Thursday, January 4, 2018

9:00a  **Call to order (Chris Cooke, Chair)**  
Announcements  
Approve agenda  
Approval of Minutes  
  • October 26, 2017  

9:05a  **Medicaid Reform Update**  
  • Katie Baldwin-Johnson  
  • Gennifer Moreau-Johnson, Department of Health & Social Services  
  • Randall Burns, Division of Behavioral Health  
  • Duane Mayes, Division of Senior & Disabilities Services

9:50a  **Research: Public Perceptions of the Trust & Trust Beneficiaries**  
  • Carley Lawrence  
  • Jean Craciun – Craciun Research Group

10:20a  **Alaska 2-1-1**  
  • Sue Brogan, United Way

10:45a  **Adjourn**
Future Meeting Dates
Full Board of Trustee / Program & Planning / Resource Management / Finance
2018 / 2019
(Updated – December 21, 2017)

- Program & Planning Committee: January 4, 2018 (Thu)
- Resource Mgt Committee: January 4, 2018 (Thu)
- Finance Committee: January 4, 2018 (Thu)
- Full Board of Trustee: January 24-25, 2018 (Wed, Thu) – JUNEAU

- Program & Planning Committee: April 18, 2018 (Wed)
- Resource Mgt Committee: April 18, 2018 (Wed)
- Finance Committee: April 18, 2018 (Wed)
- Full Board of Trustee: May 9, 2018 (Wed) – TBD

- Program & Planning Committee: Jul 31- Aug 1, 2018 (Tue, Wed)
- Resource Mgt Committee: August 2, 2018 (Thu)
- Finance Committee: August 2, 2018 (Thu)
- Full Board of Trustee: Sep 5-6, 2018 (Wed, Thu) – Anchorage – TAB

- Program & Planning Committee: October 17, 2018 (Wed)
- Resource Mgt Committee: October 17, 2018 (Wed)
- Finance Committee: October 17, 2018 (Wed)
- Full Board of Trustee: November 15, 2018 (Thu) – Anchorage – TAB
## Future Meeting Dates

**Full Board of Trustee / Program & Planning / Resource Management / Finance**

**2018 / 2019**

(Updated – December 21, 2017)

<table>
<thead>
<tr>
<th>Committee</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program &amp; Planning Committee</td>
<td>January 3, 2019</td>
<td>(Thu)</td>
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<tr>
<td>Resource Mgt Committee</td>
<td>January 3, 2019</td>
<td>(Thu)</td>
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<tr>
<td>Finance Committee</td>
<td>January 3, 2019</td>
<td>(Thu)</td>
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<tr>
<td>Full Board of Trustee</td>
<td>January 30-31, 2019</td>
<td>(Wed, Thu) – JUNEAU</td>
</tr>
<tr>
<td>Program &amp; Planning Committee</td>
<td>April 17, 2019</td>
<td>(Wed)</td>
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<tr>
<td>Resource Mgt Committee</td>
<td>April 17, 2019</td>
<td>(Wed)</td>
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<tr>
<td>Finance Committee</td>
<td>April 17, 2019</td>
<td>(Wed)</td>
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<tr>
<td>Full Board of Trustee</td>
<td>May 8, 2019</td>
<td>(Wed) – TBD</td>
</tr>
<tr>
<td>Program &amp; Planning Committee</td>
<td>July 30-31, 2019</td>
<td>(Tue, Wed)</td>
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<tr>
<td>Resource Mgt Committee</td>
<td>August 1, 2019</td>
<td>(Thu)</td>
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<tr>
<td>Finance Committee</td>
<td>August 1, 2019</td>
<td>(Thu)</td>
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<tr>
<td>Full Board of Trustee</td>
<td>September 4-5, 2019</td>
<td>(Wed, Thu) – Anchorage – TAB</td>
</tr>
<tr>
<td>Program &amp; Planning Committee</td>
<td>October 16, 2019</td>
<td>(Wed)</td>
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<tr>
<td>Resource Mgt Committee</td>
<td>October 16, 2019</td>
<td>(Wed)</td>
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<tr>
<td>Finance Committee</td>
<td>October 16, 2019</td>
<td>(Wed)</td>
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<tr>
<td>Full Board of Trustee</td>
<td>November 14, 2019</td>
<td>(Thu) – Anchorage – TAB</td>
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Future Meeting Dates

