Trust
Alaska Mental Health Trust Authority

3745 Community Park Loop, Suite 200
Anchorage, AK 99508
Tel 907.269.7960
www.mhtrust.org

MEETING AGENDA

Meeting:	Planning Committee
Date:	October 26, 2016
Time:	9:00 am
Location:	Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference:	(866)-469-3239 / Session Number: 801 008 432 # / Attendee Number: #
Trustees:	Mary Jane Michael (Chair), Laraine Derr, Paula Easley, Larry Norene, Jerome Selby, Carlton Smith, Russ Webb

Wednesday, October 26, 2016

Page No.

9:00 am **Call to order (Mary Jane Michael, Chair)**
Announcements
Approve agenda
Approval of Minutes
- July 26, 2016 — 4
- August 9-10, 2016 — 17

9:05 am **Rural Health Clinic Guidelines Update** — 50
- Luke Lind, Steve Williams

9:20 am **Anchorage MOA – Housing and Homeless update** — 52
- Nancy Burke, Municipality of Anchorage

9:50 am **API Privatization Feasibility Study Update**
- Michael Powell, Division of Behavioral Health
- Coy Jones, Public Consulting Group contractor

10:10 am **Break**

10:15 am **Advocacy Discussion**
- Carley Lawrence

10:45 am **Adjourn**

Documents
- **Planning Committee topic memo** — 78
- **Behavioral Health Reform Update memo** — 80

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Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance 2016 / 2017 / 2018

(Updated – September 28, 2016)

Planning Committee Dates:

- January 5, 2017 (Thu)
- April 13, 2017 (Thu)
- August 1-2, 2017 (Tue, Wed)
- October 17, 2017 (Tue)

- January 4, 2018 (Thu)
- April 12, 2018 (Thu)
- Jul 31- Aug 1, 2018 (Tue, Wed)
- October 17, 2018 (Wed)

Resource Management Committee Dates:

- January 5, 2017 (Thu)
- April 13, 2017 (Thu)
- August 3, 2017 (Thu)
- October 17, 2017 (Tue)

- January 4, 2018 (Thu)
- April 12, 2018 (Thu)
- Aug 2, 2018 (Thu)
- October 17, 2018 (Wed)

Finance Committee Dates:

- January 5, 2017 (Thu)
- April 13, 2017 (Thu)
- August 3, 2017 (Thu)
- October 17, 2017 (Tue)

- January 4, 2018 (Thu)
- April 12, 2018 (Thu)
- August 2, 2018 (Thu)
- October 17, 2018 (Wed)

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Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance
2016 / 2017 / 2018

(Updated – September 28, 2016)

Full Board of Trustee Meeting Dates:

- November 17, **2016** (Thu) – Anchorage – TAB

- **January 25-26, 2017** **(Wed, Thu) – JUNEAU**
- **May 4, 2017** **(Thu) – TBD**
- **September 6-7, 2017** **(Wed, Thu) – Anchorage – TAB**
- **November 16, 2017** **(Thu) – Anchorage – TAB**

- **January 24-25, 2018** **(Wed, Thu) – JUNEAU**
- **May 9, 2018** **(Wed) – TBD**
- **September 5-6, 2018** **(Wed, Thu) – Anchorage – TAB**
- **November 15, 2018** **(Thu) – Anchorage – TAB**

ALASKA MENTAL HEALTH TRUST AUTHORITY

PLANNING COMMITTEE MEETING

July 26, 2016
1:00 p.m.

Taken at:

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

OFFICIAL MINUTES

Trustees present:

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

Trust staff present:

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

Others participating:

Nancy Burke; Martha Schoenthal; DeWayne Harris; Thea Bemben; Alan Green; Sandra Heffern.

PROCEEDINGS

CHAIR MICHAEL calls the meeting to order and notes that all trustees are present, with the exception of Jerome Selby. She asks for any announcements. She states that the trustees did visit the Alaska Mental Health Consumer Web. It was a very good site visit and very informative about the program. She moves to the approval of the agenda and states that she would like to add a Denardo update. She asks for any other additions. There being none, she asks for a motion.

TRUSTEE NORENE makes a motion to approve the agenda as amended.

TRUSTEE WEBB seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves to the CEO update and recognizes Jeff Jessee.

MR. JESSEE states that there was a meeting with all the stakeholders with the fiscal year '18-'19 stakeholder meeting process. There was a debrief and feedback was given. He continues that at the August Planning Committee meeting, that feedback with be presented as part of the draft of the '18-19' budget to see how it is reflected in the recommendation that staff will make.

CHAIR MICHAEL states that she and Trustee Easley participated in the two-day work session and the process was great.

MR. JESSEE states that staff put it together. He continues that there was a request to get Charlie Currie and Stephanie Colston to be at the Planning Committee meeting, but the schedules did not work out for them to be present; but they will be available on the phone. This will enable them to give some feedback from their perspectives on how the Medicaid reform process is going and also to answer questions.

CHAIR MICHAEL states that Mr. Currie and Ms. Colston are the main consultants on Medicaid. She asks if the trustees have any specific topics to discuss or should we just have a general review.

TRUSTEE EASLEY states concern on the timing, how fast things will get done and programs being put in place. She continues that she would like to hear from them on both the ASOs and the ACOs, the administrative services organizations and the accountable care organizations, and how that will get in place.

MR. JESSEE states that staff has asked to have states identified for site visits and have also made some recommendations to the Department and the Trust. He explains this in greater detail.

TRUSTEE DERR states that Pennsylvania and Virginia are tremendously different from Alaska.

MR. JESSEE states that apparently there are significant parts of those states that are very rural; at least in the Lower 48 sense, not remote in the Alaska sense.

TRUSTEE WEBB states that it would be useful to have the consultants thinking about what elements of the design process would be illustrated and represented at each of these sites and try to compare what those would look like.

MR. BALDWIN agrees.

MS. LOFGREN gives a quick update on the changes due to the reduction in the budget for dental services. She states that there are two main areas that may impact beneficiaries. The first major change is in emergent care which previously did not have a cap on the dollar amount an individual could expend. She explains more fully and states that they were moved to enhanced care, which means that some individuals will meet the annual limit sooner and will have to wait the until next fiscal year to get the remainder of the services. She continues that the second big change is coverage for upper and lower immediate dentures. The department will no longer cover the temporary dentures, and some of the justification is that the temporaries are essentially the same cost as the permanents. She adds that the impact means that some individuals could go several months without teeth. She states that she plans to continue working with the Department to understand the impact on the number of beneficiaries that will be impacted and would like to bring forward more information with a future memo that outlines all of this. She adds that she will get the dollar amount on the cap.

MR. JESSEE asks for any questions. There being none, he states that Ms. Lofgren will give a short update on home- and community-based services.

MS. LOFGREN states that the contractors were in town for the HCBS service reform for a week-long meeting last week. She continues that Health Management Associates who have the contract for the 1915 (i) and (k) implementation were there. She adds that Steve Lutsky, HCBS Strategies, the contractor that is working on the implementation for the assessment tool and is also providing third-party oversight to the HMA contract to make sure that it aligns with the assessment tool, was also present. She states that there was an Implementation Development Council meeting Thursday, which is made up of self-advocates, as well as the advisory partners to review the various deliverables within the 1915 (i) and (k) report, which is due this Friday. She continues that she would like to come back at the next committee to give an update with Duane on the process and what decisions and recommendations were made from that project.

MR. JESSEE moves on to the Denardo update. He states that, originally, Representative Neuman had proposed a $30 million substance use disorder package, three-year funding package. He continues, that was reduced to $11 million in the conference committee, and the Governor vetoed $5 million of that $11 million. There is a $5 million three-year appropriation to fill gaps in substance use disorder services across the State. He states that the RFP will require that communities that apply have done some kind of needs assessment that establishes what the gaps are and the priorities for those gaps. He goes through this in greater detail.

TRUSTEE WEBB asks if there are currently two facilities in Fairbanks that are vacant.

MR. MORRISON replies, yes, the Denardo Center and the Fahrenkamp Center, which are close to each other. Fahrenkamp was under a free lease to an organization that was scheduled to use it through the end of this year, but they have vacated.

TRUSTEE WEBB asks about the costs of keeping those two facilities up and running.

MR. MORRISON asks Craig Driver, the asset manager, to answer.

MR. DRIVER replies that the budget for the Fahrenkamp building for the upcoming year is $166,138. He states that it was approved for $134,138 at the last RMC meeting. He continues that at the next meeting they will ask for a bump back to $166,138 for the additional six months of expenses. He states that the Denardo operating expenses for the upcoming year is $67,841. He continues that the facilities are next to each other on the same parcel and are similar in design and scope. The Fahrenkamp is bigger and costs more.

MR. JESSE states that there has been some very preliminary discussion with criminal justice reform in using the Denardo for the sobering center. He adds that it is conceivable that Fahrenkamp could be suitable for that type of purpose, as well.

MR. WILLIAMS states that the other element impact in regards to Fahrenkamp and potential usages is some interest with some of the organizations involved with the Fairbanks re-entry coalitions as a transitional housing placement.

A short discussion ensues. It then continues on to the pros and cons of the possibility of Paws using the Denardo Center for the handling of dogs.

MR. JESSEE clarifies that this is a project for Veterans with PTSD.

The discussion continues.

MR. MORRISON states that the trustees had a motion to hold the facility until August 11th, and staff was under the impression that the Legislature would have completed their duties.

CHAIR MICHAEL asks if the trustees want to extend or not extend it.

TRUSTEE EASLEY states that it is a bird in the hand.

TRUSTEE SMITH asks for a management recommendation.

MR. JESSEE strongly recommends waiting until the RFP is out and there is a funding decision.

TRUSTEE NORENE states that Fairbanks has a lot of vacancies and asks if there is a possibility of losing the prospect to other facilities.

MR. WILLIAMS replies that Nathan, the gentleman with the Paws program, responded that this is the best place for their program, and they are going to wait.

TRUSTEE WEBB states that there is an August 11th meeting, and the board will be forced to make a decision on that date.

CHAIR MICHAEL states that this will come up at the next meeting and at that time we would like a further update and then the board will make a decision at that time to extend.

MR. JESSEE states that Nancy Burke is next on the agenda with an update from the Municipality of Anchorage Office of Housing and Homelessness.

MS. BURKE states that thanks to the Trust with the technical assistance contract, Agnew::Beck, there was a process that organized Anchorage and Mat-Su, and that proposal was awarded. She continues that it is a $1.3 million award that is primarily technical assistance around developing the capacity and infrastructure to house the social investment bond financing mechanism. She adds that the United Way will be the anchor agency and will be the entity that has the feasibility analysis, helps to structure the backbone portion of the program; and they will, ultimately, house the success payment once the project is successful. She states that she has a handout that describes the opportunity and what the DOJ and HUD were looking for from the proposal. She continues that it is an exciting proposal because it does join Anchorage and Mat-Su and addresses that there is mobility in the homeless population between those two communities. She adds that what she is most excited about is as the State looks toward making the services responsive to the people's needs, the financing for the housing component will be built out which will result in a great partnership. She states that August 20th is a date that United Way is looking to have a public event for other parts of United Way, and is also the timeline that may work for the Boston consultant who is going to be the mentor organization. She explains that the United Way of Massachusetts Bay was the mentor in the application that was required for an entity that has done a pay-for-success proposal. She adds that she will make sure that the trustees are made aware of that date. She moves on to two other updates. The Clitheroe program, the treatment services that are on the site where Clitheroe resides presently is looking at kicking off a process as soon as the Assembly reviews a request to implement predevelopment on that program. She continues that the Municipality went ahead and cleaned up the recycling business that was on the Clitheroe site. She adds, that piece of land will be available for some soil testing and some due diligence She states that CITC, Southcentral Foundation, the Salvation Army, all the partners, the Mayor's office will be convening to talk about the best configuration of treatment for the community and to look ahead at what will be needed for that campus. There is $5 million included in the capital budget for rebuilding those treatment services at that site or at another site. They will be looking to run the predevelopment process to determine what the best configuration is and how to do it. She states that there is a memorandum of agreement around the Assembly grants that went out that are tying the Homeless Coalition, United Way and the Mayor's office to the grantees. This is to shore up what is being required in the community by HUD for coordinated entry. HUD is asking all communities to coordinate how outreach happens for homeless individuals and to have a streamlined system that ensures that people do not fall between the cracks. She states that a partnership agreement between United Way, the Mayor's office and the Homeless Coalition will be implemented in August to signify that work.

CHAIR MICHAEL states that a van was purchased with funding from the City, and asks how that is working out.

MS. BURKE replies that the procurement has actually taken a little while, and they have not yet procured the van. She states that the last ultimate configuration will be that the Municipality will provide one of their vans that is going out of service, and then the contractor will be able to access that vehicle to do it.

TRUSTEE EASLEY asks how, logistically, that is going to work.

MS. BURKE replies that there will be two sort of shifts. One will be run from Downtown Soup Kitchen or Bean's Café, where the support staff at those locations will ask for interest among people, and then screen people that will be ready to work because they will be covered by workers' comp and will be paid and taxed. It is a little formal employment arrangement. She states that the second piece is engaging people who are panhandling and provide another option. She adds that there will also be a way for the community to donate to this program to provide another way for the community to contribute to homeless people.

TRUSTEE WEBB comments that there was a gentleman that showed up in court for an eviction proceeding whom the landlord had worked very hard to try to work with. The judge was able to draw out that this gentleman had some mental health issues. The particular incident that led to the eviction action was based on the fact that he had been off one of his medications for a while. He continues that this person was on a Section 8 voucher, and if he was evicted he would lose his Section 8 voucher permanently. The issue for the judge was whom to contact to get someone to assist this person, both as a payee who could then help budget and pay for the rent to make sure it was paid on time, and to connect to services. He states that the Consumer Web is engaged with a number of organizations around town with an emergency prevention action and was wondering if that could potentially be expanded.

MS. BURKE replies that she did hear about this and it is a perfect example of what the pieces of coordinated entry really means. She goes into this in greater detail.

A short discussion ensues.

MR. JESSEE states that Ms. Burke has moved on from the Trust and is no longer a Trust employee, but will continue her work at the Municipality. He continues that she has been a huge contributor to improvement of the lives of the beneficiaries, particularly around the housing area. He adds that the reason that Alaska is truly one of the leaders in the Housing First movement nationwide is because of the work she did while at the Trust. He thanks her with flowers.

(Applause)

TRUSTEE WEBB comments on working with Ms. Burke and watching as her career matured. He states that he is proud of her and all the work that she has done.

CHAIR MICHAEL shares a story on the impact Nancy Burke has on the greater community and thanks her for all her hard work.

MS. BURKE thanks all for the opportunity and for being her colleagues.

CHAIR MICHAEL states that next on the agenda is Beneficiary Project Initiatives, and recognizes Katie Baldwin-Johnson.

MS. BALDWIN-JOHNSON states that Thea Bemben will contribute to the presentation. She begins by providing some context for peer support and introduces some of the folks present that represent several of these programs. She recognizes Paul Cornils, executive director of AYFN; Allen Green, new executive director of CHOICES; and DeWayne Harris. She states that there are a lot of definitions for peer support and thinks the one that really makes sense is that it is individuals that have lived an experience that are supporting other people with a similar experience. She continues that it is that lived experience that allows them to connect with people and engage with them in ways that a beneficiary might not directly in a traditional service system of some kind. She moves into the categories of how peer support is delivered or focused. The first is outreach and engagement, and a majority of the programs that the Trust is currently funding do this. That is one of the sustainability challenges, the early connection point; and at this time there is no funding mechanism for that. She continues that the social and emotional support, the assistance with daily management, linking to other resources in the community is really extended. She adds that, because it is not a medically driven service, there are no traditional limits on what the support looks like. She states that the beneficiary organizations are playing a key role in some of the system reforms and are anticipating playing an even stronger role in that. She continues that an integration of behavioral health and primary-care peers have been effective in helping people actually access whole health care. They are also advocates for making healthy choices and changes in overall well-being and wellness. She explains this more fully, and then talks about some national trends and studies. She asks Ms. Bemben to continue.

MS. BEMBEN states that the method of this assessment was a very collaborative approach and a pretty iterative one. She continues that the results are providing some real benefit to the organization, as well as giving some use and review of the outlook on all of it. She adds that the domains that were assessed, that were just described, and the reports that were developed through this process give recommendations to all of these domains. There are seven organizations and states that show detailed findings for each that will not be gone through today. She continues that the method used was to do a review of the internal documents, strategic plans, board minutes, all the organizational documents. She adds that interviews with board members, staff, executive directors were done, and then the assessment tool based on the McKenzie Capacity Assessment grid, which is standard, was used. Out of this process, a report was developed for each of them that summarizes all the recommendations.

MS. BALDWIN-JOHNSON begins with an overview highlighting Alaska Youth and Family Network. She explains that AFYN is a multi-community, family-run, peer-delivered provider employing qualified beneficiaries to provide community-based services to other beneficiaries. She continues that over 2,900 beneficiaries have been served, including direct and secondary beneficiaries, which are families of individuals. She states that AYFN is receiving national

recognition by being presented as a model to family-fun organizations nationwide as an example of how to successfully blend professionalized parent-to-parent, youth-to-youth support and advocacy at individual levels with more traditionally oriented community-based therapeutic behavioral health services. She goes through in greater detail.

MS. BEMBEN states that AYFN is primarily grant-funded, and while there is a possibility of billing Medicaid for some of the services, it will not be an easy fit with the way Medicaid works. She explains more fully.

MS. BALDWIN-JOHNSON moves on to CHOICES, which is a peer-run community mental health provider that is working with beneficiaries in a directed client-centered manner as they work on improving their lives. They have three core programs: Peer Bridgers, which is an engagement and relationship support for individuals in psychiatric care; the recovery coordination, which is an intensive case management and care coordination model; and the Housing First assertive community treatment project that has received funding. She highlights some statistics and data.

MS. BEMBEN states that CHOICES is providing some key programs that are currently grant-funded, but was culled out in the Medicaid reform report as something that needs a rate to be developed for it. That is key to achieving a lot of the Medicaid reform.

MS. BALDWIN-JOHNSON moves on to Alaska Peer Support Consortium, which is a statewide membership organization that represents two different peer organizations. They are advocacy and education-focused. She continues that they offer technical assistance to other peer organizations through the state, and provide training to peer-support individuals entering the workforce. She adds that they have successfully applied and received federal funding through SAMHSA to work on building capacity around forensic peer support. One of their strengths is providing some of the mentoring and technical assistance to other entities around the state around what peer support is, how it is implemented, what it looks like, and how to ensure that the workforce is trained and has the skillset to provide those services in a quality manner. She states that they are a training entity and are not providing a direct service. She highlights that the Peer Support Consortium also does training in WRAP, going out to communities and organizations and train on the wellness recovery action planning.

MS. BEMBEN states that they are also grant-funded, and because they do not provide a direct service there is no clear path for them to do any kind of billing. She adds that there could be more fee for service for trainings and services that are being provided.

TRUSTEE EASLEY asks if some of their training comes from the Trust Training Cooperative.

MS. BALDWIN-JOHNSON replies that, to her knowledge, they do not.

A short discussion ensues.

MS. BALDWIN-JOHNSON moves to Braveheart Volunteers which are located in Sitka. She states that they are focused on providing support and training of volunteers to provide respite to

families that have a family member with dementia, chronic illness or Alzheimer's disease. She continues that they have been very effective at engaging the community in supporting that program, both through funding and volunteers. Out of approximately 700 families served, more than 50 percent of care receivers were residents of the Sitka Pioneer Home. She adds that more than 2,912 volunteer hours of visiting with elders in the community have been recorded. They have also trained more than 73 professional family caregivers that also contribute to providing respite and support to other families in Sitka.

MS. BEMBEN states that Braveheart Volunteers has done a good job of being real connected to the community and are well known and supported by Sitka. She continues that at the time of the assessment, they were applying for a federal grant, but we do not know if it was successful. She adds that they have a pretty sustainable outlook, if it can be kept scaled to the right level.

