 5, 2017.

TRUSTEE NORENE makes a motion to approve the minutes of January 5, 2017.

TRUSTEE WEBB seconds.

*There being no objection, the motion is approved.*

TRUSTEE MICHAEL states that the first item on the agenda is the FY19 budget planning and stakeholder process. She recognizes Michael Baldwin.

### **FY19 BUDGET PLANNING AND STAKEHOLDER PROCESS**

MR. BALDWIN states that this is the second year of the budget process. An intensive process was done last year, and this will be less intensive because the focus is on the FY19 budget, which has largely been approved. Some fine-tuning of that is being done, and we will be seeking stakeholder input. He explained the timeline of the season of this process, which gives a good overview. He added that an in-person stakeholder group meeting is planned for June 12<sup>th</sup>, and we sent out invites to anyone interested in participating.

CHAIR MICHAEL asks if any other trustees would like to participate.

TRUSTEE WEBB replied yes.

MR. BALDWIN states that this is all working towards the August Planning meeting, and then the September board meeting.

CHAIR MICHAEL calls a five-minute break.

(Break.)

CHAIR MICHAEL calls the meeting back to order and asks Monique Martin for an update on the ACA repeal and State reform initiatives.

### **UPDATE ON THE ACA REPEAL AND STATE REFORM INITIATIVES**

MS. MARTIN states that she is a healthcare policy adviser at the Department of Health and Social Services and begins with reform. She explains that there is a deadline of April 28<sup>th</sup> for the RFP for the coordinated care demonstration projects. The proposal review committee, which is called out in SB74, includes a member of the Trust to be chair. There are also two nonvoting members; one member of the Senate, Senator Giessel, and one member from the House, Representative Spohnholz. She adds that the DHSS commissioner, or her designee, and the Department of Administration, or his designee, are also included. She states that assistance will be needed through this whole proposal review process just getting to the committee meeting. The process is going to begin as soon as the proposals come in. She continues that there were three preproposal teleconferences where people called in and asked their questions about the Alaska Medicaid program. There is plenty of interest out there. She states that funding from the Robert Wood Johnson Foundation was received for technical assistance related to this project. A big health policy group, PHPG, came on board to help through this process: the request for information questions; drafting the RFP; and they will help the two-day proposal review committee to come up with a recommendation to Commissioner Davidson to ultimately implement. She continues that funding from the Trust provided Milliman, who is conducting lots of actuarial analysis for the coordinated care demonstration project. Milliman has a significant amount of actuarial work for the behavioral health 1115 waiver and for any sort of payment models being looked at to implement in Alaska. She adds that the ASO request for information closed; 10 responses were received, and we are in the process of consolidating them into a summary. This will ultimately be the request for proposal. She states that Harbage is on contract to be the technical writer for the 1115 waiver, and a draft is being worked on. They are working on meeting the deadline of July 31 to have the application submitted to CMS.

CHAIR MICHAEL asks the trustees for any questions.

MS. MARTIN states that the key partner process for the Medicaid redesign process is wrapping up. The initial recommendations that went into SB74 and then the implementation process is going through. The last webinar and last key partner meeting are coming up in May, and then there will be a meeting with Agnew::Beck to start talking about how to keep people engaged in healthcare reform in the state, and even beyond the Medicaid program. She moves to the 1115 behavioral health waiver and states that there is a significant stakeholder engagement public input process that should be conducted. She continues that they will be RSAing funds that the trustees awarded for Medicaid redesign to the boards for them to conduct a significant stakeholder engagement process around the state.

MS. BURKHART states that the plan is to have in-person as well as Web-supported stakeholder engagement opportunities through the month of May and into June. The first in-person

stakeholder engagement will be in Bethel on May 17<sup>th</sup>, in the evening, in conjunction with the board meeting. In June, there will be in-person stakeholder engagement opportunities in Fairbanks, Anchorage, Wasilla, and Palmer. The Juneau stakeholder engagement will be a statewide as well as a local opportunity, and we are partnering with ATLO and 360 North to broadcast the session statewide. Folks will also be able to participate on-line. She continues that there is going to be a publicly acceptable Web site off the Department's existing Medicaid redesign and reform pages where all the information is provided in plain language.

MS. MARTIN continues with the 1115 waiver, explaining the importance of Medicaid expansion and keeping it as she goes along. She talks about the semantics involved with patient housing versus patient lodging and how CMS wants to define it as patient lodging.

TRUSTEE WEBB asks if it would be possible for the Department to share the communication that was had with the Congressional delegation around proposed legislation, and asks to make sure that the Trust gets whatever information is provided to the Congressional delegation.

MS. MARTIN replies that it will be shared when it is received.