Statutory Advisory Boards - 2018
(Updated – December 21, 2017)

Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse
- April 16-20, 2018 – Utqiagvik / Barrow <dates tentative>

Governor’s Council on Disabilities and Special Education
- Jan. 31-Feb 2, 2018 – Juneau
- May 15, 2018 – Video/Teleconference
- October 4-6, 2018 – Anchorage

Alaska Commission on Aging
- February 5-9, 2018 – face-to-face meeting
- May 2018 – Date to be determined.
Lives covered by Medicaid expansion: 38,388

Demographics of Medicaid expansion enrollees:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollee Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-34</td>
<td>15,218</td>
</tr>
<tr>
<td>35-44</td>
<td>6,489</td>
</tr>
<tr>
<td>45-54</td>
<td>8,027</td>
</tr>
<tr>
<td>55-64</td>
<td>8,654</td>
</tr>
<tr>
<td>Male</td>
<td>22,184</td>
</tr>
<tr>
<td>Female</td>
<td>16,204</td>
</tr>
</tbody>
</table>

Medicaid expansion began on Sept. 1, 2015 in Alaska.

Demographics of Medicaid enrollees by category:
- Children: 47%
- Disabled Adult: 8%
- Parent/Caretaker: 20%
- Seniors: 4%
- Expansion: 20%

Medicaid enrollees by region:
- Northern: All Medicaid: 10,683, Expansion only: 1522
- Southwest: All Medicaid: 21,431, Expansion only: 2983
- Southeast: All Medicaid: 18,449, Expansion only: 4,295
- Anchorage/Mat-Su: All Medicaid: 100,034, Expansion only: 20,371
- Interior: All Medicaid: 22,091, Expansion only: 4407
- Gulf Coast: All Medicaid: 21,456, Expansion only: 4,726
- Out of state*: All Medicaid: 524, Expansion only: 84

*Temporarily absent or in an out of state medical institution.

Enrollee count by category:
- 18 or less: 88,904
- 19-34: 43,692
- 35-44: 19,527
- 45-54: 16,247
- 55-64: 15,767
- 65+: 10,531

Male: 95,158, Female: 99,510
MEMO

To: Board of Trustees  
From: Carley Lawrence, Chief Communications Officer  
Date: December 21, 2017  
Re: Research

The Trust has regularly conducted research to better understand Alaskans’ perceptions and understanding of beneficiaries and to gauge any associated stigma. The research began in 2002 and has been fielded every two to three years since. In summer of 2017, we contracted with Craciun Research Group to facilitate this research. At the January 4 program and planning meeting, Jean Craciun will be providing an overview of the findings.

This year, to better understand degrees of stigmas in Alaska, the survey used a split sampling approach. Each respondent was read one of the three stories that described a person with a condition similar to someone in the Trust’s beneficiary group. These stories or vignettes were used to measure respondents’ attitudes toward those with alcohol abuse, drug abuse, and mental illness. A vignette is a short passage that describes behaviors related to a hypothetical situation. Respondents were presented with a particular vignette and then asked a series of questions related to that situation.

Vignettes enable controlled studies of mental processes that would be difficult or impossible to study through observation or standard experiments. They have been used extensively to estimate impression formation in sociological research. Subgroups of respondents receive different sets of event sentences—different respondents are presented with different vignettes, but are asked the same set of questions. The subgroup data are then aggregated for final analyses.

Craciun conducted secondary research to identify national studies that used relevant vignettes in their methodology. They found The National Survey of Mental Health Literacy and Stigma, which contained vignettes that were similar to the ones needed for our research study. We learned that the report based its approach on three previous surveys of relevance: the 1995 National Survey of Mental Health Literacy, the 2003-2004 Australia Japan Partnership Mental Health Literacy Survey, and the 2006 National Survey of Youth Mental Health Literacy.