MS. BALDWIN-JOHNSON moves to the NAMIs. She states that two affiliates of NAMI are supported; NAMI Anchorage and NAMI Juneau. She continues that the mission of NAMI, the National Alliance for Mentally Ill, is to provide support, education and advocacy for individuals living with mental illness, their families, friends, and the larger community. Most of the services are provided by NAMI National. She adds that peer volunteers and peer workforce utilize most of the programs and services offered. Most activities, programs and events are provided at no charge to consumers. She states that NAMI Anchorage serves over 110 Trust beneficiaries, and NAMI Juneau serves over 185 beneficiaries with over 70 members. Some of the activities are support groups, family-to-family and individual peer support. She continues that the support groups break isolation, providing information to family members in understanding better mental illness, the system and the services that are available. She states that NAMI Juneau serves about 200 beneficiaries and families, and they also facilitate education and training and outreach to the community. She continues that there is an arrangement with Bartlett Hospital where there are education sessions open to the community and, in feedback, 88 percent reported that the presentation provided new information about mental illness.

MS. BEMBEN states that both of the NAMIs are actively looking for ways to diversify the funding. She continues that some of the things they are doing are training fees for the professional networking, event fundraising, membership fees; working with United Way, and with Pick.Click.Give. She adds that they are working on diversifying, but the majority of their funding is funding. There is not a lot of opportunity for fees for service because of the NAMI ethic of those services being free. She moves on to Polaris House in Juneau and states that Polaris follows the Clubhouse International model as an accredited peer support program that has been included on SAMHSA's national registry of evidence-based practices. It is designed for people whose lives have been severely disrupted by mental illness, offering a safe, restorative environment where relationships build and members can begin to experience success. She continues that there is a strong focus on employment and meaningful activities, housing, education and training. Polaris House has provided support for its 390 members, and it has really worked. She adds that they really tried to become Medicaid billable, and in 2013 considered becoming CARF-accredited, which they would have needed to do. In the end, the infrastructure required to be Medicaid compliant was costlier than what would have been received from the billing. She states that they have now pursued becoming a community

resource provider through the Division of Vocational Rehabilitation, which is allowing billing for some of the staff time.

MS. BALDWIN-JOHNSON moves on to the Alaska Mental Health Consumer Web, which is a drop-in recovery-oriented center creating a safe environment for beneficiaries to engage in daily activity. They receive support for housing and employment with a general sense of support, friendship and acceptance. They also offer a wide range of classes and activities.

MS. BEMBEN states that the Web is primarily grant-funded from DBH, the Trust, and AHFC. Their model is not conducive to the Medicaid system, and they are similar to AYFN focusing on the importance of engagement, and then outreach is going to increase. They are also interested in looking at DVR as a way of providing some payment for some of their staff services. They are looking into some private fundraising and have secured a private foundation grant for the first time this last year. They are also looking at PayPal. She states that these beneficiary organizations need champions; people that will help access private fundraising. She moves on to some of the recommendations. She states that peer support is critical for both of the main arenas of the system reform that the Trust is engaged with, Medicaid and criminal justice. She talks about the challenges of being able to develop practical and implementable strategic plans that can be agreed on and be clearly engaged. She states that, particularly for these organizations, is to make simple outcome measures that track exactly with the ones that the Trust is trying to achieve. She goes through some of the other recommendations, explaining as she goes along.

MS. BALDWIN-JOHNSON summarizes by making the point that the peer-run organizations are filling gaps in the community with Trust beneficiaries and are filling those because they are not limited by solely being a Medicaid-funded organization. She states that there is grant dollar flexibility to do the outreach and engagement that is really needed. She continues that it will be key to leverage the opportunities to refinance, where possible, and how to pay for peer support, outreach and engagement. She adds that it is important to continue making the case that peer support services have a place and a role within the comprehensive mental health program, and the reforms and initiatives that are a part of those reforms are going to be supporting the comprehensive integrated plan.

TRUSTEE NORENE asks about looking for opportunities for consolidations.

MS. BALDWIN-JOHNSON replies that would be a recommendation that some of the programs would be willing to explore. There are some alignments in the mission and activities in some of these programs.

TRUSTEE SMITH asks for some more information on the tricky outlook for the consortium funding.

MS. BEMBEN replies that the trainings are directed at peer-run organizations and, in terms of fees for the services, there will never be a lot of money to pay for trainings, and many of the people that want to train will not be able to pay for it.

TRUSTEE SMITH asks about the difference in numbers for the NAMIs.

MS. BALDWIN-JOHNSON replies that part of it is the data tracking and systems that are in place.

TRUSTEE EASLEY adds that Juneau is a smaller close-knit community, which probably influences it also. She states that the Division of Vocational Rehab was going to have the apprenticeship program speak to the Planning Committee maybe for the September meeting. She asks if it was possible to have someone from DVR and the apprenticeship program, because some of the people would qualify for the apprenticeship. She adds that the program lays out the different kinds of opportunities in the health care field that they could work in and would like to see a lot more of that.

MS. LOFGREN states that DVR may be more than willing to come and speak and highlight a lot of the work being done in terms of developing a matrix and crosswalks to make sure there is mutual understanding from DVR and what behavioral health service will pay for, as well as Senior and Disability Services. There has been a lot of misunderstanding around them not being able to potentially serve the beneficiaries.

CHAIR MICHAEL asks for any questions on the presentation.

TRUSTEE WEBB asks for a copy of the slides and the report.

CHAIR MICHAEL moves on to a discussion about the Web and its facility. She states that Martha Schoenthal is here from the Foraker Predevelopment Program and also the executive director from the Web, DeWayne Harris. She asks Ms. Baldwin-Johnson for a brief update on where the Trust is with the Web in terms of their process for looking for a new facility. She adds that the biggest challenge as trustees is to determine the long-term commitment to peer support programs that are grant-funded.

MS. BALDWIN-JOHNSON states that the facility has been and continues to be a problem. The location is not ideal and the Web has been looking at what the options are and have gone through space planning. She continues that there is a nice outdoor space and it is really important to have time to be outside. She asks if a lease for the current space has been re-signed.

MR. HARRIS replies that part of renewing the lease, working with Foraker on the predevelopment, was having the ability to exit the lease. He states that a 90-day exit clause was worked into the lease.

MS. BALDWIN-JOHNSON states that the available listed properties that were found that met the right zoning requirements has been exhausted. She continues that a connection with TLO to look at some space and give some guidance has been requested.

CHAIR MICHAEL asks Mr. Harris if he wanted to say anything about the process or anything.

MR. HARRIS replies that they have explored partnerships with other nonprofits in the community: Bean's Café, Catholic Social Services, and RurAL CAP.

MS. SCHEONTHAL states that, from the predevelopment point of view, if a decision was made to move forward with one of these properties that there would be a need to implement the new agreements with predevelopment and the funding for that to get some real answers, especially on the cost.

TRUSTEE NORENE asks if there is anyone working for the group that is an expert in the field on finding alternate properties.

MS. SCHEONTHAL replies that Stuart Bond is doing it on a pro bono basis. She states that he does that for the Foraker Group Predevelopment Program as a volunteer in the community.

CHAIR MICHAEL states that this particular building that is being looked at would be a lease arrangement. That lease rate will be paid, and then there will be contribution to some improvements in the building. She adds that it is important that the Trust participate early on to keep tracking and seeing where there are opportunities. She asks for any other questions.

TRUSTEE DERR states that she is not sure of what is being asked of the trustees. Will the trustees have to step up and put more money into the Web, and are all willing to commit that continued funding every year?

CHAIR MICHAEL replies that it is all of those questions. She states that the Trust has funded 80 percent of the budget, and their facility is very deteriorated.

TRUSTEE SMITH states that he would like to work on this.

TRUSTEE WEBB states that this is representative of some of the other peer support or beneficiary projects. He continues that the questions will come back to a budget one.

TRUSTEE DERR points out that the Web serves a membership of 2,000 people in a town of 350,000, whereas Braveheart in Sitka provides better than 2,000 hours of service in a town of 8,000 people. She asks which deserves more support, and replies that she does not know.

TRUSTEE WEBB asks about the lease term.

MR. HARRIS replies that a five-year lease was signed.

The discussion continues.

TRUSTEE WEBB asks, in looking at the space needs, are people being turned away, and could more people be served in a different facility?

MR. HARRIS replies that most days capacity is being reached, which results in turning people away. He states that there are also several health issues. There is only one restroom for staff and consumers, and there are no options to do any upgrades or expansions in the current facility, which limits the services.

CHAIR MICHAEL asks for a motion to adjourn.

TRUSTEE EASLEY makes a motion to adjourn the meeting.

TRUSTEE NORENE seconds.

There being no objection, the meeting is adjourned.

(Planning Committee adjourned at 3:25 p.m.)

ALASKA MENTAL HEALTH TRUST AUTHORITY

PLANNING COMMITTEE MEETING

August 9, 2016
10:02 a.m.

Taken at:

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

OFFICIAL MINUTES

Trustees present:

Mary Jane Michael, Chair
Jerome Selby
Laraine Derr
Larry Norene
Paula Easley
Russ Webb

Trust staff present:

Jeff Jessee
Steve Williams
Kevin Buckland
Miri Smith-Coolidge
Amanda Lofgren
Heidi Wailand
Carley Lawrence
Luke Lind
Michael Baldwin
Carrie Predeger
Katie Baldwin-Johnson
Valette Keller

Others participating:

Kathy Craft; Theresa Holt; Duane Mayes; Sandra Heffern; Monique Martin; Jordan Shilling; Judge Stephanie Rhoades; Patrick Reinhart; Denise Daniello (via telephone); Kate Burkhart (via telephone).

PROCEEDINGS

CHAIR MICHAEL calls the meeting to order and begins with a roll call. She states that Trustee Carlton Smith is absent today, but will be here tomorrow and the next day. She asks for any announcements. She states congratulations to Kathy Craft on being the recipient of the Workforce Advocacy Award. She continues that this award was presented to her jointly by the Annapolis Coalition on the Behavioral Health Workforce and the Mental Health Program of the Western Interstate Commission for Higher Education. The honor recognizes her as one of the foremost leaders of workforce development in health and social services in the United States. She asks for any other announcements or comments. There being none, she moves to the agenda and asks for any additions.

TRUSTEE WEBB makes a motion to approve the agenda.

TRUSTEE NORENE seconds.

CHAIR MICHAEL thanks both and moves to approval of the minutes for the June 15, 2016, meeting.

TRUSTEE DERR makes a motion to approve the minutes of the June 15, 2016, meeting.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL asks for the CEO update.

MR. JESSEE states that Amanda Lofgren went to the Planning and Zoning Commission meeting in Anchorage where a conditional use permit for Hope Community Resources was approved. He continues that it is for a five-bed assisted living home for people with Alzheimer's disease and related dementia who have had repeated or long-term commitments to API. He adds that this is a group that staff has struggled to come up with a way to support them in the community. He states that this effort started in November, 2014, and Hope, the Alzheimer's Resource of Alaska, Anchorage Community Mental Health, Division of Behavioral Health, the Long-Term Care Ombudsman and the Trust are involved. He continues that it has to go to the Assembly for final approval; but getting the conditional use permit is a huge step. He states that the API privatization feasibility study has been awarded to PCG, which is a very experienced firm. This particular firm has a lot of expertise and has done a number of privatization studies in the past. He continues that he went out to visit the Point MacKenzie Farm at Representative Neuman's invitation. He explains that the farm used to have about 130 inmates there. When Goose Creek opened, the inmates and correctional officers were stripped to fill up Goose Creek, and the farm has been operating at a bare-bones level. He adds that now that the Palmer Correctional Center is closing, the plan is to ramp the prison farm back up. Representative Neuman is very interested, in terms of being a budget help, they have the capacity to produce amazing quantities of produce, hogs and cattle. Plus, he is interested in talking about it as a potential therapeutic opportunity for people with substance disorders, sort of like Nugen's Ranch, only on a prison

level. He continues that the interest in accepting his invitation, because as he understands it, Commissioner Williams at DOC has committed ten beds at the farm to a relatively new community provider in the Valley to do detox. He adds that Elizabeth Ripley was also on the tour, and there is a struggle in understanding how a medical detox can be done by Goose Creek; and we will be talking to the Commissioner about that. He moves to the RFP timeline for the $6 million of the Neuman substance use disorder money, and they are looking at November-December before that gets out. He states that the Opioid Summit was held at the Mat-Su Community College, organized by Senator Sullivan, and it was quite the event. He continues that the Senator was able to get some high-level federal officials there to hear from Alaskans what is needed from them to support dealing with that crisis. He adds that the Surgeon General, the second in command of the Federal Department of Health and Human Services, some high-level leadership of the VA were there, and there were also over 450 people in attendance. He gives kudos to Kate Burkhart who has been staffing the Opioid Task Force and put together a list of things that the Feds need to do, which he explains. He moves on and states that the Trust Land Office legal contract has been issued, and now there is a contractor on board. He explains in greater detail. He continues that this afternoon from 4:00 to 6:00 p.m. there is an open house at the Neighborhood Health Center. There will be presentations on the plan in terms of overall service delivery and a special session on behavioral health. He asks for any questions, and concludes his report.

CHAIR MICHAEL states that next on the agenda is the Criminal Justice Reform update and welcomes Jordon Shilling from Senator Coghill's office. She also recognizes Judge Rhoades, who will present on the behavioral work group.

MR. JESSEE introduces Jordan Shilling and states that he is a very accomplished legislative staffer and has worked with the senator on this issue for a number of years. He continues that Mr. Shilling was instrumental in coordinating the work from the Pew reinvestment effort and was a great partner with the Criminal Justice Commissioner. He spent innumerable hours negotiating over the more controversial parts of the bill and provided a lot of information to people.

MR. SHILLING thanks all for the invite and states that it is nice to be able to explain the bill in detail to people that care about it. He states that the omnibus criminal justice bill, Senate Bill 91, is a big accomplishment and had a lot of people involved. He adds that Jeff Jessee and Judge Rhoades also put a lot of work into the bill and helped get it passed. He continues that upon passage of the bill, Alaska became the 31st Justice Reinvestment State. The technical definition is that it is a data-driven approach to improve public safety by examining all criminal justice spending, how it is allocated, and try to do so in a more efficient, cost-effective manner. Then, taking those savings and reinvesting in things that actually work. He clarifies that it is about spending less money on things that do not work, and explains in more detail, adding that it is a very outcome-focused way of thinking about criminal justice spending. He continues with the history, starting with the creation of Senate Bill 64, which did a lot of things but was not as big as Senate Bill 91. He adds that the most important thing it did was it established the Alaska Criminal Justice Commission; a 13-member commission of experts. He summarizes some of the data that the Commission looked at with the help of the Pew Charitable Trust. He talks about the results of the pretrial data in greater detail, and then moves into some of the research that was

done. He states that the Commission ultimately recommended 21 policies; all of them entered the bill upon introduction, but not all survived the legislative process. He goes through the policies. He continues that because of Senate Bill 91, release decisions will now be made based on a defendant's risk to public safety, and he explains its importance. He goes through and states that all the policies have little exceptions and nuances. He continues that Alaska is the first state to have the threshold linked to the CPI, to inflation, and automatically adjusts every five years. He explains and states that any bill of this size will require careful implementation and tracking the key performance measures. Senate Bill 91 is projected to produce significant savings by averting the construction of a new prison or getting another contract out of state, and reduces the current prison population by about 13 percent over the next decade. He adds that the policy package largely resembles what the Commission recommended. He states that this is reinvestment, explaining more fully, and concludes his presentation.

CHAIR MICHAEL asks for any questions.

TRUSTEE EASLEY asks what decisions are made as far as whether a person is incarcerated outside or in Alaska, and what are the implications for shortening their sentences and reducing their opportunities for recidivism.

MR. SHILLING replies that he does not know how the Department of Corrections or the Governor at any given time decide whether to pursue having inmates out of state or not. He states that there are only about 12 inmates out of state. He continues that he has heard that the recidivism rate was higher when incarcerating individuals out of state. He adds that he has not seen any concrete data on that, though.

CHAIR MICHAEL recognizes Steve Williams.

MR. WILLIAMS states that the Hornby Zeller study stated that for Trust beneficiaries who are not sentenced and sentenced, the amount of time spent on beneficiaries is twice the amount of time as nonTrust beneficiaries. He continues that for the beneficiary population there is a significant impact on individuals being sentenced longer and staying in pretrial longer in a DOC facility or CRC.

MR. SHILLING states that that is a great point and continues that they are disproportionately represented and thinks it means that Senate Bill 91 will disproportionately benefit Trust beneficiaries.

TRUSTEE EASLEY states that the introduction mentioned that this would decrease crime. There is a lot of opinion out there that this will actually increase crime. She asks for some comment on that.

MR. SHILLING replies that it has worked in other states, and if this is looked at over an extended period of time rather than over a one- or two- month period, there should be statistically significant data. He continues that the standard in criminal justice research is three years; and three years is what the Department of Corrections uses to determine the recidivism rate.

CHAIR MICHAEL recognizes Trustee Webb.

TRUSTEE WEBB comments that this whole reform has moved away from the demagogic punishment model where everything was based on ramping up punishment, and is moving towards a science-based approach. He states that there have been proven practices that punishment is only moderately effective in actually changing human behavior. He continues the need to apply incentives and intervene quickly and appropriately. He adds that it is a huge reform, and congratulates all who participated in the effort.

CHAIR MICHAEL asks for anymore questions. There being none, she thanks Mr. Shilling, especially for the dedication to the passage of Senate Bill 91. She recognizes Jeff Jessee.

MR. JESSEE introduces Judge Stephanie Rhoades and states that she is clearly the Alaska pioneer of Mental Health Courts and started the movement in the state, which the Trust has supported along the way and replicated in other communities based on the success. He continues that it is an incredibly powerful experience to see what is possible in the criminal justice system to turn people's lives around. He adds that he and Judge Rhoades are co-commissioners on the Criminal Justice Commission and are co-chairing the Behavioral Health Work Group for the Commission.

JUDGE RHOADES invites anyone who would like to see a Mental Health Court session and a tour with her personally on any Tuesday or Wednesday. She thanks Mr. Shilling for his presentation on the Criminal Justice Commission. She states that the Commission was supposed to be a three-year Commission and then sunset. The first two years were spent examining the state's criminal laws, sentences, and practices, as well as assessing the adequacy, availability, and effectiveness of treatment and rehabilitation programs and alternatives to incarceration. The Commission was put together with 13 members to report recommendations annually and to base the recommendations on perspectives gained from stakeholders, scholars, the public and, whenever possible, data, empirical evidence, and the experiences of other states. She continues that it is a huge reform that is going to require a lot of adjustment in the criminal justice system and, more importantly, by the behavioral health system. She adds that there were other mandates, one being looking at the adequacy of availability and effectiveness of treatment and rehabilitative programs and alternatives to incarceration. In the year that remained, the Commission decided to create a bunch of work groups to finish off its duties and allotted a two-month intensive period to assess the adequacy and availability and effectiveness of treatment in rehabilitation programs and alternative to incarceration and the UNLV report. She states that the Behavioral Health Work Group was created of many stakeholders which decided to do a nationally recognized assessment and planning model called the Sequential Intercept Mapping Model. She continues that this would do a soup-to-nuts assessment of the criminal justice interception points where behavioral health collaborations could be made that might reduce the number of Trust beneficiaries from entering or penetrating deeper into the criminal justice system. She adds that the plan is to recommend that there be a standing Behavioral Health Work Group of the Criminal Justice Commission and, in fact, all have reupped until 2022. As a result, this gives all the opportunity to think about how a behavioral health informant stakeholder work group would be beneficial to criminal justice reform implementation, as well as to much of what

is going to happen with Medicaid redesign and expansion. She continues that it is important for the Trust to be really involved in what is going on with all of this. She adds the need for some behavioral health input into how criminal justice reform is going to occur, because for each of these areas of justice reinvestment, the mirror image of how they are going to work is behavioral health interventions and collaborations. She moves on and states that the statutory things that are going to be advanced are going to be primarily the smaller issues. She goes through this in greater detail. She states that jail diversion is important as a recommendation out of this Behavioral Health Work Group, and that this pretrial services supervision program should include a place where people with serious mental illness can be identified and then can be diverted on bail into programming. Then prosecutors would give them credit for that by agreeing to dismiss. She states that as Medicaid redesign and expansion occurs, there should be some important input into, not what Medicaid can pay for, but what the needs of these folks are that Medicaid can pay for.

MR. JESSEE agrees that it is critical that it was not only to get Senate Bill 91 passed, but to get Senate Bill 74 passed, which is the Medicaid Reform Bill, because they have to work together in order to achieve the goals that all are after. He goes through and explains some examples in greater detail. He asks Judge Rhoades for any final closing comments.