TRUSTEE EASLEY asks if there is a feel for how many people who have enrolled are actually getting health care, and if there has been a reduction in emergency-room visits.

MS. MARTIN begins with the emergency room and states that the AMCCI, Alaska Medicaid Coordinated Care Initiative, is the super-utilizer program. One of the things done in Senate Bill 74 is some of the requested funding ramped up the case management services. She states that an additional 30,000 Alaskan Medicaid recipients are now receiving additional case management services that help them navigate the healthcare delivery system. She continues that as far as the emergency room use, information relies on the hospitals, and they are measuring it. She states that the EDIE software has been implemented in the four Providence hospitals, and the contractor will be up this spring to implement the software in other hospitals. Washington State has reduced their emergency room usage by about 35 percent, especially among those frequent users. Those users are identified, as well as their health issues, to make sure they receive the services.

TRUSTEE EASLEY asks if people are being turned away because doctors will not take Medicaid.

MS. MARTIN replies that there has always been a high rate of doctors in Alaska who accept Medicaid, and the issue might be that they are accepting more Medicaid patients. Identified in the budget for the current fiscal year is about a \$45 million General Fund shortfall in the Medicaid program. Rates for specialists were cut. Specialists receives the Medicare rate, plus 30 percent. That was dialed down to the Medicare rate plus 15 percent. She explained in greater detail.

CHAIR MICHAEL asks for any other questions.

TRUSTEE SELBY asks if they track how many providers are accepting Medicaid.

MS. MARTIN replies that it depends on how they track it; primary-care docs and where people can access; nurse practitioners, and where they can be accessed; primary-care type services are tracked a lot closer. She states that they are aware of the impact of less folks taking Medicaid recipients versus just cutting the budget.

MR. COOKE asks if the numbers regarding the 32,000 people on Medicaid expansion include families and dependents of people who may be Medicaid-eligible.

MS. MARTIN replies that she will share a dashboard that tracks Medicaid expansion separate from the traditional Medicaid program.

MR. COOKE clarifies and asks if 32,000 is the total number, or if children and dependents are added.

MS. MARTIN replies that children and dependents are added.

CHAIR MICHAEL thanks Ms. Martin and states that next on the agenda is Jim Calvin. She continues that he is with McDowell Group, and he is going to share their report on the economic impact of alcohol and drug abuse in Alaska.

### **McDOWELL GROUP REPORT**

MR. CALVIN states that he is here representing five researchers and analysts at McDowell Group that have been working diligently on this report. The most complex analysis is that alcohol and drug abuse reaches into the public and private sector in the economy and is a professional challenge. He continues that it is important to understand the economic impact of alcohol and drug abuse, and it might be worth it to commit public and private resources to treatment and prevention. This is the important part of the cost/benefit analysis that society needs to participate in. He adds that it is also important to just inform the public in general about the nature of the impacts and what impacts are borne by the public sector and by the private sector. It is important in forming public policy and forming public investment in treatment and prevention. He goes through and explains the key data sources used. He states that one of the challenges is that there is very little that focus specifically on Alaska. He moves on, going through some of the data. He continues that the analysis suggests about 60 percent of the total costs are alcohol-related.

TRUSTEE NORENE asks if a correlation can be drawn between the alcohol tax with consumption, whether it deters consumption, or is just a useful benefit to create a source for treatment.

MR. CALVIN replies that it deters consumption, and it is clearly documented by a volume of research.

TRUSTEE SMITH asks what can be done to engage the public and get them to focus on these numbers.

MR. CALVIN replies that they have learned over the years that agency program people find this data valuable. He states that most people are unaware of this essential information, and they have no idea about the economic costs altogether.

MR. JESSEE states that this is part of a series of reports that are all leading to something. This is the first step. This problem is very expensive. The next piece is the economic impact of alcohol taxes, which shows that consumption does go down, which by itself is an effective public health strategy. He continues that it will cost the industry some jobs, but if those tax revenues are reinvested in treatment, more jobs can be generated in helping people recover from alcohol abuse that will be lost in the industry. He states that the third piece of that foundational work is looking at the total tax burden, which could be a game-changer in the political realm. He continues that all this is leading to looking at an increase in the alcohol tax, including recommending that all the alcohol tax be placed in the alcohol and drug abuse treatment and prevention fund. These reports are the foundation for that effort.

MS. LAWRENCE clarifies that McDowell Group presented this report to both the House and Senate Health Committees, and it was also delivered to each legislator.