Attached you will find the three vignettes that were part of the research. Additionally, the methodology used by Craciun is also attached.
C. Understanding the Stigma of Trust Beneficiaries

The Alaska Mental Health Trust Authority (AMHTA) works to improve the level of support for Beneficiaries which include Alaskans experiencing:

- mental illness;
- developmental & intellectual disabilities;
- chronic alcoholism, drug addiction and related disorders;
- Alzheimer’s disease and related dementia; and
- traumatic brain injuries.

To better understand degrees of stigmas in Alaska, the survey used a split sampling approach. Each respondent was read one of three stories that described a person with a condition similar to someone in the Trust’s beneficiary group, specifically addressing alcohol abuse, drug abuse, or mental illness. Then, the respondent was offered a similar series of questions relating to the story.

About a third of the respondents were read the following story about alcohol abuse:

- John is an 40 year old man who works in construction. Over the long dark winters in Alaska John drinks on a daily basis. In fact, he has noticed that he needs to drink twice as much as he used to just to get the same effect. Several times, he has tried to cut down, or even stop but he can't. Each time he has tried to cut down, he became very agitated, sweaty and he couldn't sleep, so he took another drink. His family has complained that he is often hung-over, and has become unreliable making plans one day, and canceling the next.

About a third of the respondents were read the following story about drug abuse:

- John is a 40 year old man with a job in construction. He was injured at work several years ago and was put on painkillers for back pain. He’s been to doctors, physical therapy and pain clinics, but still complains of being in severe pain. He continues to make repeated visits to the Emergency Room requesting “meds” to hold him over until he can see his regular doctor. He is clearly experiencing a good deal of pain and discomfort including cold chills and hot flashes, painful stomach cramps, night sweats, muscle cramps and twitching. His symptoms are uncomfortable, painful and depressing, but not fatal. John also seems to be willing to say anything and do anything to get the drugs that will give him some relief from his symptoms.

About a third of the respondents were read the following story about mental illness:

- John is 30 years old. He has a hard time holding a job. Sometimes things are ok, but sometimes he gets really depressed and miserable. When he is down, he is tired all the time, he has trouble sleeping nearly every night. John doesn't feel like eating and loses weight. He can't keep his mind on his work and puts off making any decisions. Even day-to-day tasks seem too much for him. During these severely low times, John feels he will never be happy again and believes his family would be better off without him.
Background & Research Methods

Background

The Alaska Mental Health Trust Authority (The Trust) contracted with Craciun Research Group Inc. (Craciun) to conduct survey research to understand and gain insight into public perceptions, attitudes and opinions related to The Trust and its beneficiaries. This enclosed report is the deliverable to meet contract requirements for services rendered.

Survey Instrument

The survey instrument, finalized after several drafts, included reviews and suggested changes by Carley Lawrence, Chief Communications Officer, and final approval by Jean Craciun, Research Director. The interviews were conducted during the period August 3–August 13, 2017. The telephone survey averaged ten minutes in length. The survey instrument was carefully designed to obtain thoughtful answers from respondents while avoiding instrument bias.

The Sample

The random sample of seven hundred (n=700) was drawn from the five main regions of Alaska - Anchorage, Mat-Su/Kenai, Fairbanks, Rural, and Southeast. The respondents were screened to ensure they were all 18 years of age, and the ratio of men to women and of age-group levels was kept in proportion to State population figures. There was a 50/50 landline to cell phone result to reach Alaskans. The probability is 19 out of 20, for the overall sample size, meaning that if researchers had sought to interview every household from the sample frame above by using the same questionnaire, the findings would differ from these overall survey results by no more than 4 percentage points in either direction. Thus, the margin of error is +/- 4%; for sub-groups the sampling error is larger. The sampling error is not the only way in which survey findings may vary from the findings that would result from talking to every household in Alaska. Survey research is susceptible to human and mechanical errors such as interviewer recording and data handling errors. However, the standardized procedures used by Craciun Research eliminate such errors associated with paper and pencil methods thus keeping the human error potential to a minimum.

Data Analysis & Reporting

Included in the presentation of each response is a summary or example of any significant findings, followed by relevant tables. All percentages in the narrative are rounded to the nearest whole percentage point. Oftentimes a few respondents fail to answer a question. Unless the percentage that failed to answer is significant, these people are not included in the totals upon which the percentages are based. Percentages in the tables occasionally do not add to exactly 100% because of rounding.