JUDGE RHOADES states that the Planning Committee needs to decide how to handle this strategically through the University of Las Vegas Nevada report. The issues about forensic evaluations are only getting worse. She continues, that report had to do with people who were evaluated for competence for legal proceedings and people who are committed for restoration and competency. API has less forensic capability than it ever had, and it is taking longer and longer for people to get assessed.

CHAIR MICHAEL thanks Judge Rhoades, and asks for any other comments.

TRUSTEE WEBB asks to be refreshed on what the UNLV report was about; why it was done; how long ago it was done; and what it says.

JUDGE RHOADES states that this report considers the issue of forensic examinations for competency for legal proceedings. She explains that if someone is charged with a crime, that person has to be legally competent for the case to go forward and cannot be processed through the justice system unless he is mentally competent. She continues explaining in greater detail.

CHAIR MICHAEL asks for any other questions.

TRUSTEE EASLEY asks about the need for 40 parole officers.

JUDGE RHOADES replies that this pretrial services and supervision money is basically to establish a pretrial services unit which will be run by probation officers in the Department of Corrections. She states that about 48 of them will be hired to run this section.

CHAIR MICHAEL states that is was a wonderful presentation and calls a five-minute break.

(Break.)

CHAIR MICHAEL calls the meeting back to order, and recognizes Amanda Lofgren with an update on Medicaid reform.

MS. LOFGREN states that she and Duane Mayes will co-present on the home- and-community-services reform. She continues that first Monique Martin will give an update on the larger Medicaid reform initiatives.

MS. MARTIN states that she is a health care policy advisor in the office of the Commissioner at the Department of Health and Social Services. She continues that the Department took the larger components of Senate Bill 74 and turned them into 16 work groups that are going to get the job of reform done. She goes through some of the highlights and states that there are three privatization studies called out in SB74; and a couple of those contracts have been awarded. A contract for the feasibility of privatizing services at API was awarded to PCG, Public Consulting Group. Carter Vogel & Associates was awarded a contract to conduct the privatization of select DJJ, juvenile justice facilities. There was also an RFP out for privatizing pharmacy services at Pioneer Homes. There was one respondent, and that reply was deemed nonresponsive. She adds that the proposal evaluation committee will be meeting to see if there are any respondents that meet the requirements for that one. She continues that the other big one that is out is the health care authority feasibility study which is looking at the purchasing power of all the health plans the State of Alaska buys. She adds, that RFP has closed and the evaluation of those proposals received at this point are being evaluated. A recent award was made to Agnew:Beck to continue the process of stakeholder engagement, with funding received from the Trust. Part of that includes two work groups called out in SB74, one for telehealth, and the other for quality and cost effectiveness. There will be a separate process for the health information infrastructure plan and a separate contract awarded for that because it is much bigger to look at how to implement the health infrastructure needs for Medicaid and Medicaid reform. She states that they have an opportunity for some technical assistance through a program called State Health and Value Strategies, which the Trust may be interested in. It is a program funded by the Robert Wood Johnson Foundation and they help states fund technical assistance that might be needed for a variety of issues. It's sort of pretechnical assistance technical assistance. There is a hope to be able to secure a contractor to help with the RFP process for the coordinated care demonstration project, which has to be out by December 31 of this year. She continues that it is an opportunity for Alaska allowing different providers or insurance companies to come in and make proposals about the innovative payment model or what type of health care delivery may be looked at for folks they serve. The National Governors Association has funded work with Health Care Services to look at super utilizers; folks who maybe overutilizing or incorrectly utilizing emergency room services. She states that this has been focused on case management; helping get connected to primary-care doctors or specialists; helping them manage their care or symptoms. She continues that this has been very successful at the Department, and we are really moving towards housing supports. She adds that the National Governors Association is coming to town in two weeks to do two days' worth of training with staff from the Department. She moves on, stating that the Medicaid expansion dashboard was just updated and has topped the 20,000 mark; 20,371 Alaskans have been determined eligible for Medicaid under expansion.

She adds that there will be more to come on Medicaid expansion at the end of the month as that one-year anniversary comes up.

CHAIR MICHAEL asks for any questions for Ms. Martin, and recognizes Trustee Webb.

TRUSTEE WEBB asks about the work group linked to SB 91/SB 74.

MS. MARTIN replies that Diane Casto is the lead for the SB 74/SB 91. She states that she will have her get back to the Trust with an update or send some information to share.

MR. WILLIAMS states that Diane is the point person from the Department on this integration of SB 91 and SB 74. In that group are Alysa Wooden from the Department; Randall from the Department; Morgan Jacob and Adam Rutherford from the Department of Corrections; Laura Brooks; Amanda Lofgren; Katie Baldwin-Johnson; and himself. He adds that they have met once, and Diane is putting together a timeline with milestones that this work group will be focused on.

CHAIR MICHAEL asks for any other questions for Ms. Martin.

MS. LOFGREN lays a bit of groundwork on what home and community services are; long-term services and supports. She explains this more fully, stating that there is a full array of services that start with grant programs, going through each, stating that there is a continuum of services just within the grant-funded home- and community-based services. She states that there are four 1915 (c) waivers in existence. The reason they are called waivers is that services that would be received in the institution are waived so that the same services and supports can be received in the community. She explains this because there will be different 1915s, and it will get confusing. Pioneer Homes are also on the continuum and fulfill a niche in the home- and community-based service array that really targets individuals with Alzheimer's disease and the seniors. It is also important to remember that there are a lot of private pays. She adds that there are over 13,000 individuals that are dually eligible through Medicare and Medicaid. It is really complex in terms of how those funding sources go together.

MR. MAYES states that he is Duane Mayes and is the director for the Division of Senior and Disability Services. He continues that in the continuum of care the most expensive care would be hospital, nursing home and hospice, and depending on the region in the state, could be as much as $400,000 per year for an individual. He adds that grant services are at the lower end of care and are working hard to keep them in their communities. He states that over the years many presentations have be given to the Legislature to talk about the value and the importance of home- and community-based services because of cost. He adds that it is much more dignified to be able to stay in your home and community.

MS. LOFGREN states that when this project started the intention was to look comprehensively at all of the beneficiaries receiving community-based services. That included traumatic brain injury, serious mental illness, Alzheimer's disease, related dementia, and intellectual developmental disabilities. She continues that at the same time contractors were hired to look at the 1915(i) and (k), which was the same time the Department launched the larger reform effort

which then resulted in the behavioral health access initiative; which is an incredible opportunity to reform the system.

MR. MAYES states that within Senate Bill 74 in terms of home- and community-based services is a directive to move forward and explore the options of 1915 (i) and 1915 (k), which are options that exist within the Social Security Act. He continues that the 1915 (k) would give a higher federal match, 6 percent. This could stretch the dollars and do more to serve the vulnerable growing population of seniors. He adds that, currently, through the 1915 (c) waiver the match is 50/50; 50% of that being federal dollars. He states that the 1915 (i) option has a different eligibility requirement and is less than institutional level of care. The thought is to look at some of the grant programs that are funded through General Fund dollars and use the 1915 (i) option to refinance that, reduce the grant component given the fiscal crisis, but then increase it through the use of the 1915 (i) option. He continues that a contract was signed with Health Management Associates, and a lot of input was gathered to get an idea from the community of what was wanted. The people are concerned that because the 1915 (i) and (k) option is being explored that the (c) waiver is going to go away. They are also concerned about the requirement to be conflict free with care coordination; the capacity to serve the seniors; the challenges in serving the complex cases; workforce capacity. He adds that the Consumer Assessment Tool is also hated, which is a federal requirement. He moves to what they recommended and begins with technology as a way to save costs. Based on the feedback received from the communities, a new assessment tool will move toward implementation; ramped-up training of providers. He moves to the contract with HMA, and states that there were 11 deliverables in the contract that had to be back by July 31. He continues to their recommendations: Specific to the (k) option, the Department, as in Senior and Disability Services, should move forward with implementing the 1915 (k) option to include personal care attendant services. He states that program supports seniors and people with physical challenges, activities of daily living, self-care, upkeep within their home. He continues that the intent is to control the system; not grow it. The (i) option, which is less than institutional level of care, can only target the populations. He states that within the contract with HMA there are four populations: those with Alzheimer's disease and related dementia; traumatic brain injury; individuals with developmental disabilities; and those with severe mental illness, SMI. He adds that those are the four that were worked on with the communities, internally and with the contractor. For individuals with developmental disabilities there is a community developmental disability grant component, which he explains in detail. He states that, though all the work done, it was decided to consider moving forward with what is referred to as the 1915 (c) mini waiver. He continues that this mini (c) waiver could address those individuals that are currently being served through the community and developmental disability grant component and would then be a stepping stone to the official waiver. He adds that this was run by the Council; the idea was liked and will be further explored. He states that it is more realistic to use that option in terms of serving people and maintaining controls.

MS. LOFGREN states that it is important when looking at the intellectual and developmental disabilities services for individuals who are at or below nursing facility level of care or institutional level of care would be served under the proposed (i), but the mechanism of an (i) is not appropriate, because the (c) is actually institutional level of care.

MR. MAYES states that a lot of time was spent on the ADRD population, Alzheimer's disease and related dementia. The recommendation from the contractor is not to move forward with the 1915 (i) option for the ADRD population. He continues that a dialogue was started about some of the other options and came up with the companion services concepts. He explains in greater detail. He states that we were not comfortable with the work the contractor did on the piece and believe they did not do enough to really look at the data. He continues that the idea is to go back, revisit and recalibrate to see if they want to move forward with the (i) option.

MS. LOFGREN states that the dementia care initiative was one that came out of the Medicaid reform and redesign contract and, at that time, the decision was made to pull it out of the larger Medicaid reform and incorporate it into the 1915 (i) and (k) project because there were more similarities than not. She thinks that a disservice was done by disconnecting home- and community-based services, long-term services and supports from the larger effort by doing that. She adds that there is more work to do there.

MR. MAYES states that the third targeted population was traumatic brain injury and a lot of time was spent working closely with the Alaska Brain Injury Network. He continues that a work group with them was formed, a subset of the Inclusive Community Choices Council, with meetings regularly. The end result is to not move forward with the (i) option specific for this population and look to implementing through a Medicaid state plan option targeted case management and begin to develop a base to have something to work with. He states that a plan was set up with ABIN, and they have purchased a software package to better track data. Some of the staff within the research and analysis unit have attended that training to provide technical assistance to ABIN going forward. He continues that he and Liz Donnelly, ABIN executive director, will sit down with Dr. Butler with Public Health and begin the process of looking at the existing registry to track those with traumatic brain injury, with targeted case management. This could be a vehicle going forward.

MS. LOFGREN states that it is important to be more comprehensive in how data is observed. One of the recommendations that was proposed was to look at the 1703 health homes that are part of the larger Medicaid redesign and reform. She continues that health homes are intended to create more of a patient's medical home through the behavioral health system. The individuals have to have multiple disabilities with one of them being a primary behavioral health condition. She adds that this will continue being explored.

MR. MAYES states that the last one is the SMI population. The recommendation is that the Division not move forward with the 1915 (i) option for individuals with SMI. The Division of Behavioral Health should incorporate all of the SMI population, including those served under the SDS general relief program, into the existing effort to redesign the behavioral health system through the 1115 demonstration waiver.

MS. LOFGREN adds that a conflict-free case management is run and with having the 1915 (i) for just a segment of the individuals receiving services within the behavioral health system really complicates things from the beneficiary perspective, as well as the provider capacity because is has to have that conflict-free case management. She states that there are a lot of components where individuals have to have access to supports in the community, and group services are

really scrutinized with home- and community-based services. She continues that the Department cannot move forward with getting an approval from CMS unless they can provide assurances that all of those are in place. She adds that the other piece to be aware of is the dual diagnosis with intellectual and developmental disabilities and behavioral health.

MR. MAYES moves to the next steps and states that the report will be finalized either this week or next week because it is a back-and-forth interaction with HMA on the drafts. He thinks that reconvening the dementia care initiative stakeholder group to have a discussion about the companion service concept idea is doable, and then finalizing implementation and the timeline for the assessment tool. He continues that a couple of hours putting together the implementation plan with the technical assistance contractor, moving forward with building or putting the new assessment tool into the system. He states that the assessment tool that they are looking at is the InterRAI, which is used in 16 other states and supported by the Council.

MS. LOFGREN states that this is really important because the assessment tool allows having the data capabilities that are not currently there to better serve beneficiaries and also track the outcomes. She continues that the current assessment tool is not liked and does not have the abilities to do the resource allocation. She adds that the big win out of this project is the ability to come out of it moving forward with a new assessment tool that will give more capability for the system to move forward.

MR. MAYES states that Amanda Lofgren is very well entrenched within SDS, is very engaged and very involved in the multiple meetings, committees, and work groups internally. She provides a lot of sound input. He also thanks the Trust for all the help. He moves to the external stakeholder work groups and the reductions needed for FY17. He states that the priority identified through this collective discussion is that technology will be a way to realize that $26 million in reductions. He continues, explaining as he goes along.

MS. LOFGREN asks if there are any other specific questions about conflict-free case management.

CHAIR MICHAEL states that a lot of territory was covered and asks for any questions.

TRUSTEE SELBY asks when the mini (c) option is done, if the amount of funding that will be available for the Alaskan communities for their current developmental disability programs will be level funding, or significantly less.

MR. MAYES replies that what they want to do is use the (i) option to refinance the grant component, have all of the individuals being served through the (i) option, because the requirement is not that you meet the individual's level of care for the (c) waiver. He continues that half of that will be covered through federal dollars, and the other half would be covered by state dollars. The belief is to serve the number of people that have been served, and more if option (i) is used. He explains this in greater detail.

TRUSTEE SELBY asks if this is speculating that this will be maintained close to the 11 or 12 million.

MR. MAYES replies that the belief is there would be much better controls around that.

TRUSTEE SELBY asks what the funding for the senior centers across the state looks like for being able to continue those programs that they have in place right now for that group of people.

MR. MAYES replies that there are 13 adult day centers throughout the state and about 114 individuals have been identified that could meet the eligibility for the (i) option and fund their services within the adult day center. He states that the ability to control that was not doable, and we are looking at other options such as the companion services model which will be explored further.

CHAIR MICHAEL asks for any other questions.

TRUSTEE WEBB understands the potential for future folks who are waiver-eligible once they come off the waiting list, and asks what it looks like for those people who are not waiver-qualified.

MR. MAYES replies that there are 500-plus individuals currently on the registry, the waitlist. Generally, most of those will meet eligibility for the IDD waiver and in time would be drawn. He explains more fully and states that all grants were eliminated.

MS. LOFGREN states that there is funding to serve a smaller number of individuals that do not meet the criteria.

TRUSTEE WEBB asks if there will be reductions in services for those folks currently receiving grant-funded services.

MR. MAYES replies that there will be a reduction in grant dollars, but grants will not be eliminated.

MS. LOFGREN states that the challenge is not knowing exactly what the service package will look like and explains further.

CHAIR MICHAEL asks for any further questions. There being none, she thanks Mr. Mayes and Ms. Lofgren and she adjourns for lunch.

(Lunch break.)

CHAIR MICHAEL calls the meeting to order and moves to the FY18-'19 budget overview.

MR. JESSEE begins with an overview of the development of the ‘18-’19 budget recommendations and the process that was used, explaining as he goes along. He asks Katie Baldwin to continue.

MS. BALDWIN explains the graphic that was used with the stakeholder process to help frame the discussions over the two days. She states that the objective of the first day was to use the Medicaid reform and criminal justice lens to proceed in engaging in conversations around how the reforms specifically are going to impact Trust beneficiaries, what the opportunities and risks are needed to be anticipated, and plan for that to ensure that the reforms are successful.

MS. LOFGREN adds that the first day two different groups discussed Medicaid reform, and although there were some differences, there was a significant alignment between each; and they came up with some consistencies and commonalities to make sure there is alignment with Medicaid reform that will increase access to a full continuum of care that is integrative, improves and increases health outcomes, brings parity to behavioral health and supports to beneficiaries to remain in the community. In addition, Medicaid reform will allow increased efficiencies for beneficiaries and providers serving them both in urban and rural areas. She continues that there were numerous opportunities that came throughout the discussions, and housing was a significant conversation. It was recognized that it is a critical component to ensuring health outcomes and to achieve the improved health and be engaged in the community. She states that payment reform and an opportunity to improve information systems and the ability to utilize data to track health outcomes and access information were also main themes discussed. She adds the importance of integrating health, both physical and behavioral health, and long-term services and supports. She moves on, stating that the group then discussed the risks and went back to the housing theme. She continues that the housing market looks very different in each community, and it is a challenge when housing is fundamental to stability and health outcomes. If there is no access to housing, that can have an impact and increase the risk of institutionalization. Currently, each community or region does not have the full continuum of services, and it is important to ensure that there is infrastructure and capacity in moving forward with the reforms. Another key risk identified is that there is so much change happening on all levels, and it is important that beneficiaries and their families understand the change and how to access services and supports. She adds that the providers and organizations understand change is important and has impact, and they are making sure they have the ability to adapt to the new care models and training the workforce to shift to meet the needs of all of the reform efforts. She moves on to key themes, and states that workforce was identified as a key component, as well as recruitment, retention, and rehiring. She continues that beneficiary employment engagement was also brought up which includes maximizing the value of peer support in the role it plays within the reform of Medicaid and criminal justice. She adds that also looked at was telehealth and assistive technology and other ways to ensure that there is access to care. She states that the last key theme was supporting communities and programs to plan, implement, and sustain the continuum of care in an integrative way.

MR. WILLIAMS states that the other groups focused on the criminal justice reform efforts largely framed around Senate Bill 91 and what those reforms will do for the future in terms of positive impacts for beneficiaries. He continues to the need of not just focusing on people leaving, but what is needed to prevent them from having contact in the first place. He continues the presentation, explaining as he goes along.

MS. LOFGREN summarizes the key takeaways on Medicaid reform.

MR. WILLIAMS states that in the criminal justice work groups the conversation around housing was making sure that barriers are eliminated for accessing resources to find housing, there needs to be transitional units, long-term housing units, and units for individuals who can move on to acquiring the unit themselves and having an independent place that is safe and sober.

TRUSTEE NORENE asks if this is part of the strategic plan for housing.

MR. WILLIAMS replies yes, and states the need to use that plan for the criminal-justice-involved population, as well as those who are not involved.

MS. BALDWIN talks about the emerging issues across both of the reform discussions, going through them in greater detail.

MR. WILLIAMS highlights the items people identified after looking at all the programs that the Trust currently funds. He states that there is a 38-page document on the Trust Web site summarizing the full two days. He continues that, by and large, what the Trust is investing in is where other people think it should be invested. He continues his presentation, explaining as he goes along.

CHAIR MICHAEL comments that she got to participate in the two days and states that the participation was incredible. She continues that people came to work and were really engaged the entire time. She adds that it really helped people to be able to talk in smaller groups and really get their thoughts out. She talks about her experience and the things that came to the forefront. She states that part of the Trust role has to be the strategist.

TRUSTEE NORENE comments that it has touched on some of the things that he has been concerned about, and the key thing for the Trust is to keep that push going. He states that he is glad to see all of this valuable work.

TRUSTEE EASLEY states that she was impressed with the people that attended and the fact that they were surprised that they did not know what so many of the other agencies were doing. It was great.

CHAIR MICHAEL asks Mr. Williams to continue.

MR. WILLIAMS moves into what staff has put together for trustees as a draft the FY18-FY19 budget recommendations. He underscores "draft" because this document will not look the same in September. He states that the two-year budget starts on an even year, FY18, and the focus in developing this was on FY18. He continues that a budget for FY19 was put together because, by regulations, this has to be done. He begins explaining the document to orient the trustees.

CHAIR MICHAEL asks about the commitment to funding the new positions, on line 72, and if it was for three years.

MS. LOFGREN replies that the funding is committed for ’18 and ’19, and then it will be revisited. She states that these positions are in health care services to really address the health homes, the emergency care initiative, and the other reform efforts.

CHAIR MICHAEL states that it would be great to put the FY18-'19 commitment under the narrative portion.

MR. WILLIAMS continues his document description, going through the rows and explaining and answering questions as he goes along.

CHAIR MICHAEL calls a five-minute break.