MR. CALVIN illustrates the split in beverage tax revenue between what goes into the General Fund and what goes into the treatment and prevention fund; which is theoretically a 50/50 split. He adds that local governments also tax alcohol in Alaska, with a grand total to about \$4.9 million. Fairbanks generates most of that with sales tax just on alcohol. He states that in the past there was just one comprehensive alcohol and drug abuse report. This year two separate reports were produced; one on alcohol, and the other around the drug side. He notes that Alaska is well above the national average in terms of marijuana use, almost 20 percent. This has shifted a bit because marijuana is no longer an illicit drug. He adds that this is Alaskans 12 and over, relative to a national average of about 13 percent. He states that there is a lot more information in the report, and to call him with any questions.

CHAIR MICHAEL thanks Mr. Calvin, and calls a five-minute break.

(Break.)

CHAIR MICHAEL calls the meeting back to order and states that next is the Governor's Council on Disabilities and Special Education with Christie Reinhardt and Jean Gerhart-Cyrus.

## **GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION**

MS. GERHARDT-CYRUS states that she chairs the work group on FASD. The Council is addressing a targeted disparity which was brought up by people who attended the community forums. Some of the issues revolved around screening and diagnosis, early intervention and educational issues, and the fact that FASD does not have a home. She continues that input came through the maternal child health program which identified three major concerns: Behavioral and mental health challenges; social isolation, particularly as people get older and relationships become more complex; and bullying. She adds that prevention is No. 1. FASD is 100-percent preventable. She states that, despite the challenges, Alaska's medical, mental health, education, service communities and families are highly motivated to improve the current system of

diagnoses, support and care through integration, partnership and greater collaboration. There needs to be greater access to screening and diagnosis, detection and treatment. She continues that she agrees with the report that the figure of 3 million for FASD is extremely low.

MS. REINHARDT states that the data of 3 million came off of a birth-defect registry, which in Alaska is about 11.3 per thousand. The American Academy of Pediatrics has picked prevalence data based on a study in the Midwest from 28 to 48 per thousand. There is a dramatic difference as kids get older. She continues that there is a researcher at the University of Alaska that would like to replicate the Mayes study in a community in Alaska. She adds that they are excited about the opportunity of working with the University to get some actual school-age prevalence data.

MS. GERHARDT-CYRUS states the need to identify what those evidence-based interventions are to be able to go forward looking at what has been successful. She moves on and explains a proposed pilot program with a health services initiative that would be funded through Denali Kid Care administrative dollars. The federal government pays 100 percent of those, up to the State cap.

CHAIR MICHAEL asks for any questions.

MR. BALDWIN states that the Trust has been a long-term partner in a lot of the work with the Governor's Council, especially the FASD working group. There are a lot of exciting things going on, and this is a good example of that.

MS. LAWRENCE states that work is focused on the prevention of FAS and FASD.

CHAIR MICHAEL states that it is a huge priority and asks to be kept informed on the needs. She thanks both and moves to the health information exchange, recognizing Heidi Wailand.

## **HEALTH INFORMATION EXCHANGE**

MS. WAILAND states that the Alaska eHealth Network embarked on a strategic planning process last October, which has been very intensive with review, exploration, debate and research. This strategic planning process was prompted by Medicaid redesign and the call to action from Senate Bill 74. She continues explaining the structure of the comprehensive mental health program plan and highlights, using the structure that has been developed to organize the thinking and planning around the comprehensive mental health program, that this strategic planning process is focused on technology and data. She adds that this vision graphic is this picture of a system that supports whole-person, high-value care by coordinating both vertically and horizontally across the system. The second thing shown is the need for care management and the actual positions and function of care management. Finally, there are data analytics and health information technology as critical tools that support the vision of whole-person, high-value care. She states that the health information exchange refers to the sending, the receiving, the finding and the using of patient information by individuals, by their families, by healthcare providers in a secure way that allows for informed and shared decision-making. She continues that Alaska eHealth Network provides a provider portal which is a comprehensive health record, patient health record, that seeks to move beyond the concept of encounter-based records or provider-based records. All this information comes from admission, discharge and transfer files,

and continuity of care documents from the participating organizations. Another of their core services is direct secure messaging which allows providers to exchange health information in a secure way via e-mail. She states that the reality is that the Alaska eHealth Network has contracts signed with 63 organizations with 19 actively contributing data to the provider portal. 16 organizations are in the onboarding process, and 82 are in the outreach, active engagement queue. She continues, explaining the patient portal. She states that there are three options that were explored with the board in terms of the future: Continue operating as is; expand onboarding efforts and use the high-tech funds already secured; and third, is to do that and pursue additional tools that would increase the value of the current health information exchange.

MR. COOKE asks what feedback has been received from the providers and other participants about the cost versus the benefits of the electronic system. The other question is what is being done throughout the system to ensure patient privacy and confidentiality.