(Break.)

CHAIR MICHAEL calls the meeting back to order and recognizes Steve Williams.

MR. WILLIAMS states that this is the last portion of the budget that will be covered today, the advisory board requests and their capital projects. He continues that the capital requests are longstanding and the boards came forward with requests every year through the RFR process. He explains deferred maintenance, and asks Mr. Reinhart to provide any historical detail on the capital projects.

MR. REINHART states that deferred maintenance is the opportunity for the nonprofit organizations serving the beneficiaries when they have some fairly significant replacement needs, like a furnace, to be able to apply for that because they may not be able to generate funds through their own savings and other income sources. He continues that it is a very popular grant program. He moves to medical appliances and assistive technology, which did not get funded, and was not included into the capital budget by the State. He states that his recommendation is to keep it going, and we may have to go to the Trust for help. He adds this this helps people with low vision and low hearing assistance to live independently in their own homes for many years.

TRUSTEE WEBB asks how much State money has been in the assistive technology program in the past.

MR. REINHART replies that it was $500,000 and lasted a couple of years and has basically run out of money.

CHAIR MICHAEL asks Mr. Williams if an individual could apply for assistive technology in the mini grants.

MR. WILLIAMS replies yes.

MR. REINHART states that they can, and they do.

TRUSTEE WEBB asks what the process is for someone to apply for and receive funding for assistive technology under the program within the Department.

MR. REINHART states that he has to check, but believes it was a grant given to ATLA and was a single grant function, and they are not doing individual. He adds that he will double check.

The discussion continues and then moves into transportation services and more.

MS. DANIELLO states that she is with the Commission on Aging and thanks all for the great presentation. She adds, with regard to the assistive technology from the senior perspective, that reimbursement for things like white canes for the blind, hearing aids for the deaf was checked and would not be covered under Medicare as durable medical equipment. She continues that these funds would help seniors who have those kinds of life challenges.

TRUSTEE SELBY suggests putting $150,000 in here and letting staff do some more checking on this and discuss it further at the September meeting.

MR. JESSEE states that a motion is not needed and can be put in the draft.

TRUSTEE WEBB states that the issue is that all the available money has been basically allocated. He continues that the money will have to be found somewhere and is definitely something that should be considered.

MR. WILLIAMS states that staff could look into this if the money is allocated.

TRUSTEE WEBB states that a discussion can be had with the Commissioner's office about the likelihood of any General Fund money getting into the Department's budget in this regard for this program. He adds that it is probably highly unlikely but is worth a brief conversation just to find out. He continues that if the Trust decides to fund this it becomes a matter of what the easiest method of administering the money would be with the least cost and doing the best work.

CHAIR MICHAEL asks for any other comments.

TRUSTEE SELBY suggests, in the discussion with the Commissioner, to talk about match money.

MR. JESSEE states that the Commissioner may be here in September and that conversation could be with her directly.

CHAIR MICHAEL states that was the last item for today and asks staff to go over tomorrow's agenda.

MR. BALDWIN states that the meeting will start at 9:00 a.m. with a continuation of this budget discussion focusing on the focus areas. He goes through the rest of the agenda.

TRUSTEE DERR states that in one section of the minutes under the comprehensive mental health program update Ms. Wailand states that the comprehensive program plan is not a solo journey. She continues that it was interesting that the first presentation she had and the first

question suggests why the comprehensive plan is being done. She asks Ms. Wailand if she has had any more comments since that.

MS. WAILAND replies that Jean Findley said not to underestimate the dynamics that can be associated with the roles and responsibilities between the Department and the Trust. She states that one of the messages is that it is not just a comprehensive mental health program plan, but is planning for a comprehensive mental health program. She adds, that is being done right now and how it ties together and how to look for the gaps is the angle that is being looked at right now.

TRUSTEE DERR states that Heidi Wailand did a great job with that.

MR. JESSEE goes over a couple of things on tomorrow's agenda.

CHAIR MICHAEL asks for a motion to recess.

TRUSTEE WEBB follows up with the Anchorage Neighborhood Health.

MR. JESSEE states that Anchorage Neighborhood Health Center is having their open house from 4:00 to 6:00.

CHAIR MICHAEL states that the address is at International and C Street. She thanks all for coming.

(Planning Committee recessed at 3:50 pm.)

ALASKA MENTAL HEALTH TRUST AUTHORITY

PLANNING COMMITTEE MEETING

August 10, 2016
9:00 a.m.

Taken at:

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

OFFICIAL MINUTES

Trustees present:

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

Trust staff present:

Jeff Jessee
Steve Williams
Kevin Buckland
Miri Smith-Coolidge
Amanda Lofgren
Heidi Wailand
Carley Lawrence
Luke Lind
Michael Baldwin
Carrie Predeger
Katie Baldwin-Johnson
Valette Keller

Others participating:

Kathy Craft; Theresa Holt; Duane Mayes; Sandra Heffern; Monique Martin; Jordan Shilling; Judge Stephanie Rhoades; Patrick Reinhart; Denise Daniello (via telephone); Kate Burkhart (via telephone); Charlie Curie (via telephone); Stephanie Colston (via telephone); Lisa Brown; Jim McLaughlin; Lisa Rosay; Lisa Cauble; Michael Walker.

PROCEEDINGS

CHAIR MICHAEL calls the meeting to order and acknowledges that all of the trustees are present. She asks for any announcements. There being none, she states that Steve Williams will continue the FY18-'19 budget overview, and focus on Disability Justice.

MR. WILLIAMS states that a lot of time was spent yesterday going through the two-day work session, the events and dialogues that were had with a lot of stakeholders, and the outcomes of those dialogues. He continues that Ms. Lawrence has pulled together a two-page summary document.

MS. LAWRENCE circulates the document, explaining that it has some of the high-level key themes to keep in mind. She adds that it is also posted on the Web site for the audience.

MR. WILLIAMS states that the spreadsheet was marked deliberately so that the trustees could easily see where changes were made by staff in relation to the budget. He continues that in September this will be a clean budget spreadsheet simply showing the strategies, projects, programs and the recommended funding amount for trustees to approve or change. He adds that, by regulation, the Trust has to do a two-year budget, which starts on the even year of the fiscal year; this is FY18 and '19. He states that Trust staff largely focused on FY18, which will be today's focus. He continues that there are increments in the FY19 recommended budget, but they are largely placeholders. He adds that the plan is to go through each of the focus areas and the budget and call out where some of these strategies and projects fall. He states that in the FY18 budget here, the numbers balance, and they also balance in consideration of the investments that the trustees have already committed to preliminarily for FY18 in regards to Medicaid reform and redesign. It also leaves a balance of an unobligated amount, somewhere in the $500,000 range.

CHAIR MICHAEL asks if the budget number for '19 balances.

MR. WILLIAMS replies no, but is not far off. He begins by explaining the graphic in great detail.

MR. JESSEE states that his main takeaway from this is that Medicaid and criminal justice reform form a holistic approach to serving the beneficiaries. He continues that this shows that each of those has pieces that are needed to fill the gaps in the circle of care, and that each of these segments are going to show up in the budget.

MR. WILLIAMS moves to page 32, which is the beginning of the recommendations for the Disability Justice Focus Area. First, is the Capacity, Training, and Competencies; in each focus area where there is training, workforce development activities will fall under this category. He states that this is an example of no longer having a standalone workforce development focus area, but there are key elements that need to be included across the focus area for a competent and trained workforce. This strategy falls in two areas: The Community Prevention and In-Facility Practices. There is a recommendation of $75,000 in Authority Grant funds for implementation or maintenance of crisis intervention team training. He gives a short history of the crisis intervention team training, which was modeled by the Memphis Police Department and

is a nationally recognized best-practice model. He explains this more fully. He adds that the Anchorage Police Department has moved to incorporating the longstanding separate training for crisis intervention team training for APD officers and is in the academy. He continues that Juneau is currently in the process of developing a CIT academy for its police department. It is a partnership with the Juneau Community Foundation. The last place that CIT is actively being developed and implemented is out in the Valley, and the Mat-Su Health Foundation has been a partner in that effort.

TRUSTEE SMITH asks if it is possible to get a copy of what is being taught in that 40-hour content, the curriculum.

MR. WILLIAMS replies yes; it is a three-ring binder that is three inches deep. He states that there is an increase of $13,000 over FY17.

MR. JESSEE points out that it is really important for officers to have this information and to feel that they have some other choices when running into situations on the street where the classic "put the weapon down" is not getting the job done. He states that the funding that the Trust provided to this over the years is why this is catching fire, and Alaska is going to be a real leader. He continues that the training gives other options on how to deal with folks, especially the joint response where there may be mental health professionals there that can help in the situation. He adds that he thinks it is going to prevent and has prevented beneficiaries from getting killed.

MR. WILLIAMS asks for any questions or comments.

TRUSTEE WEBB states that it is a huge step that the training is now in the academy, but asks what the end point will be. He asks where this is headed; to be built into the State with the Police Standards Council requirement for officer training; will it be built into the trooper academy.

MR. WILLIAMS replies that is where it is heading nationally; it is getting built into the police standards for all training. He explains this in greater detail.

A short discussion ensues.

TRUSTEE EASLEY states that under Capacity, Training and Competencies she does not see capacity. She asks what is being done to get more people into those positions and where will that money come from.

MR. WILLIAMS replies that in this particular area, capacity is about and falls more into the competencies and training aspect. He states that there is no strategy for proactively going out and trying to recruit more law enforcement.

TRUSTEE EASLEY asks if there is a need to see it in these to know that it is there.

MR. WILLIAMS replies that he does not necessarily see the recruitment of law enforcement as a key role of the Trust.

A short discussion ensues.

MR. WILLIAMS continues his presentation, moving through the training categories.

TRUSTEE WEBB asks about the base level of funding and where it factors into CIT.

MR. WILLIAMS replies that the base level of funding that went to APD was used primarily to pay overtime costs for APD, only APD, so that the patrol time could be filled on the street while the other officer was at the 40-hour training. Every other law enforcement agency, correctional agency, and universities did that on their own dime.

A discussion in greater detail ensues.

TRUSTEE SELBY states that it would make sense to training the trainers and asks if that is what is being done.

MR. WILLIAMS replies that it was never originally intended to be a mandate for all law enforcement to be trained.

The discussion continues.

MR. WILLIAMS moves on, continuing his presentation.

TRUSTEE DERR points out the wording: "Specialized skill and service training on servicing criminally-justice-involved beneficiaries." She asks if those people are in jail, and what is criminally justice involved.

MR. WILLIAMS replies that criminally justice involved refers to someone with a pending criminal case and is out in the community.

TRUSTEE DERR asks who is getting the training.

MR. WILLIAMS replies the community provider staff. This is not law enforcement, although law enforcement attend. The focus of the training is making sure the community system would recognize clients' conditions in developing treatment plans. He moves on to Sustain and Expand Therapeutic Court Models and Practices. He states that Mr. Jessee mentioned that the Fairbanks and Juneau therapeutic court, despite significant effort to get capacity and sustain capacity operating at a certain level, has not met that capacity. He continues that between the Court System, the Trust, the partners in Fairbanks, a joint decision was made to not spend the funding on this project because the cost/benefit is not there. There were two major pieces to that; one was target population. Accessing the services in the community was not available for all the target population, and it is very hard to divert someone to something that is not there. The second piece is the juvenile justice numbers, since this court started operating, have consistently been dropping. Those were two of the largest variables that played into the decision. He states that the Juneau Mental Health Court, a longstanding court, has been utilizing at a 70-plus percent on a consistent basis. The recommendation from staff and all the partners is to maintain the funding for that. He continues that the last piece to this strategy is Flex Funds. As these reforms

are taking place, there needs to be mechanisms to provide beneficiaries access to the services beyond the traditional funding streams. These funds are used for therapeutic court participants, and right now they are accessed to put a deposit or first month's rent on some housing units. He continues that the next largest chunk of these funds get used to pay for substance abuse treatment assessment, medication and transportation. Then there are a host of smaller things like food and clothing.

CHAIR MICHAEL asks if the $155,000 is adequate.

MR. WILLIAMS replies that it is pretty close, given the capacity of each of the courts.

TRUSTEE WEBB asks who has taken over responsibility for the Juneau Mental Health Court.

TRUSTEE DERR replies that she thinks Judge Nave is really involved in it and has taken over part of it.

A short discussion ensues.

CHAIR MICHAEL calls a break to prepare for the consultants that will be on-line and states that Mr. Williams will come back to this.

(Break.)

CHAIR MICHAEL calls the meeting back to order and reminds the trustees that there are quite a few callers on-line and to remember to use the microphones. She states that the next presentation is on the Medicaid reform and redesign update by the consultants, Charlie Curie and Stephanie Colston. She asks Katie Baldwin to give an introduction.

MS. BALDWIN replies that they are not on-line yet.

TRUSTEE EASLEY asks if the people in the room could introduce themselves; some have never been here before.

MS. BROWN states that she is Lisa Brown and works for the Division of Behavioral Health.

MR. McLAUGHLIN states that he is Jim McLaughlin and works for the Division of Behavioral Health in the Treatment and Recovery Grant Management Section.

MS. ROSAY states that she is Lisa Rosay, Division of Behavioral Health, Policy and Planning.

MS. CAUBLE states that she is Lisa Cauble, Director of the Alaska Training Cooperative at UAA Center for Human Development.

MR. REINHART states that he is Patrick Reinhart, Director of the Governor's Council on Disabilities and Special Ed.

MS. HOLT states that she is Theresa Holt, Office of the Long-term Care Ombudsman.

MS. HEFFERN states that she is Sandra Heffern, Effective Health Design.

MR. WALKER states that he is Michael Walker, DBH.

MS. BALDWIN introduces Stephanie Colston and Charlie Curie who have been working in the capacity of consulting with the Trust. They will provide an overview and update on where things are and are prepared to touch on the 1115 and the ASO. Then they will provide an opportunity for questions, dialogue and discussion.

MR. CURIE states that he is a principal of The Curie Group, a consulting group focused primarily on addressing behavioral health issues, health care reform issues, mental health, substance use, service delivery issues, working with providers of managed care and state governments, and entities such as the Alaska Trust. He goes through his background and introduces Stephanie Colston. He states that she was his senior adviser for substance abuse while at SAMHSA, and also has experience in the provider arena. She has had her own consulting firm for the past four years.

MS. COLSTON states that she started in the mental health system at the state agency level and gives a more detailed description of the different positions held over the past 40 years. She adds that she has had her own consulting agency since 2012. She states that a lot of the work they have been doing with the Trust and with the Department of Health and Social Services and DBH is around the Medicaid redesign and the health care reform efforts that are being put forth right now. She continues that it is clear that the system and the key officials in the system are interested in achieving a rational system of care that meets the holistic needs of Alaskan families. The goal is to move to a system where there is an infrastructure in place where the State is able to shape a system that is meeting the needs of consumers based upon appropriate, clear assessment, based upon access to care, and based upon evidence-based services being available; a way of monitoring and assessing outcomes throughout the system in order to determine the success of the system or to determine how well the system is doing, have a way of continuous process of increasing access, quality, and cost effectiveness. She adds that the State has undertaken a very comprehensive review of the best approach to that. The Trust has been very active with that process, especially focused on what to do with behavioral health services. She states that one of the decisions that is recommended, and the Trust and the Department have been pursuing, is the idea of carving in behavioral health when it comes to this type of managed system, especially when it comes to Medicaid. Carving in behavioral health means that behavioral health and physical health are considered under the same contract, the same rate structure. She continues that there can be a carved-out managed approach with behavioral health care in order to manage and build up the behavioral health infrastructure. She moves to her slide presentation, beginning with a summary of Elliott D. Pollack, a company review of behavioral health managed care scenarios across the country. She briefly highlights some of this data as a matter of bringing things into focus for the conversation on what has been done and accomplished by us in Pennsylvania. In carving out behavioral health, there is an ability to focus on assuring that there are standards, processes and procedures in place which help assure that people with the most serious mental illnesses, people with chronic, serious addictive disorders, as well as folks with co-occurring disorders and children with serious emotional disturbances, become a major focus of the State and of the public behavioral health system to assure that their

needs are being addressed. A way of evolving and strengthening a behavioral health infrastructure, including a provider network, is to have a behavioral health carveout.

TRUSTEE SMITH asks about moving to a system with infrastructure in place, mentioning networks. He asks what the system looks like, and what is the network.

MR. CURIE replies that overall a network would be assuring that there are providers in place that represent the continuum of care that has been defined and is needed to meet the needs of the population. He explains in greater detail and continues his presentation. He moves on to the Administrative Services Organization, and a definition is the State contracts with a third-party organization with special expertise. In this case, looking at behavioral health systems management, to provide specified administrative services necessary to manage the system of care. It gives the State the expertise. He adds that a major part of that is provider network development. He explains this more fully. He asks Ms. Colston to talk about the ASO and the functions in more depth.

MS. COLSTON states that in the potential function of an ASO, the organizational management ends up being a significant function across the country. She continues that reauthorization generally means care coordination, including primary care. She adds that it is very important to project trends based on service utilization that the ASO has. She explains more fully as she goes along. She states that there is enough evidence-based screening and assessment instruments today to allow Alaska to utilize some of those, and more standardized so that every provider is using the same tool. She continues that another function is data management, which she explains. She adds that a major complaint is paying providers on time. This is an issue that needs to be paid attention to at the state agency.

TRUSTEE EASLEY asks if there are any third-party organizations with special expertise in behavioral health who may be interested in providing the services just talked about in Alaska.

MR. CURIE replies that there is one that came forward recently, and there is probably a good half-dozen out in the country that would have an interest in examining that. He states that any regional approaches in Alaska could be more in the form of an accountable care organization.

TRUSTEE DERR states concern about the number that will be able to do this and the problems there were with developing a new data system at the State department. She adds that payers went unpaid for quite some time.

MS. COLTON moves on to 1115, project waivers for behavioral health, and states that Section 45, Sub 5 of Senate Bill 74, directs the Department to apply. The purpose of 1115 waivers is they are research and demonstration projects and include approaches such as expanding a facility for individuals who are not otherwise Medicaid eligible; provide services that are not typically covered by Medicaid; and to use innovative service delivery systems that focus on improving care, increasing efficiency, and reducing costs. She continues that in an 1115 application any state has to comprehensively describe what they will do, where they are now, and how they will get where they want to be in this five-year research and demonstration project. She adds that it is a five-year period of time and there is an additional three years, if needed. She describes the system in more detail.

A short discussion ensues.

MS. COLSTON moves on and talks about a National Governor's Association Medicaid toolkit that was released about three weeks ago, and is about fund lines for 1115 waivers. She took the waiver from that toolkit and talks about Alaska and explains some specific information of interest to the trustees. She states that she was asked by the Division of Behavioral Health of the Department of Health and Human Services to conduct readiness assessments of the Division of Behavioral Health and the Alaska behavioral health provider community. She continues that those readiness assessments were completed in July, and that process is done. The Department has asked a sample of behavioral health providers to have a readiness assessment that would be a bit different than the face-to-face interviews with the DBH staff. She adds that management, clinical, financial, infrastructures, and capacities will be conducted through document review; and has asked that the answers to the questions be back by October 1st.

TRUSTEE EASLEY asks what would happen if the providers overall fail the readiness assessment test.

MS. COLSTON replies that she will be looking at audits, budgets, management reports, what their cost for providing a unit of service is, which is needed when negotiating with someone on rates. She states that there is a series of questions that are designed to say: Do you really understand how to integrate these two data sources, and are they being used to made decisions? It is not a case of pass/fail.

MR. CURIE adds that this is an area where the Trust, working with the Department and with the providers, can determine the areas that need to be addressed in order to help prepare providers for a more managed environment as they get used to the process. Part of the key is transparency.

MS. COLSTON states that Alaska, both the Department and the Trust, are to be congratulated for taking this approach, recognizing the need to prepare the system for the kind of change that is being considered, and are willing to invest funding. She continues the presentation, explaining as she goes along.

MR. CURIE understands that the Trust had committed to helping support two onsite visits to examine states that have done a managed approach and have an ASO or a managed structure to be examined firsthand. He states that one of the keys would be constituency-to-constituency contact. He continues that there is also the opportunity to do an 1115 substance use disorder waiver. CMS gave guidance that this would be looked upon most favorably to do for all of it to be put together instead of first and then an SUD amendment later instead of just doing an SUD waiver. He adds that Alaska is planning on taking that approach based on the CMS federal guidance.

MS. COLSTON states that is important from a strategic perspective because it allows Alaska a lot more flexibility with the behavioral health waiver, and with the understanding that in that first year of implementing the behavioral health waiver an amendment would be submitted for the SUD waiver. That would allow that amendment to focus more on the SUD system, and then the original waiver might be able to focus more on mental health.

MR. CURIE states that they did a review of several states that have a managed approach and talks about some of the results with that process.

TRUSTEE WEBB asks about the best time to make the onsite trips.

A short discussion ensues.

TRUSTEE EASLEY asks if there are plans to include funding for peer support in the behavioral health service package.

MR. CURIE replies absolutely. He states that peer support is a very viable service and support that not only brings about better care, access to supports and services to facilitate recovery, but is also very cost effective.

TRUSTEE WEBB asks if any of the waivers that they have been involved with have dealt with the criminalization of the mentally ill and then transfer to the criminal system of people who are mentally ill as a result of lack of access to or the inadequacy of the service system.

MR. CURIE replies, in his experience, in terms of overall systems, interface is an important part of that in talking about access to care.

A short discussion ensues.

TRUSTEE WEBB asks if they have had experiences in finding innovative ways to eliminate those silos in a waiver process.

MR. CURIE replies, yes, through both the waiver process and using ASO, NCO, and contractual standards which would require that a provider network would have the capacity to provide integrated services to individuals that has IDD, a mental health diagnosis, and assuring that there is that capacity developed.

TRUSTEE DERR asks about the traveling and talking about a lot of people involved. Could the same thing be achieved with a big teleconference or a town hall type thing if the main goal is an exchange of information.

MR. CURIE replies that has been brought up in conversations with the Department and Trust. He states that there is value to have the face-to-face and take a look firsthand in terms of what operations services look like, but everyone cannot be there. He continues that talked about were sessions that are in place being teleconferenced, and there would be places around Alaska that the constituency groups would join by video teleconference and have in realtime that experience of being able to ask questions remotely.

TRUSTEE EASLEY asks to go back to the budget neutrality issue. She states that behavioral health services are going to cost a lot more for Trust beneficiaries. She asks about how budget neutrality is achieved and is one way by reducing some of the services.

MR. CURIE replies, by looking at the high utilizers, those individuals in the emergency rooms that are costing a lot of money could be treated in less expensive levels of care. He states that usually is the quick way that some of the reductions have been achieved.

CHAIR MICHAEL states that the Department of Administration is conducting a feasibility study for a health care authority and asks how that would be impacted by the ASO or what would the relationship be.

MS. COLSTON replies that Senate Bill 74 directs the Department of Administration to conduct a study as to whether a managed care entity of some type, health care authority, could be a state entity or nonstate and would actually manage all of the Medicaid benefits.

A short discussion ensues.

TRUSTEE SMITH asks Mr. Jessee about the timing for the trustees to be briefed with this kind of a consultation.

MR. JESSEE replies that directly with Mr. Curie and Ms. Colston, it is up to the trustees. We can schedule updates on a regular basis for program committee meetings.

CHAIR MICHAEL asks for a feel on how it is working with the Departments and the State, and how is it going in terms of short- and long-term commitment to this process.

MR. CURIE replies, based on his experience, that he is very encouraged about this being a successful long-term process. He states that what strikes him about Alaska is a Legislature that passes Senate Bill 74. There is an alignment in this situation between the Legislature and what DHSS has determined it needs to be doing in developing a structure of accountability around services. He continues that there is a good foundation, and the key would be moving forward to continue an education process.

MR. JESSEE agrees and thinks that this Administration is definitely actively pursuing all of the elements in there.

TRUSTEE EASLEY asks Ms. Colston, as these provider assessments are done in the next few months, how she anticipates the response of providers to this whole program.

MS. COLSTON replies that it will probably be like most states where some are terribly excited. She states that she has received calls from two providers to see if they are on the list. She continues that she has not seen the list and does not know. She adds that her approach is that she is gathering information and is trying to help improve the system.

CHAIR MICHAEL states that one of the highest priorities recently came out in terms of what the Trust should be helping with is housing and the shortages across the state. She asks what some of the other states are doing to address housing options and the development of housing.

MR. CURIE replies that states are taking a variety of approaches and there is real evidence-based developing around housing. He explains this more fully.

CHAIR MICHAEL recognizes Katie Baldwin.

MS. BALDWIN mentions that they are trying to coordinate a visit in person with Mr. Curie to come to Alaska the last week of August, and adds that some time can be scheduled for the trustees.

CHAIR MICHAEL asks for any other questions. There being none, she asks for any concluding remarks.

MR. CURIE states that this really covered an update of where things stand right now. His concluding remark is that it is great that Alaska has the Trust, an entity that really focuses on mental health issues, services to high-risk children with serious emotional disturbances. Not only is Alaska unique, but so is the Trust. He states that the staff is well qualified and competent, and it is a privilege to be working with the Trust.

CHAIR MICHAEL thanks them and asks for any last comments from the trustees. There being none, she states that there is a scheduled session over lunch, and we will reconvene at 1:00 p.m. to continue with the budget review.

(Lunch break.)

CHAIR MICHAEL calls the Planning Committee back to order and asks Mr. Williams to return to the FY18-'19 budget overview.

MR. WILLIAMS states that the next strategy is Continuity of Service and Care and begins with DOC Rural Reentry and FASD Education Pilot which has been in the Disability Justice focus area for two years. He makes a recommendation that this be reduced down to zero, which does not mean that it cannot come back at some point. The Mental Health Clinical Oversight in DJJ Youth Facilities is next. For historical purposes, the Trust and the Division of Juvenile Justice partnered for a few years to build up mental health clinicians in their facilities. This was successful not only in getting those positions, but then transitioning them into state General Fund/Mental Health dollars. He states that this is the last piece that has not transitioned and recommends that this remain at the same funding level as FY17. Next is DJJ Rural Reentry Specialist, and the joint recommendation is to maintain this mental health clinical oversight. He continues, explaining and stating the recommendations.

TRUSTEE SELBY asks if the Tribal Health Consortium folks might be interested in picking up some of the function through the clinics in the villages. He states, that would be a more satisfactory way to deliver rural assistance to the folks that need the help than trying to do it through a state agency that has very little presence out there.

MR. WILLIAMS states that he will look into it. He moves on to the Holistic Defense Pilot Project that was just completed out in Bethel. This involved funding a social services specialist in the Public Defender's office in Bethel that has been providing support to beneficiaries with criminal charges and making sure they get connected to the services and supports needed either

outlined as conditions of probation or bail. He adds, that piece of the pilot has been really successful and in FY16 the final two pieces of the pilot model have been added.

TRUSTEE WEBB states that this is a pilot program and asks if the Public Defender's office has been out there a long time.

MR. WILLIAMS replies yes.

A short discussion ensues.

MR. WILLIAMS continues through the budget overview, explaining fully as he goes through each row and answering questions as he goes along.

TRUSTEE EASLEY comments that about a year or so ago the trustees were going to get information to help decide which programs were effective and which were not.

MR. WILLIAMS replies that the trustees will get that information.

MS. BALDWIN states that they are scheduled in October to be wrapping up one of the big reports and are planning to bring that to the Planning Committee in October.

TRUSTEE EASLEY thanks them.

MR. WILLIAMS goes through the Behavioral Health Diversion Planning and concludes his presentation.

CHAIR MICHAEL asks for any other questions. She states that that was a great presentation, and a lot was learned. She moves to Substance Abuse Prevention and Treatment, and recognizes Katie Baldwin.

MS. BALDWIN begins with Partnerships, Recover Alaska. She states that the recommendation is that there are no changes for '18, and funding is the same amount, $260,000. She continues that Recover Alaska is a private/public, very high-level stakeholder group coalition that is really focused on long-term, lasting policy change in Alaska to improve and decrease the negative impact of alcohol use and abuse in Alaska. She gives a short update.

CHAIR MICHAEL asks why Rasmuson is crossed off, and if they are no longer a partner.

MS. BALDWIN replies that Sultana, a part of Foraker, is essentially taking on the fiscal oversight for the Recover Alaska Initiative, and there was a need to figure out a way to pool the funds in one location that was not held through the Trust or at Recover Alaska.

TRUSTEE WEBB explains that originally it started out staffed by a person at Rasmuson, but it was a funding partnership with Rasmuson, Mat-Su Health, and the Trust. He states that now there are other funding partners, and the goal is to build a broad-based coalition across the state. He continues that Sultana is an administrative organization with an executive director and staff to do the work of holding the money.

TRUSTEE DERR asks where they are housed.

CHAIR MICHAEL replies Foraker, but it is not Foraker. She asks for any other questions. There being none, she asks Ms. Baldwin to continue.

MS. BALDWIN moves on to Behavioral Health System Reform which was previously in the nonfocus area section under Medicaid Reforms. The DBH capacity assessment and development has also been moved. The Provider Capacity Assessment, which includes technical assistance, has been included within this focus area for FY18 only. She states that the 1115 Behavioral Health Waiver has also been moved and that is to support continued development work and writing for the 1115 waiver.

CHAIR MICHAEL states that this focus area is Substance Abuse Prevention and Treatment, but has a lot of behavioral health items. She asks if the title of this focus should be changed to be more encompassing.

TRUSTEE WEBB states, from his perspective, it may be better to just set these things out as Medicaid Reform. He adds that everything does not have to fit under a particular focus area.

MS. BALDWIN states that it can be shown how this is connected and absorb existing resources in the focus area to cover that. She adds that there are pieces of Medicaid reform in other focus areas as well.

The discussion continues.

MS. BALDWIN moves on, stating that the funds have been approved to support the ASO effort and it is important that the cost of contracting for services of an ASO is negotiable. She continues that CMS is part of the negotiations for the application in the 1115 waiver. She adds that there are figures in here now, but it may not be the true cost of what is actually needed to cover for the ASO.

TRUSTEE SELBY states that he has great concerns about what he heard today about the trip to Virginia or Pennsylvania. He continues that he would like to discuss that more fully at the September meeting. He points out that the similarity between delivering service in Alaska and delivering service in Virginia and/or Pennsylvania are about as similar as the Sahara Desert is to the Rocky Mountains. He adds that folks down in the Lower 48 have no concept of how difficult it really is to deliver services in Alaska. He states that it does not work for him to fly people to Virginia or Pennsylvania to see how they are delivering. He continues that what does make sense would be to do teleconferences with focus groups or target groups, consumers, providers, different groups. He adds that the wisdom of spending a lot of money to do that is questionable.

CHAIR MICHAEL asks for clarification on where that funding is and how much it is.

MS. BALDWIN replies that $100,000 was approved by trustees for the purpose of travel costs and site visits to look at the different models for the ASOs. She states, that is separate from this amount because that is FY16 money and is not reflected in this budget.

TRUSTEE SELBY states that he digressed a great deal.

MS. BALDWIN continues her presentation, explaining as she goes along.

TRUSTEE EASLEY asks if all this goes into the federal data, BRFIS.

MS. BALDWIN replies that the BRFIS is a federal survey, and then states can modify and add different modules to it as they see fit.

MR. BALDWIN adds that it actually has Alaska-based modules and surveys and not part of the synthetic data. He explains that this is where time is actually invested in surveying Alaskans. He adds that it is used federally, statewide, and then the State actually uses some of this information for the block grants and reporting.

MS. BALDWIN wraps up her presentation and asks for any questions.

CHAIR MICHAEL moves on to Housing and Long-Term Supports, and recognizes Amanda Lofgren.

MS. LOFGREN states that she will begin with housing and then will go into employment.

CHAIR MICHAEL calls a break.

(Break.)

CHAIR MICHAEL calls the meeting back to order, and recognizes Amanda Lofgren.

MS. LOFGREN begins her presentation of the budget for the Housing and Long-Term Services and Supports focus area with the Focus Area Administration and a $35,000 reduction to the overall amount of money dedicated for this project. She continues going through line by line, answering questions as she goes along.

TRUSTEE DERR goes back to the housing coordinator, stating that there is nothing in there for FY17 approved. She continues, that was approved for three years.

MS. LOFGREN continues with the community treatment teams that are a mobile-based interdisciplinary team to provide comprehensive wraparound supports to beneficiaries. She adds that this addresses multiple components on the theory of change that directly impacts beneficiaries to support them in the community.

A short discussion ensues.

MS. LOFGREN states that the next project aligns with the reentry intercept. She continues that there is a change here that the funding will actually go to Alaska Housing Finance Corporation in FY18 because they are a housing partner and have multiple programs. She states that it is important to maximize the resources to create efficiencies for all Trust partners. She adds that

AHFC has housing vouchers that are specifically dedicated to beneficiaries coming out of Corrections. She explains in greater detail and then moves on, explaining and answering questions as she goes along.

TRUSTEE NORENE asks how to receive reassurance that beneficiaries are going to get the benefit of the housing project.

MS. LOFGREN replies that there are currently 11 operating grants under the special needs housing grant and knows that the projects that are being funded are targeting the beneficiaries. She adds that it has not historically been consistent, but we are really working hard on clearing that up.

TRUSTEE DERR asks what the Department of Revenue does.

MS. LOFGREN replies that AHFC is in DOR. She continues to the Coalition Capacity Development. She states that, historically, there has been a specific project and $200,000 to address the Homeless Coalition Capacity Development. That funding supported the statewide coalition coordinator position, the Anchorage coalition coordinator position, and the conference and technical assistance needs. By the Trust having those grants, AHFC has those grants. She explains that grantees are having to apply to both. She continues that they are working with AHFC to pool those resources so that it is one grant application for everyone, and also making sure the dollar amounts that are needed are the right size, because any remaining funds could go back into actually giving beneficiaries housing access. She highlights that the Anchorage coalition position will no longer be funded out of that $200,000, but will be supporting them in other ways. She adds that the role of the statewide coalition is to really support all of the local coalitions and make sure they all are more coordinated and working together, such as the Reentry Coalition and the Housing Coalition. She moves on to the BHAP, the homeless assistance program, explaining it more fully, and then continues with her presentation.

CHAIR MICHAEL asks for any other questions about housing and long-term supports. There being none, she moves to Beneficiary Employment and Engagement.

MS. LOFGREN states that the Beneficiary Employment and Engagement focus area is a new one that started in 2015, and there has been a lot of stakeholder process and engagement to develop strategies and projects. She continues that in talking about employment it is not just the Department of Labor, but also the Department of Corrections, DHSS, and the Department of Education. She adds that in the beginning of this the data capacity was set up to be able to track the outcomes. There are more placeholders here because of the process of planning for specific strategies. She continues going through the strategies and projects, explaining as she goes along. She asks Katie Baldwin to continue.

MS. BALDWIN moves to the beneficiary program grants that have supported a number of the peer- and consumer-run programs as part of the Beneficiary Projects Initiative. She states that the recommendation is to re-cue it, and we are anticipating transitioning two additional programs off of Trust funding in ’18.

TRUSTEE NORENE asks if there is any thought of the Web and NAMI working together, because that is a facility that would work with them, as well.

MS. BALDWIN replies that DeWayne, the executive director of the Web, is fully exploring those options to look where there could be some opportunities to share space or to connect where possible. She states that it is going to be part of the plan and the work that will be needed to be continued in ’18 and ’19.

MS. BALDWIN and MS. LOFGREN continue the presentation, explaining as they go along.

CHAIR MICHAEL asks if there are any questions on any of the staff’s presentation today on the budget. She states that there was some good discussion. She asks for anything else on the agenda.

MR. WILLIAMS states that he is not sure how the trustees want to restructure the budget, but he will take a stab at it and e-mail it.

CHAIR MICHAEL agrees. She asks about the plan for tomorrow.

MR. BALDWIN states that the Resource Management Committee meeting will start at 8:30, then the Finance Committee, and then a Special Full Board meeting to address a few things.

TRUSTEE NORENE states that in the Resource Management Committee, John’s update report will be moved to the beginning of the agenda.

CHAIR MICHAEL asks for a motion to adjourn.

TRUSTEE NORENE makes a motion to adjourn the Planning Committee.

TRUSTEE SELBY seconds.

There being no objection, the meeting is adjourned.

(Planning Committee adjourned at 3:20 p.m.)

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MEMO

To: Mary Jane Michael, Planning Committee Chair
Date: October 19, 2016
Re: Update on Rural Health Clinic Grants Criteria

Background:

The Trust has had a long standing partnership and commitment to supporting the dedicated behavioral health space in rural clinics across the state.

Starting in FY2008 and continuing through FY2011, the Trust granted $900,000 to the Denali Commission to provide for the integration of behavioral health space in primary care clinics at the village level. This funding was used in 28 clinics around the state, for an average of $32,143 per individual clinic.

After FY2011, the Denali Commission stopped directly administering the rural clinic program, so the Trust began to grant funds for behavioral health space on a clinic-by-clinic basis, either to individual native villages or to regional tribal health corporations. Between FY2012 and FY2016, the Trust awarded grants to 13 clinics totaling $550,000, for an average of $42,308 per individual clinic.

With Medicaid reform underway and as best practices move the system towards an integrated primary care and behavioral health system, it is important that the Trust's investments in clinics are aligned with that model of care. The health care delivery system is shifting away from a separate dedicated space for health and behavioral health to shared space and treating individuals holistically.

Accessing health care, both primary care and behavioral health, is an important component to address recidivism, particularly in the rural areas where the clinic may be the only resource in the community. The clinic often serves a broad role in the community and can be used in partnership with local law enforcement to deescalate crisis situations and also ensure beneficiaries health and safety.

Proposed funding source:

Health clinics will be funded from the partnership grants program and the combined total of approved clinic grants will not exceed $200,000 in any one fiscal year.

Proposed criteria for Trust funding:

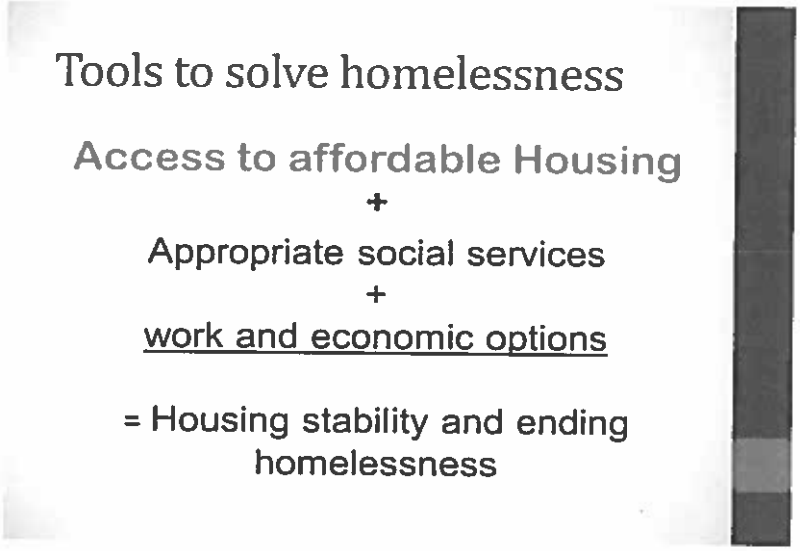
1. The maximum Trust grant for an individual clinic will be $50,000.

2. The grant request must come from a regional tribal health corporation. Any grant request from an individual community will be referred back to the regional tribal health corporation.
3. The application must specifically address the need for and size of the proposed integrated behavioral health space as well as a description of how behavioral health services will be integrated with primary care services at the clinic. This is to ensure that the facility has the capacity to provide appropriate integrated health care.
4. Completed capital project questionnaire must be included with all clinic grant requests.
5. The Trust will not approve funding for a clinic after the project has been completed.
6. Priority will be given to clinics off of the road/marine highway system.