MS. WAILAND replies that one of the things that came up is the need to look at the rate structure that is already in place for participating in the health and information exchange.

MS. MADISON states that, from the privacy and security perspective, there are state and federal laws to follow; HIPAA, 42 CFR, and the HIE law. The State of Alaska HIE law allows for all patients to be in the system unless they choose to opt out. For the security, the privacy side, HITRUST, a kind of certifying board for the nation on software and how secure it is, works with certifying with the vendor. By the time it is completed, every security requirement for keeping the data secured, as well as private, will be met.

CHAIR MICHAEL thanks Ms. Wailand and Ms. Madison for a very thorough presentation.

TRUSTEE EASLEY asks if it is possible to move the next item to the Resource Management Committee.

A discussion ensues.

CHAIR MICHAEL recesses the meeting until 12:30 when we will take up the last item on the Program-Related Investment.

(Lunch break.)

CHAIR MICHAEL states that the next item on the agenda is a potential Program-Related Investment with CHOICES and the Alaska Mental Health Consumer Web. She recognizes Aaron O'Quinn, and acknowledges that the executive directors for both the Web and CHOICES are here, DeWayne Harris and Alan Green.

### **PROGRAM-RELATED INVESTMENT WITH CHOICES AND THE ALASKA MENTAL HEALTH CONSUMER WEB**

MR. O'QUINN states that between fiscal year '15 and '17, the Trust has provided the Consumer Web with \$912,000 and CHOICES with about a million dollars in grant funding. The two organizations sit closely together on the continuum of care for individuals in different states of



need, and they communicate. There are some infrastructure needs, particularly by the Consumer Web, that need to be addressed. He continues that recently viewed was a property at 1015 East 6<sup>th</sup> Avenue that seems to provide the right amount of outdoor space, square footage, to fit both organizations well. He gives some background on the building.

CHAIR MICHAEL asks if the trustees have any questions regarding the building.

TRUSTEE DERR states concern regarding the overall PRI approach.

MS. BALDWIN-JOHNSON states that, in recalling the conversations, it was how to take advantage of the properties that the Trust owns and make them available for beneficiary purposes.

TRUSTEE CARLTON asks how the great outdoor space at the Web facility could be replicated here.

MR. HARRIS replies that the current lot has an excess of about five spaces that could be delegated for outdoor spaces. That would not impact the parking or require a variance.

A brief discussion ensues.

MR. JONES states that what is missing is documentation for the conversations that were had about PRI. He continues that documentation has not been developed, a set of policies that make the investments to protect the corpus of the fund which can be done without charging market rent. He sees the room struggling with that, and the priority is governance documents.

The discussion continues.

MR. MORRISON states that his recommendation would be to get the property under contract and proceed with all the due diligence, working with the partner tenants to make sure that the property needs to stand on its own as well as meet its potential use for the program community, these specific tenants, and holistically be something the Trust should be involved in.

TRUSTEE WEBB states that there is no motion to do anything at this point. This is just a discussion about it. A motion is needed to give staff direction to move forward to develop a proposal to do something. He adds that Mr. Morrison has drafted four potential motions.

MR. MORRISON states that all four motions would work together and would be necessary.

CHAIR MICHAEL asks for a recommendation from staff to let us know that this is a mission-driven project and that it is critical to be done.

TRUSTEE SELBY makes a motion that staff move ahead with exploring this and bring something meaningful that we could do at the board meeting in ten days.

MR. JONES states that there is no reason that the building cannot be put under contract subject to final approval by the board of trustees for closing it. Part of the due diligence is bringing it back to the board before closing.

MR. MORRISON states that he wanted to get a sense that the board wanted to proceed. He continues that the May 4<sup>th</sup> board meeting would be the time to make the motions. He adds that motions to fully proceed will be needed May 4<sup>th</sup> with the understanding that the transaction still must stand on its own two feet.

TRUSTEE WEBB states that what he is hearing is that the staff would accept or appreciate direction to develop a formal proposal that brought forward some of the questions that have been raised about how this fits.

CHAIR MICHAEL does a roll call to see where trustees are, and to make sure all are comfortable with this.

Trustee Easley, yes; Trustee Selby, yes; Trustee Smith, yes; Trustee Norene, yes; Trustee Webb, yes; Trustee Derr, yes.

CHAIR MICHAEL states that there is unanimous support to move forward with a proposal for the next meeting. She asks for any further comments. There being none, she asks for a motion for adjournment.

TRUSTEE WEBB makes a motion to adjourn the Planning Committee.

TRUSTEE EASLEY seconds.

*There being no objection, the Planning Committee meeting is adjourned.*

(Planning Committee meeting concluded at 1:24 p.m.)