Update: Anchorage Housing and Homeless Services Initiative
Office of the Mayor
Report to the Alaska Mental Health Trust
Oct 24, 2016

Background

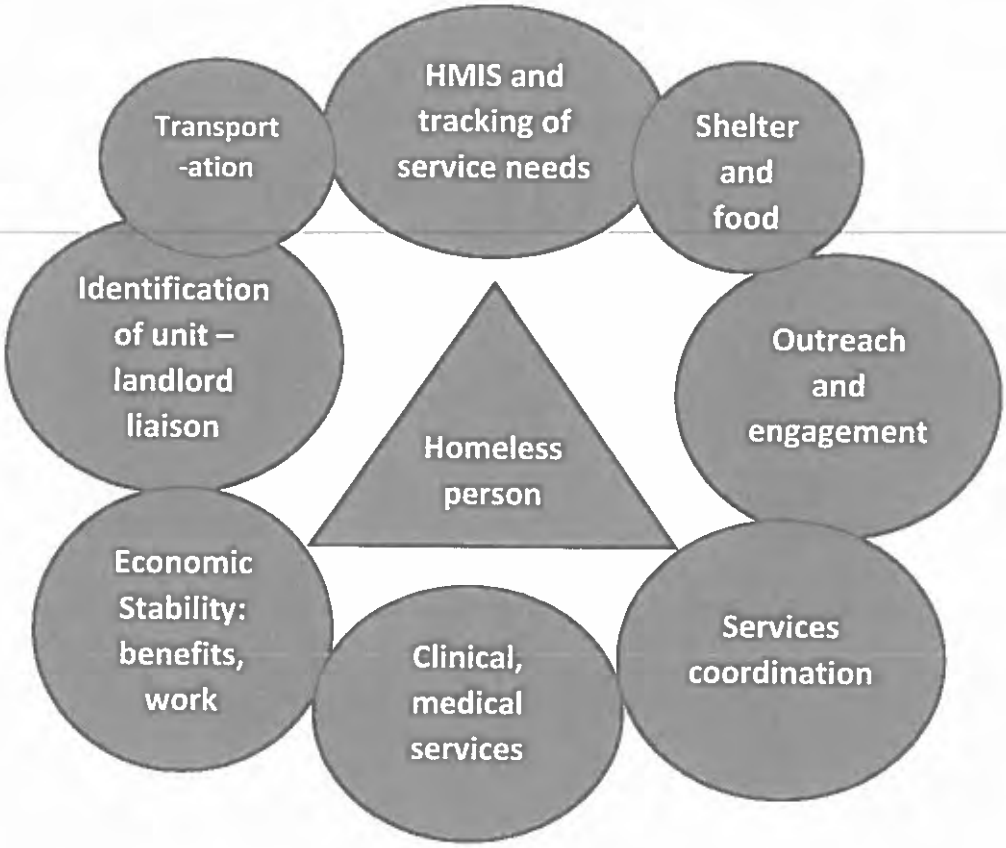
The Municipality of Anchorage, United Way of Anchorage and the Anchorage Coalition to End Homelessness have engaged in a community-wide coordination initiative for improvements in the homeless services safety net across several areas, including: street and camp outreach, increasing emergency shelter trained staffing resources, clinical engagement services and transition services to permanent supported housing for homeless adults/young adults and youth in the community. The work of Mayor Berkowitz's Housing and Homeless Services Action Agenda has followed a simple formula over the past year:



The work of identifying appropriate social services and connecting people to economic options requires close connection to a related effort in the community through Coordinated Entry. Coordinated Entry is a multifaceted alignment of community resources both required by the federal funding agency, Housing and Urban Development (HUD) and a critical method for aligning social services, housing and necessary resources for homeless individuals and families. In January of 2016, a small subsection of the Coordinated Entry system kicked off with the adult and youth Point in Time Count demographic information collected along with a vulnerability assessment during the outreach. By mid-summer there were approximately 240 people on a community outreach list with a weekly meeting of outreach social service providers to share

information and align resources for assisting people into housing. This work helped inform the Coordinated Entry system launch in September 2016.

Adult Coordinated Entry elements (critical community level services of coordinated entry):



Municipality of Anchorage Grants ($425.0)

In March of 2016, the Anchorage Assembly approved an initial amount of $425,000 to assist the community in implementing the critical elements of coordination identified by the community outreach agencies convened. Selected areas of the service continuum were chosen for these grants. In a review of multiple community homeless plans there was an obvious missing element: public safety, camp outreach and the "front end" services needed to identify homeless individuals – primarily adults who are increasingly visible on the street or in camps. In the work of the Housing and Homeless Services Coordination initiative, these areas were targeted for first actions on a comprehensive policy initiative to assist people camping illegally to move from multiple points in the community (green spaces, parks and business doorways) to shelter and connection to permanent housing resources with supportive service.

For more information on the policy approach and process, see: http://www.adn.com/anchorage/article/anchorage-officials-talk-strategies-homeless-camps/2016/05/12/

For this reason, grantees who have been engaged in community camp/street outreach and coordination of shelter and case management were selected for an infusion of funds to help demonstrate a community shift and positive results associated with outreach, engagement and permanent housing for homeless adults.

The Partners have agreed to assist in building out the coordination elements through the following projects:

- Catholic Social Services: Increasing capacity of shelter staff to handle increased numbers and needs of shelter guests. This will provide additional resources to connect shelter guests with services, case managers, and other agencies.
- Catholic Social Services: serve as a coordinating entity for the day time community services implemented with the new funding.
- Catholic Social Services: to host the Transition Coordination positions for adults and family services to better determine how these positions will support the HMIS system for accurate data collection and tracking of people in the system.
- Covenant House AK: Outreach to young adults in downtown and regions identified. This will provide us with additional safety resources for younger people and vulnerable people on the street to connect to housing resources
- RurAL CAP: participate in outreach and to provide stability to adults transitioning from camps and streets to permanent supported housing
- United Way: provide fiscal oversight, planning assistance for a community impact model, and alignment with existing 211, information and referral services – hosting of landlord liaison project. See: http://www.adn.com/alaska-news/2016/08/15/anchorage-landlord-liasion-pitches-program-to-encourage-landlords-to-house-the-homeless/
- Alaska WorkSource: A pilot project and contract to employ homeless and panhandling people for day labor projects. This project will target more "work ready" people to replicate components of Albuquerque's van program for day labor. See: http://www.adn.com/alaska-news/2016/06/20/city-wants-to-hire-anchorages-homeless-to-help-clean-up-homeless-camps/

HUD Continuum of Care, Anchorage Coalition to End Homelessness

In July of 2016, the new federal funding year will bring resources to the community for support of the Anchorage Coalition to End Homelessness in implementing the Continuum of Care, HMIS and the official community Coordinated Entry system. These resources are key to becoming

the backbone of the Coordinated Entry system and processes. The funding and staffing commitments of ACEH includes the following roles:

- Leadership of the Coordinated Entry planning process
- Advocacy, cheerleading, cajoling and oversight of full implementation of the Coordinated Entry system
- Oversight of the technical contract to administer the HMIS system
- Coordination of community partners to document processes, policies and to identify needed resources for the system
- Staffing for implementation of the coordinated system.
- Continuum of Care grant funding $3.1 million requested in 2016. ($2.9 awarded 2015)

For more information on this topic, see: https://www.adn.com/alaska-news/anchorage/2016/09/25/data-sharing-initiative-signals-new-approach-to-tracking-helping-anchorages-homeless/

United Way coordination and Providence Health System investments ($1.0 mil)

In summer of 2016, Providence Health Services, in partnership with United Way will provide resources to assist in implementation of the Coordinated Entry system. In meetings with key stakeholders, Providence Health Services has identified five key areas for investment of nearly $1.0 million with the primary purpose of supporting the coordination of homeless services – for adults, youth and families:

- **Coordinated Entry Navigation Model and Data System** – development of common navigation model, entry points, and a shared data system, allowing providers to better know the clients, to coordinate services, and to track intervention, services, and progress.
- **Housing unit identification and supports** – coordinates with housing resource providers and landlords to locate available housing in the community and support the landlord and the family.
- **Transition coordination and integration** – client-focused transition navigator services, linking clients to the most appropriate services across the full array of community services to establish permanent housing. This includes direct services as well as integrating other "case management" services from organizations and volunteer coaches.
- **Emergency and rapid rehousing resources** – financial and other supports to maintain the emergency shelter system and to provide rent and move-in assistance for rapid rehousing support (including direct financial assistance).
- **Sustainability** – coordinated resource development and community will building.

For more information, see: http://www.alaskapublic.org/2016/09/21/providence-directs-nearly-1m-to-homeless-causes-in-anchorage/

HUD Pay for Success program ($1.3 mil plus up to $10 mil in future commitments)

Anchorage and the Mat-Su Borough have recently received information about a successful award for the Pay for Success social investment bond pilot program sponsored by HUD. This program will provide the innovative financing mechanism to increase the needed rental subsidies, housing stock and the structure to allow private and public entities to invest in the solutions being developed for our homeless community members.

What is Pay for Success?
PFS is an innovative financing model that leverages philanthropic and private dollars to provide assistance up front, with the government paying after they generate results. Unlike programs structured around processes rather than measurable results, PFS provides greater flexibility for state, local and tribal governments to implement evidence-based solutions, carefully test promising innovations, and scale programs that work, such as *Housing First* and Permanent Supported Housing programs.

PFS Demonstration Objectives
The DOJ/HUD PFS Demonstration is an opportunity to test the effectiveness of using a PFS financing model to fund Permanent Supportive Housing (PSH) using a Housing First approach for the target population: people experiencing homelessness with frequent contact with the criminal justice, homeless services, and health care systems.
This program comes with an initial award to assist with the due diligence, feasibility analysis and financial structuring of the system change and will bring additional resources to bolster the Coordinated Entry services program in development over the next two years.

For more information on this topic, see:
http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2016/HUDNo_16-099

Collaboration between all community partners is key to the success of the mutual goals of each of these components of the work directed at reducing and ending adult homelessness in Anchorage.

Major components include:
a) Increased data collection to understand the magnitude of people in the homeless services system (increased outreach canvassing; implementing a "By Name" community list; and assessment of housing and clinical needs);
b) identify resources to assist in transitioning from homelessness to permanent supported housing or the level of supportive services needed (*Housing First systemic approach)*; and
c) help people move into stable permanent housing.

Communities such as Salt Lake City, Denver and many others across the country have shown success when utilizing this formula with veterans, families and adults. Anchorage is the next

community to show marked decreases in homeless population numbers and to begin to implement the solutions needed for solving the problem.

Anchorage Participation with Pacific North West communities in the Bloomberg *What Works Cities* – The Municipality of Anchorage is a participating city in the Bloomberg *What Works Cities* Open Data Initiative. From the Bloomberg Website:

> "Launched by Bloomberg Philanthropies in April 2015, What Works Cities is a national initiative to help 100 mid-sized American cities enhance their use of data and evidence to improve services, inform local decision-making and engage residents. We are the nation's most comprehensive philanthropic initiative helping local leaders identify and invest in what works."
> https://whatworkscities.bloomberg.org/about/

When Northwest communities gathered to discuss issues that were at the top of the leaders' minds, homelessness was one of the top areas of concern. The What Works Cities initiative, in conjunction with the Harvard Kennedy School of Government convened leaders from major Northwest cities to talk about homelessness and how data may be collected, shared and used to shape constructive policy. Seattle, Tacoma, Portland, Anchorage and several other communities gathered in late September to discuss policy and to a conversation and goals initiated around sharing of data collection measures, means and potentially standardizing the information that is used to help allocate community resources. Following the What Works Cities steps: Commit, Measure, Take Stock, Act, these communities will continue to have meetings and sharing of information while each state addresses increasing pressure on housing and homeless services.

Attachments:

- Summary of outreach count and system status (PowerPoint presentation)
- Providence funding chart
- Anchorage Sleep Off Center data report
- Pay for Success grant materials

Anchorage Community Housing and Homeless services coordination

Adult Homelessness outreach update

Housing and Homeless Services coordination

Partnerships with community –

- Anchorage Coalition to End Homelessness
- United Way of Anchorage
- Anchorage Assembly
- Non-profit and Community partners:

  Catholic Social Services, Covenant House, Anchorage Community Mental Health Services, RurAL CAP, Bean's Café, Downtown Soup Kitchen, CHOICES, NeighborWorks Alaska, Anchorage Neighborhood Health Clinic, CITC, Cook Inlet Housing Authority, US Military volunteers, Veteran's Administration, South Central Foundation, Providence Health & Services, Alaska Regional Hospital

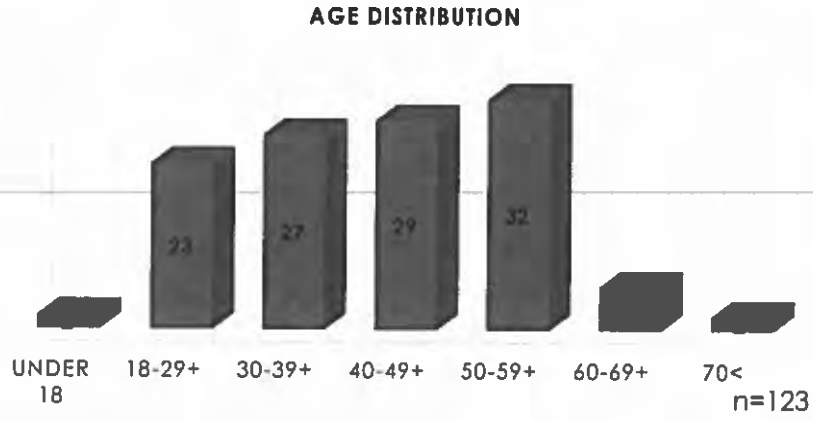
GOALS

- Data Collection
- Assistance with coordination of community resources for adult homeless services system (find people: shelter, camps, street)
- Increased ability to assess individuals and plan for needed services – vulnerability assessment (housing focus); other clinical assessments for specialized programs
- Coordination of resources for permanent supported housing: rental assistance, identification of units, employment options
- Monitoring of needed resources in community – do we have the right programs lined up with the right housing and subsidies?
- How to do this? Will it be permanent?

Data: Homeless Adult Outreach/shelter count

Demographic survey+ observed persons (adult + youth)	157
Bean's Café breakfast surveys- unsheltered/interested in assistance	54
Covenant House - shelter and Transitional Living Program	62
Brother Francis Shelter	240
Anchorage Gospel Rescue Mission	92
Subtotal Total adults :	527
Subtotal youth/young adults:	78
Total adults + youth:	605

Outreach count demographics: age



Moving to Anchorage – outreach survey

	Less than 12 mo. ago	1 - 5 years	5+ years	Born Anch
When did you move to Anchorage?	10	15	40	15
Homeless at time of move	6	9	8	N/A
Moved from:				
in-state	3	7	6	
out of state	3	2	2	
unknown		1		n= 80

2016 Proposed Cold Weather Shelter Plan

Adult		Type
Shelter capacity - regular		332
Existing Cold Weather Shelter - Downtown Soup Kitchen - women		30
Stolt Building - adult overflow for specialty population		20
	Sub total	382
Less rental vouchers open (SRA, PATH, TBRA)	60	
Less work van program participants	20	
Less 10 additional specialized (expanded capacity for women)	10	
	Expanded capacity subtotal	472
	Needed extra overflow	55

Planning for the future: Partnerships

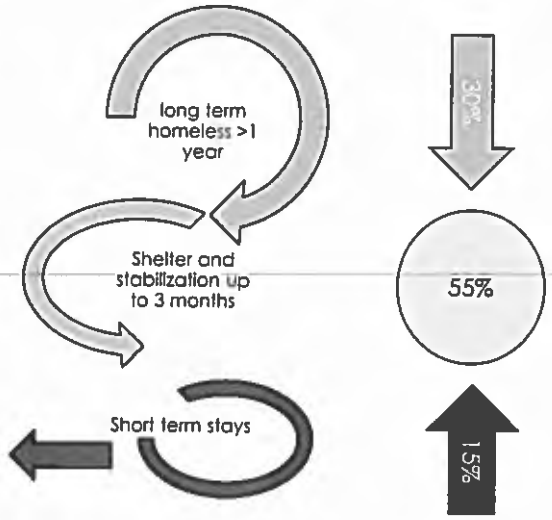
- Anchorage Assembly – commitment of funds April 2016 - $500.0
- Providence Health and Services – Aug 2016: $ 1.0 mil for community system resources and advancing the numbers of people housed and stable
- *Pay for Success* project – launch Oct 2016 - $1.3 mil Social Impact Bond structure for adults cycling through chronic homelessness, Corrections and high cost medical care settings.
- Federal, Municipal and Community investment in taking *Housing First* to scale to solve the homeless problems experienced in past several years.
- Participation with Pacific North West communities in data sharing and development of strategies: Seattle, Tacoma, Portland, Anchorage: Bloomberg What Works Cities – Commit, Measure, Take Stock, Act

Anchorage's safety net

Housing First – chronically homeless individuals with multiple medical and psychiatric conditions – High level intervention

Shelter users with fewer disabling conditions – Mid-level interventions for treatment and stability

First homeless episode and potential for quick return to housing – low level intervention.

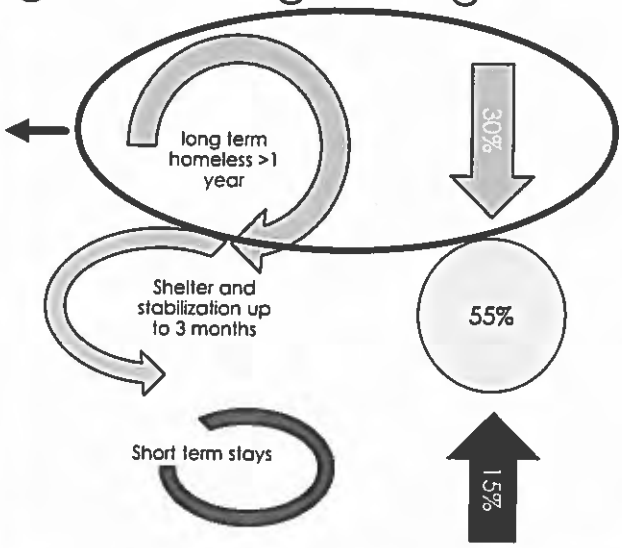


Anchorage's housing strategies

Housing First/Permanent Units and rental programs

- Karluk Manor – 46 units
- Sitka Place - 56 units
- CSS Special Needs grant
- ACMHS/PATH
- CoC Sponsor Based Rental Assistance
- TBRA
- CHOICES and Road Home programs (Moving Home vouchers)
- Pay for Success (overlap of target population)

N= approx. 160

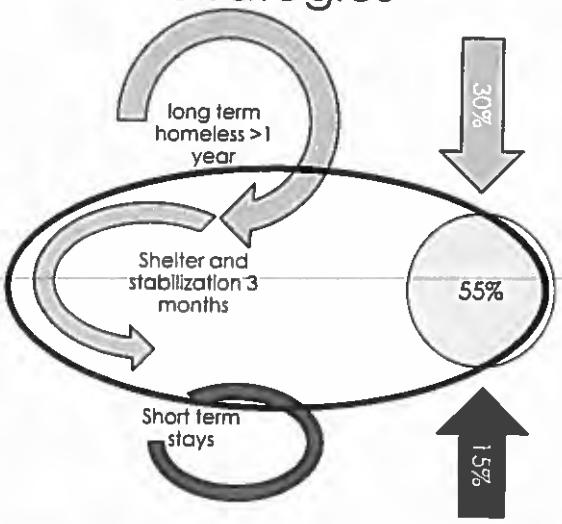


Shelter users with fewer disabling conditions – Mid-level interventions:

- Access to treatment services (detox-treatment-sober housing in community)
- Limited time housing subsidies
- Case management services
- Mental Health Services
- Vocational Rehabilitation
- Supported work
- Community day labor program (work van/Alaska WorkSource
- Pay for Success population overlap

N= approx. 300

Anchorage Housing Strategies

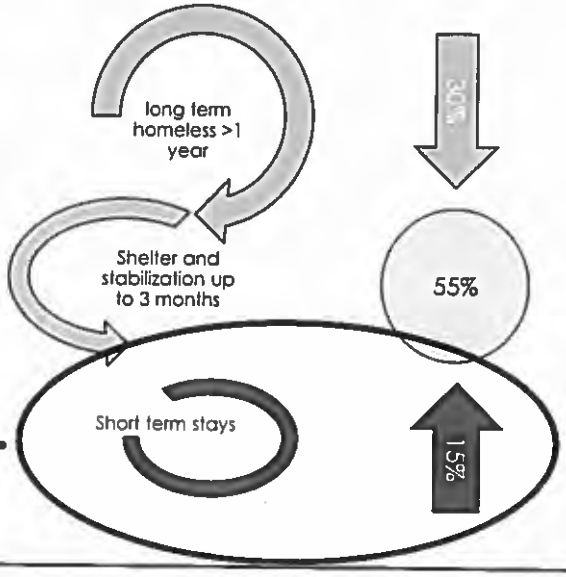


First homeless episode and potential for quick return to housing – low level intervention:

- Short term/brief mental health or substance treatment
- Connection to community supports
- Time limited rental subsidies or housing options
- Diversion and prevention strategies
- Employment partners

N = approx. 75

Anchorage's safety net



Priority Funding Areas	Population Served	Activity	Provider/Fiscal Host	Requested Amount	Requested Payment	Expected Use By
Coordinated Entry	All	Augment HMIS data system for broader community coordination.	NeighborWorks (for Anchorage Coalition to End Homelessness)	$45,000	8/31	6/2017
		Coordinated entry expertise and data dashboard for outcomes	UWA	$50,000	8/31	3/2017
Client-Focused Navigation Services	Family	New Transition Coordinator/site	Catholic Social Services	$100,000	10/1	10/2017
		Case Manager support and system integration	Catholic Social Services	$30,000	8/31	3/2017
			Salvation Army	$30,000	8/31	3/2017
			Covenant House Alaska	$15,000	8/31	3/2017
		Housing and coaching volunteer supports	Christian Health Associates	$15,000	8/31	3/2017
	Single and Young Adults/ Youth	New Transition Coordinator/site	Catholic Social Services	$95,000	10/1	10/2017
			Bean's Café	$5,000	10/1	12/2017
		Young adult and youth outreach	Covenant House Alaska	$25,000	8/31	3/2017
		Youth Transition Coordinator and plan development	Covenant House Alaska	$25,000	8/31	3/2017
Critical Safety Net Investment	Family	Transition housing	RurAL CAP	$60,000	8/31	3/2017
		Emergency Cold Weather Shelter System (church volunteers) • Transportation and phone line	AWAIC	$15,000	8/31	5/2017
		• Data entry and tracking	Alaska 2-1-1	$5,000	8/31	5/2017
	Single and Young Adults	Critical safety net infrastructure	Bean's Café	$15,000	8/31	3/2017
			Lutheran Social Service of Alaska	$15,000	8/31	3/2017
			Downtown Soup Kitchen	$15,000	8/31	3/2017
			RurAL CAP	$15,000	8/31	3/2017
Rapid Rehousing	All	Rent and utility stabilization	Catholic Social Services	$225,000	10/1	3/2018
		Landlord risk pool in lieu of security deposits	UWA	$75,000	10/1	3/2018
Landlord Liaison	All	Landlord Liaison program/site	UWA	$100,000	8/31	6/2017

Total: $975,000

Municipality of Anchorage
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ANCHORAGE SAFETY CENTER AND SAFETY PATROL
June 2016 Public Safety Committee Dashboard Report

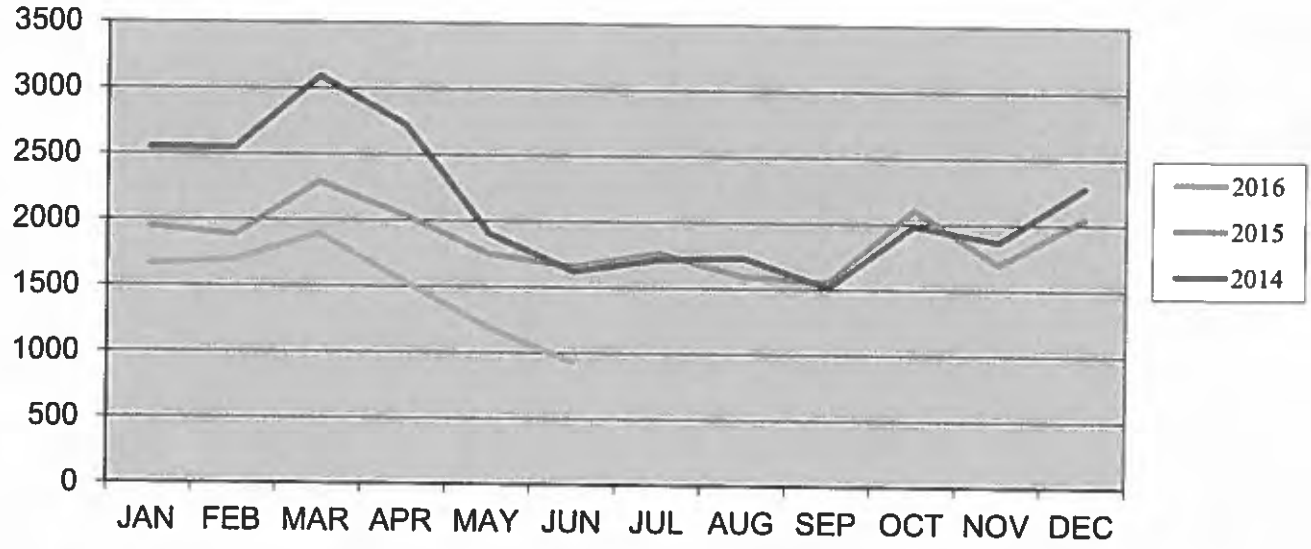
GENERAL ACTIVITY

2016 Activity	JUNE
# Anchorage Safety Patrol Calls Responded To	2,066
# Anchorage Safety Patrol Van Transports	753
# Anchorage Safety Center Intakes	931
# Unduplicated Clients Served	477
# of AFD 911 Responses to ASC	8
# ASC Releases to APD	19

MEANS OF ARRIVAL & PLACE OF BIRTH

How Arrived?	Intake	%	Place of Birth	All
ASP Van	753	81%	Anchorage Bowl	96
APD	148	16%	Alaska (Not Anch)	284
Walk-In / Self	23	2%	Outside Alaska	97
Taxi, Citizen,	7	1%	Total	477
Total Arrivals	931	100%		

SEASONAL USE - INTAKES PER MONTH



INTAKE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2016	1663	1693	1898	1539	1193	931						
2015	1949	1885	2291	2040	1749	1656	1763	1593	1549	2107	1696	2048
2014	2551	2548	3091	2731	1904	1623	1714	1730	1512	1983	1866	2278

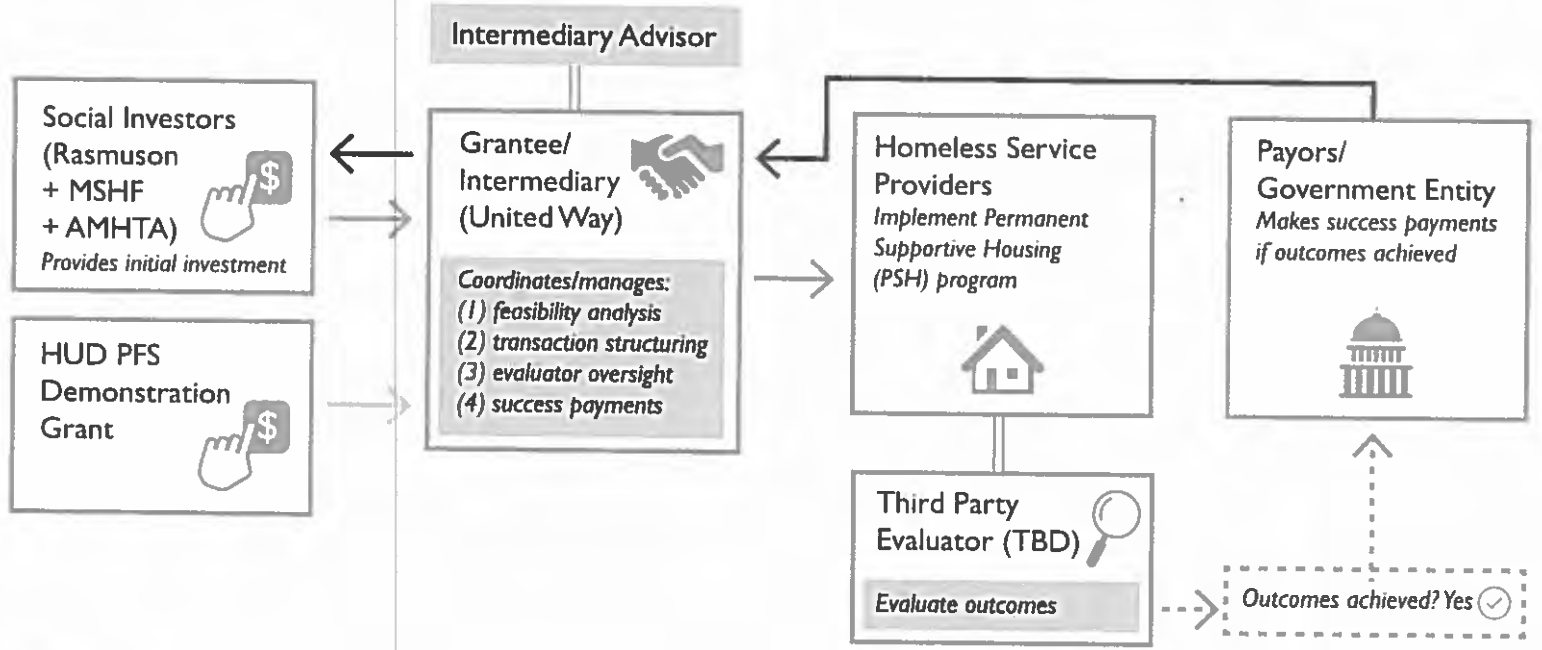
Department of Health and Human Services - 2016 ASC Data
Mark Lessard, Emergency Preparedness Manager / (907) 343-6519
http://www.muni.org/Departments/health/Pages/AnchorageSafetyPatrol.aspx

PSH Intervention Design – Participant Eligibility

Severity of Service Needs	Pattern of Homelessness	Stays in Correctional Facilities
History of high-cost utilization of crisis services; OR	Meet HUD definition of "chronically homeless"; OR	Multiple jail or prison stays within the last 3 years, most recent of which occurred within the last 12 months
Significant health or behavioral health challenges or functional impairments requiring high cost level of support to maintain permanent housing	Literally homeless for 12 months cumulatively over the last 3 years; OR	
	Literally homeless for at least 1 night during the year at any point in each of the last 3 years	

COMMUNITY PLANNING & DEVELOPMENT

Flow of Funds: Pay for Success



Icons by www.flaticon.com

Pay for Success proposal summary

The following organizations have expressed commitment or interest in the project, including those who have submitted letters of interest and/or support:

Intermediary /Lead Applicant: United Way of Anchorage (UWA)

Intermediary Advisor: United Way of Massachusetts Bay & Merrimack Valley (UWMB)

Social Investors expressing interest and initial matching funds as of application date: Alaska Mental Health Trust Authority, Mat-Su Health Foundation, Rasmuson Foundation

Government Payors: Municipality of Anchorage, Matanuska-Susitna Borough, State of Alaska Department of Health and Social Services (which includes the State Medicaid Office)

Service Providers: Cook Inlet Housing Authority, Catholic Social Services (shelter), Partners for Progress (re-entry services), NeighborWorks Alaska (housing), CHOICES (case management, peer support), Daybreak (case management, peer support), Cook Inlet Tribal Council, Southcentral Foundation, Anchorage Gospel Mission (shelter), RurAL CAP (supportive housing, Housing First site), Alaska Legal Services (transaction TA)

Continuum of Care Designees (HUD funded homeless coalitions in the Demonstration Site): Anchorage Coalition to End Homelessness; Alaska Coalition on Housing and Homelessness

Target population expected to be served by the Permanent Supported Housing (PSH) Intervention

The target population for this PSH intervention will be people who:

1. Have a history of, or challenges indicating the need for, high levels of support in order to maintain permanent housing, such as significant and frequently acute behavioral health diagnoses or treatment, high ER usage, or high usage of other crisis services.
    - This population segment will be identified through data from HMIS, AKAIMS, the State Medicaid office, and hospitals within the proposed service area.

2. Have a pattern of homelessness under the definition of chronic homelessness per 24 CFR 578.3, a circumstance of having been homeless for a cumulative 12 months over the previous three years, or a circumstance of having been homeless for at least one night in each of the previous three years plus indications of a pattern of homeless nights.
    - This population segment will be identified through data on repeat clients of local shelters, the Anchorage Safety ("sleep-off") Center, and lists of potentially eligible individuals maintained by local service providers.

3. Have a pattern of at least two stays in correctional facilities over a 3-year look-back period, at least one of which occurred within the past 12 months.
    - This population segment will be identified through data from the Department of Corrections. Because each individual has a case identification number and history of each stay in a correctional facility, including for Title 47 holds, it is feasible to cross-reference other agencies' lists of named individuals and produce an unduplicated count.

In Alaska generally, nearly one in five Alaskans (19.5%) is of American Indian/Alaska Native (AI/AN) heritage, either alone or in combination with another race/ethnicity. However, this population is disproportionately represented in the target population areas:

- the prison population (36% as of July 1, 2014, per the Pew Trust study noted above)
- homelessness (33% of total in 2015 Anchorage Point-in-Time Count, 45% statewide)
- those needing treatment for substance abuse (21% versus 11.5% for the total population, per the 2015 Alaska Behavioral Health Assessment).

It is therefore anticipated that a significant proportion of participants will be Alaska Native. The method to ensure they are not excluded will be to partner with area Alaska Native organizations (health and behavioral health, social services and other representative organizations) to share data toward helping identify individuals who meet the project criteria.

Pattern of Homelessness. Although the region has a small population compared with more populous states or large metropolitan areas, our rates of homelessness are on par with or exceed peer Western cities. The table below illustrates current homeless population for the demonstration site as well as comparable regions.

Geography	Total Population	Total Homeless	Chronically Homeless	Homeless per 10,000
Municipality of Anchorage	300,549	1,208	127	40.2
Mat-Su Borough	98,063	241	33	24.6 [1]
State of Alaska	735,601	1,811	262	24.6
Demonstration Site Area	*398,612*	*1,449*	*160*	*36.4*
Comparison with Other Regions				
U.S. (2014)	318,857,056	578,424	99,434	18.1
Multnomah County (Portland, OR)	776,712	3,801	1033	48.9
Salt Lake County (UT)	1,091,742	2,176	143	19.9
Ada County (Boise, ID)	426,236	755	249	17.7
Denver Metro (CO)	2,949,875	3,978	809	13.5

[1] Uses statewide homeless rate per 10,000 for an estimate.
All data from 2015 except as otherwise noted

PFS project Goal and Objectives.

This demonstration project will seek increase access to permanent supportive housing for individuals in the target population. The ultimate goal of the project is to place individuals into permanent housing and to provide them with the resources and skills necessary to maintain safe and secure housing. The goals of the proposed Pay for Success demonstration project, which align with HUD's goals for this NOFA, are to:

1. Increase housing stability among target population.
2. Reduce recidivism to correctional institutions.

3. Increase use of appropriate health and social services to reduce use of crisis and other high cost services.
4. Pilot the Pay for Success model in Alaska to evaluate its utility for financing improvements in individual and community well-being.

The objectives of the proposed demonstration site are to:

- Increase Permanent Supportive Housing units in the project area to meet the needs of the target population, using both single site and scattered site development;
- Engage potential participants in the demonstration project both prior to and following release from correctional facilities in both corrections and non-correctional settings;
- Connect participants with permanent housing;
- Connect participants with supportive and health services appropriate to individual needs;
- Determine the feasibility for the PFS approach to Alaska's PSH Plan for Ending Homelessness;
- Develop and execute the PFS contract for target population in the project area;
- Evaluate the intervention to determine if it results in reductions to recidivism and chronic homelessness; and,
- Evaluate the intervention to determine if it can achieve taxpayer savings and/or improve cost-effectiveness by decreasing government spending on corrections systems, homeless services, Medicaid and crisis services that are significant enough to justify the PFS framework, provide a return to investors and justify scaling the model to other locations and services.

The goals and objectives of the proposed demonstration project are consistent with the PFS NOFA Demonstration objectives in the following ways:

1. Engage potential funding and community partners: The Mayors of Anchorage and the Mat-Su Borough are making ending chronic homelessness a priority of their administrations. With the support of the Alaska Mental Health Trust Authority (The Trust), Mayor Berkowitz has implemented a coordinator working full-time to develop and implement the Housing and Homeless Services Community Partnership. Anchorage and Mat-Su are extremely well-poised to build on a solid foundation of knowledge and partnerships in order to develop and test a Pay for Success model for Permanent Supportive Housing, and to determine its utility as a financing mechanism in other areas of the state and nation.
2. Increase Permanent Supportive Housing units in the project area to meet the needs of the target population, using both single site and scattered site development: The Housing and Homeless Services action agenda calls for community planning for the adult homeless population by implementing coordination of needed components: Housing + Rental Subsidies + Supportive services (health, mental health and vocational/employment/meaningful activity). New strategies are called for in the action agenda to address each of these areas, including:
    - Coordinated outreach to camps and street to identify the most vulnerable populations
    - Landlord liaison to identify units and a community risk pool to address unit damage or loss

- Increased use of IT to allow tenants to connect with social service providers over Google Hangout or other programs
- Case management services that are "conflict free" and span across programs/agencies
- Early engagement with vocational training or employment resources in conjunction with housing
- Use of peer supports for connection to services, social engagement and collaborative services
- Development of a per person resource subsidy to allow for continuous housing in the event of social service provider changes or refusal to enter formal treatment services.
- Separate analysis of the infrastructure for treatment services and housing for the communities will be addressed through the Housing and Homeless Services action agenda and in collaboration with Mat-Su Borough

3. Engage potential participants in the demonstration project both prior to and following release from correctional facilities: Reentry coalitions and the Partners Reentry center will be positioned to conduct education and engagement about the program in the ADOC facilities prior to release and upon reentry. ADOC and the coalitions have been close participants in the planning process and will help facilitate this activity.
4. Connect participants with permanent housing and supportive services: With the previous experience of developing single-site Housing First projects in Anchorage and Fairbanks, and one coming on line in Juneau, along with scattered site Housing First in Mat-Su and Anchorage, Alaska has experience with the model and is ready to take it to scale once the feasibility assessment is complete and transaction structuring is in place.
5. Evaluation: The close partnership of the UAA Justice Center will provide experienced local evaluators with specific expertise with the target population of this demonstration project that will allow us to develop credible third-party evidence to underlie the Pay for Success model.
6. Reduce Incarceration and cycling through services: The Alaska Department of Corrections is a close partner in this project and will be able to provide data necessary to determine reductions in recidivisms and savings to that system. Likewise, the Alaska Department of Health and Social Services and the Alaska Medicaid program will be able to provide data and expertise to determine savings to physical and behavioral health services and crisis care.
7. Partnerships: The close involvement of local funders who may be willing to act as social investors will also benefit the demonstration project. Our own local philanthropic organizations, including the Rasmuson Foundation, the Mat-Su Health Foundation and the Alaska Mental Health Trust Authority (The Trust) are closely involved in planning for this demonstration project. Other entities, such as business leaders, tribal entities and private sector individuals have also expressed interest in the project and will be approached to participate.

Measurable outcomes that the Permanent Supported Housing (PSH) intervention intends to achieve and explain how those outcomes can be expected from the intervention.

The proposed demonstration project will aim to achieve the following measurable outcomes, to be refined during the feasibility assessment phase of the project:

- Number of participants in permanent supportive housing for continuous 12- month period;
- Reduction in recidivism rate among participants versus non-participants;
- Decrease in time to housing: currently the average waiting period is three months;
- Increase in citizens returning from correctional facilities who are connected and reconnected with services before and immediately post-release;
- Reduction in use of crisis and emergency services (emergency departments, ASC, etc.);
- Increase in use of primary care and behavioral health services;
- Increase in participant income level, and time spent in employment and/or vocational opportunities; and
- Increase in tenant reported life satisfaction, perceived safety and personal locus of control.

To track measurable outcomes, UWA will work with core partners in the demonstration project using existing databases and common assessment and evaluation tools already in use, as well as a third-party evaluator. UWA will work with the core partners to agree on the standardized performance tools to evaluate participants and program outcomes.

HUD funding overview – $1.3 mil

HUD funds are primarily to assist with the technical consultation, legal and personnel from the lead agencies for structuring the Pay for Success program, model and transaction. Matching funds and investors provide additional investments to assist the agencies in conducting the new program model and leverage the HUD investment. Total funding leveraged in the process could be upwards of $10 million dollars or more depending on the program scope, capital investments and participation of funders.

- Feasibility analysis - $212,000
- Transaction structuring - $442,000
- Outcome evaluation – $280,000
- Success payment oversight - $332,000

ACTIVITY: FEASIBILITY ANALYSIS: $212.0		Program year: 1 Duration: 9 months
Task	**Duration**	**Output (*= Milestone)**
(1) Engage and support partner organizations to analyze data, and to assess and build programmatic capacity for carrying out a PSH intervention:		
Assess the likelihood of success of taking the PSH model to scale by introducing PFS financing.	Months 1-6	Assessment of partner interest and commitment
Assess strength, expertise and capacity of relevant PSH providers to deliver recidivism, housing, and health outcomes consistent with HUD guidelines.	Months 1-2	*Capacity assessment based on existing and supplementary data
Assess available local, state, tribal, and/or federal administrative data and other available evidence, data and information relevant to carrying out a potential PFS PSH Intervention, including data matching and analysis.	Months 12-36	Data analysis and supporting documentation
Provide due diligence, program design and advisory services to assist government entities in determining whether and how to engage in the planned PSH Intervention using PFS financing.	Months 1-9	Process documentation
Assess policy priorities of the boroughs and the state that are consistent with the provision of PSH to the reentry population.	Months 1-2	State and borough policy assessments
(2) Conduct cost analysis and financial modeling to develop framework that works within region's context:		
Identify and estimate potential local, state, and federal funding sources that will be impacted by the project, including costs and savings to each affected level of government and program, to estimate potential net savings as well as opportunities to achieve outcomes more cost-effectively at each level of government through implementation of the scaled-up Housing First intervention for the target population. Estimates of total cost savings will account for the net effect of any cost shifting.	Months 1-4	Cost and potential savings analysis
Inform decision-making, develop a framework and conduct analyses for estimating public sector savings, cost-effectiveness, and benefits and Success Payments for the PSH Intervention.	Months 1-6	*Completed financial model
Identify options for a financing strategy to sustain and scale up the PSH Intervention should the intervention be deemed feasible for implementation through PFS.	Months 1-6	*Proposed financing strategy
Refine the cost estimate for the Transaction Structuring phase and ramp-up costs (if any).	Months 8-9	Revised transaction structuring cost estimate
(3) Carry out the necessary legal and regulatory work needed in order to ensure the PFS model for PSH is in compliance at the local and state levels:		
Identify statutory, regulatory and programmatic barriers to and enablers of a PFS PSH Intervention.	Months 1-3	Summary of barriers and mitigation strategies
Review agreements and contracts for legal requirements and protections.	Months 3-6	Documentation of legal considerations
Assess and address appropriation risks (i.e., the risk that the government entity may not be able to make future Success Payments). UW Anchorage and its partners will work closely with UWMB to ensure risks are appropriately addressed.	Months 3-6	Risk assessment and mitigation strategy

(4) Carry out procurement activities designed not only to ensure a clear, fair process but also to allow for communications that continue to build partner and community support:		
Partner closely with the relevant government entities in their efforts to design and implement a process for collecting relevant information from the public or key audiences to inform PFS activities, regarding priorities, service delivery, Transaction Structuring, evaluation, and other relevant issues, priorities, concepts and strategies.	Months 1-9	Data collection plan
Work closely with government partners in their efforts to design and publicize requests for proposals, notices of funding availability, or other relevant funding announcements/proposal solicitations for release by payors to solicit the services of coordinators, service providers, or evaluators.	Months 5-7	RFPs and/or other relevant public notices
Support partner government efforts to assess solicited proposals, including respondents' organizational capacity, past performance, operating model, strength of outcomes, efficiency, quality of management team, and suitability for PFS financing.	Months 8-9	Documentation of rating and ranking of proposals
DELIVERABLES: • Detailed financial analysis of baseline costs as well as projected cost efficiencies and/or savings • Written report detailing the findings of the feasibility analysis • Projected framework for the anticipated project organizational structure, roles and responsibilities • (If analysis finds PFS Transaction not feasible for proposed site): Report of alternative approaches partner government entities might pursue in order to achieve desired outcomes		

ACTIVITY: TRANSACTION STRUCTURING: $442.0		**Program years: 1-2** **Duration: 12 months**
Task	**Duration**	**Output (*= Milestone)**
(1) Provide overall transaction coordination and support		
Work closely with partners and with UWMB as mentor organization to design the PFS transaction work plan, timeline and task list.	Month 10	*Refined and finalized detailed work plan, timeline and task list
Coordinate planning and meetings of relevant transaction participants.	Months 10-21	Sign-in sheets, meeting minutes
Manage all transaction elements to meet the shared timeline of the stakeholders, by ensuring strong project leadership and staff dedicated to monitoring the process and milestones, and communicating quickly in case of needed process adjustments.	Months 10-21	Work plan and timeline progress updates
Identify an outreach plan to identify eligible PSH Intervention participants (including individuals with disabilities or limited English proficiency) that includes coordination among the relevant partners involved in implementing the PSH intervention.	Months 10-12	*Outreach plan including strategies for those with disabilities or with limited English proficiency

Develop a plan to identify, select, train, and provide technical assistance for homeless assistance providers.	Months 10-21	*Training and technical assistance plan, curricula
Assess strengths, expertise and capacity of homeless assistance providers, including quantitative and qualitative assessment of respondents' track record, operating model, strength of outcomes, and compatibility with the transaction, building on the recent evaluation of current Housing First models operating in Alaska as well as UWA funding recipients' outcome reporting.	Months 11-16	Provider assessment, of track record, operating model, outcomes, and compatibility with transaction
Address homeless assistance provider performance concerns and capacity gaps.	Months 16-21	*Documentation of increased capacity and performance improvements
Engage and educate homeless assistance provider staff to ensure that expectations of their roles in PSH intervention are clear and feasible.	Months 18-21	Partner roles and responsibilities matrix
Coordinate selection of qualified third-party evaluator; issue specific criteria for selection of a third-party evaluator to ensure mutual understanding of roles and responsibilities.	Months 1-3 (Year 1)	Evaluator criteria
Develop outcome measures, specify evaluation methodologies and data sources that can be accessed to validate measures.	Months 3-9 (Year 1)	*Evaluation plan
Ensure that evaluation design and service delivery plans are fully compatible.	Months 10-21	Evaluation plan (summary of alignment)
Ensure that all data necessary to identify the target population and measure outcomes will be made available by government entities or other sources, and shared among stakeholders, including the intermediary, evaluator, DOJ and HUD, timely and in accordance with confidentiality requirements.	Months 10-21	*Data sharing agreements
Coordinate the collaborative partnership in ensuring a strong design for the key PSH Intervention components, including detailed service provision, duration of services, outcome monitoring, and evaluation design.	Months 10-21	*Partnership agreements
Assess risk of, and develop contingency plans for, lack of stakeholder capacity or support.	Months 10-20	Risk mitigation plan
(2) Raise capital and develop capital structure		
Continue engaging potential funding sources for Success Payments, including entities who have already expressed interest as well as those that have not yet been engaged.	Months 10-21	Documentation of payor interest and commitments
Conduct financial modeling of the transaction, including analysis of possible payment terms and transaction structures.	Months 10-21	*Financial model
Develop investment and entity structure, especially regarding Success Payments, that mitigates relevant risks and establishes appropriate incentives.	Months 10-21	Structural document

Develop relevant documentation, such as a term sheet, that includes outcomes pricing, capital structure, Success Payment triggers, and payment schedules.	Months 10-21	Relevant documentation
Ensure that, if PFS Demonstration grant funds cover any ramp-up activity costs, those costs are taken into account in the structuring of Success Payments and measurement of net savings generated by the PSH Intervention.	Months 10-21	Structural document
Market the transaction to investors in order to raise capital commitments necessary to fund the PSH Intervention.	Months 10-21	Related collateral materials
(3) Mediate and facilitate agreement between each of the parties to the transaction		
Coordinate negotiation of all parties around contract terms.	Months 10-19	Meeting minutes
Develop and finalize all contracts and supplementary documentation, including offering or loan documents as relevant, working with legal counsel as appropriate.	Months 20-21	*Final contracts and supplementary documents
(4) Close PFS Contract, prepare for Contract Implementation.	***Month 21***	****Signed contracts***
(5) Ensure that PFS Contract accounts for potential changes in risk associated with separate funding of ramp-up activities and allows for potential appropriate contract modifications based on lessons learned during ramp-up, including potential modification of outcome targets, time horizons, programmatic changes, and the amount and structure of Success Payments.	***Months 20-21***	***Risk mitigation strategy***
(6) Support early Contract Implementation activities up to the delivery of housing and services to ensure the PFS Contract is moving towards successful implementation.	***Month 21-ongoing***	***Progress updates***

DELIVERABLES:

- Outcome evaluation methodology for review and approval before the PFS Contract is finalized
- Fully structured PFS Contract that has been closed successfully and evidences how NOFA requirements are met, including definition of the target population, the strategy for identifying and engaging PSH Intervention participants, description of PSH model that will be implemented, number of participants expected to be served, outcome measures, Success Payment schedule, expected cost offsets, data-sharing agreements, program outcome monitoring methodology, and other relevant information.
- Documentation of:
    - Approach for identifying a comparison group
    - Outcomes that will be measured and how they will be measured, and outcome targets that will trigger Success Payments
    - Schedule of Success Payments linked to specific outcomes
    - How effects of the project on relevant local, state, and federal funding sources will be tracked in order to measure cost savings and/or cost-effectiveness
    - Level of risk involved for the government entity(ies)
    - Available sources of capital for upfront financing, Success Payments, and other project costs
    - Key stakeholders, and the responsibilities of each entity

- Compatibility of the project, including the implementation of the intervention(s) and data collection, with the independent evaluation
- (if PFS Contract does not ensue): written analysis of alternate social finance strategies

ACTIVITY: SUCCESS PAYMENTS: $280.0		**Program years: 5-6** **Duration: 24 months**
Task	**Duration**	**Output (*= Milestone)**
Local evaluator verifies that an outcome goal, as established and agreed upon in the PFS Contract, has been met through the agreed-upon validation methodology approved by DOJ/HUD.	Months 34-60 (ongoing)	Evaluation report + supporting documentation
United Way of Anchorage authorizes payments to the investors.	Months 34-60 (as successes verified)	*Supporting documentation of payments
DELIVERABLE: Supporting documentation substantiating that Success Payments have or have not been made consistent with the process, such as payment schedule, calculations, and validation methodology, agreed upon by all stakeholders in PFS Contract.		

Trust
Alaska Mental Health Trust Authority

3745 Community Park Loop, Suite 200
Anchorage, AK 99508
Tel 907.269.7960
www.mhtrust.org

MEMO

To: Mary Jane Michael, Chair Planning Committee
Date: October 17, 2016
Re: Planning Committee Agenda Topics tracking list
From: Michael Baldwin, Evaluation & Planning Officer

This memo addresses a list of potential Planning Committee agenda topics. Over the past year, in order to ensure that important topics are monitored, or that there will be follow-up on topics raised during Trustee meetings, a tracking list of topics of interest and relevance to Trustees has been generated and maintained.

Given the volume of potential topics on the list, and the need to be flexible to respond to issues as they arise, it is unlikely that we will be able to schedule everything in a formal Planning Committee in a timely manner. To address the list of topics we will be exploring additional approaches to make sure issues are addressed. Approaches may include, but are not limited to, prioritizing topics for formal meetings, scheduling additional meetings, and providing updates through the monthly CEO Report or in written updates attached to the Planning Committee packets.

This list generally captures the main items, however may not be exhaustive. The list is organized into three sections: On-going topics, Specific Trustee requested topics, and Emerging topics.

<u>On-going topics</u>
These are items that are to be monitored on-going and flexibly scheduled.

- Medicaid reform updates – specific topics tbd
- Criminal justice reform updates – specific topics tbd
- Comprehensive Mental Health Program updates – specific topics tbd
- Focus Area topics as needed
- MH Budget Recommendations (leading to August planning committee, in preparation for September Board meeting)
- Reporting/Updates
    - MHTAAR/Authority Grant performance summaries (Juneau Board/Planning meeting)
    - Alaska Scorecard update (Juneau Board/Planning meeting)

<u>Specific Topics – Requested from Trustees or follow-up from Trustee meetings</u>
This is a list of topics suggested by trustees or follow-up from discussion at Trustee board or committee meetings. Where possible I have included trustee initials to identify who suggested the item.

- Beneficiary Related Topics
    - Jim Gottstein – follow up to his request about the Trust's response to information provided by Dr. Peter Gotzshe at the Trustee meeting. (RW)

    - Shirley Holloway – NAMI Anchorage board member to discuss programming, services, and the role NAMI plays in a comprehensive mental health program. (RW)
    - Soteria – program overview/summary update (LD)
    - Faith Meyers/Dorrance Collins – on going feedback and advocacy about beneficiary/patient rights (RW/MJM/JS)
    - Disability Law Center – beneficiary and patient rights (MJM)
- Department of Corrections collaboration with the Trust to identify potential reforms (MJM)
- Trust/Dept. of Labor/Univ. Alaska Employment Apprenticeship program – presentation/update from DOL staff. (PE)
- Division of Vocational Rehabilitation – Beneficiary employment, John Cannon (MJM/PE)
- Alaska Justice Information Center update, Results First report (RW)
- Updates/follow-up discussion of the UNLV report on Alaska Statute Title 12 (MJM)
- API Privatization Feasibility Study Updates/Final Report (RW; Scheduled for 10/26 Planning Committee)
- Overview/review of Trust's Dental related programming (MJM)
- AK Health Workforce Profile update (PE)
- Trust/Alaska Housing Finance Corporation work session on tax credits and financing of supportive housing projects (MJM/LN)
- Assertive Community Treatment team – program status update (MJM)
- Dental Services and Funding Update (JS; Scheduled for November board meeting)
- Trust Mini Grants and Funding review (RW)
- Legislative Advocacy Agenda
- Community Behavioral Health Centers update and legislative advocacy agenda (JS)
- Recover Alaska/Social Marketing – Day 1 campaign (MJM; tentatively scheduled for the January 2017 board meeting in Juneau)

<u>Emerging topics, still to be refined</u>

This list of items are topics or trends that have arisen in the course of our work, contact from stakeholders, or monitoring national topics that might be of relevance to Trust beneficiaries.

- Update from the University of Alaska – Behavioral Health Summit meeting
- Alaska Opioid Task Force report and recommendations
- Electroconvulsive Therapy (ECT)
- Office of Children Services, Trust Beneficiaries and role in a continuum of care/comprehensive mental health program
- Insurance and Mental Health/Substance Use Parity – Status in Alaska
- Contact from Governor's Council on Disabilities and Special Education (GCDSE) work group chair on Fetal Alcohol Spectrum Disorder who would like Trustee's to make FASD a formal beneficiary group similar to TBI.

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MEMO

To: Mary Jane Michael, Chair Planning Committee
Date: October 17, 2016
Re: Behavioral Health Reform update
From: Katie Baldwin-Johnson, Senior Program Officer

DHSS is progressing on the various reform initiatives outlined in SB74 and the Division of Behavioral Health remains focused on reform of the behavioral health system. The primary tasks ahead involved with the behavioral health reform effort include:

- An assessment of Alaska's current behavioral health system of care, identifying significant service needs/gaps
- Mapping out the elements of Alaska's application to CMS for an 1115 behavioral health demonstration waiver
- Ensuring broad involvement of consumers and the healthcare provider community in the development and rollout of the 1115 waiver
- Developing and implementing a comprehensive array of Behavioral Health Medicaid Services to replace dwindling grant services
- Developing and implementing new provider types as enrolled Medicaid providers (based on identified service needs)
- Contracting with an Administrative Services Organization to manage the redesigned, Medicaid-based system of Behavioral Healthcare

Six 1115 Waiver Teams Have Been Created with 94 Members:

Currently DBH is working through the application process, along with consultant support (Stephenie Colston, Charlie Curie) and the Trust. There are 4 content-area teams (benefit design, cost, data, and quality), overseen by the Policy team (co-chairs of 4 teams) and supported by the Writing team who will prepare the concept paper and the actual application for the 1115 behavioral health waiver.

- **Policy** – makes policy decisions and recommendations to DHSS Leadership, based on the work of the 4 core waiver-design teams and ensure that the application produced by the Writing Team reflects the State's vision for a redesigned BH system for Alaska. Co-chairs: Randall Burns, Director, Division of Behavioral Health, DHSS & Jeff Jessee, CEO, Alaska Mental Health Trust Authority

  The Policy team will be putting together an outline for the 1115 concept paper that will assist the other teams with their tasks.

- **Benefit Design Team** – help identify gaps in the state's current system and (re)design the benefits Alaska Medicaid presently covers, including populations to be served under the waiver, services, and the benefit package. Co-chairs: L. Diane Casto, DHSS Behavioral Health Policy Advisor & Sarah Dewane, PhD, ABPP, Clinical Health Psychologist/BH Director, Providence Family Medicine Center. Amanda Lofgren is representing the Trust.

- **Cost** – recommend financing/refinancing options, specify the rate methodology to be applied; work with an actuary on costs/savings of the redesigned system. Co-chairs: Doug Jones, Manager, Medicaid Program Integrity, DHSS & Kevin Munson, CEO, Mat-Su Health Services, Inc.

- **Data** – compile all the Alaska BH service, eligibility, financial, income, and outcome data necessary to support the 1115 waiver application. Co-Chairs: Shaun Wilhelm, Chief of Risk & Research Management, Division of Behavioral Health, DHSS & Kathi Trawver, Ph.D., UAA School of Social Work. Heidi Wailand is representing the Trust on this team.

- **Quality** – establish the measures that will quantify how the quality and outcomes of the redesigned system are to be measured. Co-chairs: Brita Bishop, Acting BH Quality Assurance Services Manager, Division of Behavioral Health, DHSS & Melissa Kemberling, Ph.D., Director of Programs, Mat-Su Health Foundation. Michael Baldwin is representing the Trust on this team.

- **Writing** – in partnership with the above 4 waiver-design teams and the Policy Team, collect, review, and analyze the information produced in order to write both a concept paper to introduce our reform/redesign effort to CMS and the final CMS demonstration waiver application. Co-chairs: Kate Burkhart, Executive Director, AMHB & ABADA & Tina Woods, PhD, Alaska Native Tribal Health Consortium. Katie Baldwin-Johnson is representing the Trust on this team.

Teams have begun meeting over the past month. DHSS is still on track to submit a concept paper by mid-December. The key milestones for the major work on the 1115 Demonstration Waiver include:

- Division of Behavioral Health Readiness Assessment – Stephenie Colston worked with DHSS leadership to complete an assessment of division staff to determine training priorities (August, 2016)

- Develop / initiate DBH Staff training – based upon completed recommendations of readiness assessment (November/December, 2016)
- Provider Readiness Assessments – Contractor, Stephenie Colston has completed assessment of organizations readiness for operating in a more managed care environment and with an ASO. (November, 2016)
- Develop / initiate Provider training / Technical Assistance - A training plan with consultative technical assistance will be developed based on recommendations from the provider readiness assessment. (January, 2017)
- 1115 Waiver Concept Paper – (December, 2016)
- ASO Site Visits (December, 2016)
- ASO RFLIO (Request for Letters of Interest and an RFP (March, 2017)
- 1115 Waiver Application (July, 2017)

Key Partner/stakeholder engagement:

In October DHSS, with contract support of Agnew Beck, convened a key partner work session to provide an overview of the various projects within SB74, to discuss vision and to gain stakeholder input throughout. During the session there was quite a bit of dialogue around vision, and what others see as important elements of a vision. The department is incorporating this feedback and will provide an updated draft vision to share back at the next key partner stakeholder meeting in October.

Coordinated Care Demonstration Project:

- The purpose of the Coordinated Care Demonstration Projects is to test the efficiency and efficacy of demonstration projects designed by providers for coordinated care for Medicaid enrollees.
- The Request for Information was released on September 15 and responses are due October 17 to gather information from potential applicants to inform the RFP. The RFP is anticipated to be released in November, with a due date by January 1, 2017; projects would be selected in the spring and begin negotiations in June with selected organizations. There will be upfront actuarial analysis of the proposals to determine potential costs and savings. The review committee will include DHSS staff, the Trust, legislators and other members to evaluate the proposals.