

ALASKA MENTAL HEALTH TRUST AUTHORITY

PROGRAM & PLANNING COMMITTEE
Volume 1

August 1, 2018
8:30 a.m.

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

OFFICIAL MINUTES

Trustees present:
Chris Cooke, Chair
Mary Jane Michael
Carlton Smith
Laraine Derr
Paula Easley
Verne' Boerner

Trust staff present:
Mike Abbott
Steve Williams
Miri Smith-Coolidge
Kelda Barstad
Andy Stemp
Luke Lind
Michael Baldwin
Carrie Predeger
Katie Baldwin-Johnson
Jimael Johnson
Valette Keller
Eric Boyer
Travis Welch
Autumn Vea

Also participating:
Kathy Craft; Brenda Moore; Pat Sidmore; Adam Rutherford; Josh Arvidson; Jared Parrish;
Monique Martin; Julie Davies.

PROCEEDINGS

CHAIR COOKE calls the Program & Planning Committee meeting to order and asks for a roll call. He notes that all trustees are present, except for Trustee Selby, who may call in. He asks for any announcements. There being none, he moves to the agenda and asks for any additions, changes or corrections.

TRUSTEE DERR makes a motion to approve the agenda.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

CHAIR COOKE asks for any ethics disclosures. There being none, he moves to the minutes from April 20, 2018.

TRUSTEE DERR makes a motion to approve the minutes of the April 20, 2018, meeting.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

CHAIR COOKE states that the next item on the agenda is a presentation made by Jimael Johnson, and asks Ms. Baldwin-Johnson to make the introduction.

INVESTING IN EARLY CHILDHOOD AND PREVENTION

MS. BALDWIN-JOHNSON reminds all that early intervention and prevention is one of the principles for the Trust. She states that Ms. Johnson coming on to the Trust is a wonderful opportunity for her to help frame, work with, give some guidance on how to consider the kinds of initiatives that need to be invested in, and to find the right partners to be a part of those conversations. She continues that this is another step in that direction, and additional information will be provided for consideration and thought. She adds that there is no action necessary, and this is just informational.

MS. JOHNSON begins by introducing Josh Arvidson, a child trauma expert with the Anchorage Community Mental Health Services, and Jared Parrish, a senior epidemiologist with Alaska's maternal child health program. She points out that the history of the Trust and what was needed at the time really pointed out the efforts and resources downstream. It was considered downstream where there were many people with developmental disabilities, mental health issues, including substance use, that were sent to the State, institutionalized, and were making an effort to return to Alaska. She adds that this focus was very important at the time. She recaps who the Trust beneficiaries are, the five primary beneficiary groups: People with mental illness; developmental disabilities; chronic alcoholism, substance abuse; Alzheimer's-related dementia; and traumatic brain injury. With those in mind, it is imperative to work in prevention and early

intervention, which is a priority for the Trust. She states that this is relative now because there is a much better understanding of brain science. The upstream concepts that will be presented are based on the brain science and data. She continues that it is known that 90 percent of a child's brain development happens before the age of five. She moves on and presents some brief Alaska-specific data around the early childhood population, the families, in the context of Trust beneficiary categories.

TRUSTEE DERR asks if the population on the chart represents all the people or just the ages of children two to 15.

MS. JOHNSON explains the chart, identifying the population and states that it could be adults, children, or both. She continues her presentation talking about the data results. She talks about the program developed by Nobel Laureate James Heckman, an economist in social investment in young children. She continues that he has done decades of research, and has conducted and analyzed countless longitudinal studies that look at various programs that support young children and families and watching those kids over time and seeing the differences in their development that clearly point back to the early intervention received as young children and the support that their families received. She adds that the highest return on investment is for younger kids, and those preschool programs specifically where there is a lot of evidence. She asks Josh Arvidson to talk about the neuroscience.

MR. ARVIDSON states that he is the director of the Alaska Child Trauma Center and is part of the Alaska site called the National Child Traumatic Stress Network, which is funded by the Substance Abuse and Mental Health Services Administration. He adds that the network has been around for 18 years, and we have been a site within that network for the last 15. He presents some data from the network and states that they have had the opportunity to collect longitudinal data on 21,000 kids being treated by about 70 treatment centers across the National Child Traumatic Stress Network. He adds, that effort was organized by doing a clinical research institute, and his center was part of that study. He continues that the center is also part of a training and technical assistance network within the National Child Traumatic Stress Network. This focuses on complex trauma, which is trauma that occurs throughout early childhood, typically, and occurs within caregiving systems, repetitive exposure to trauma. He talks about stress response and explains that when folks are exposed to chronic stress, particularly in critical developmental periods of early childhood, there can be some profound and damaging effects. There is a need to start the conversation by acknowledging that the stress response enables us to survive as human beings. He states that this is very important, particularly in reference to the role in reducing shame and stigma and helping people get the help that is needed. He talks about the way the brain responds to the stress, explaining what happens with examples from his experiences. He moves to explaining and understanding exposure to stress within the attachment system, the caregiving system. He states that one of the things that is happening is that trauma neuroscience and tactic research are coming together to help better understand how critical it is for kids to have good caregiving systems. This is parents and extended family; the people who provide care and the sense of safety and security for kids. He adds that when there are strong, good caregiving systems, stress is buffered, and kids are profoundly resilient. He moves on and talks about the Complex Trauma Treatment Network. He states that over the last ten years they

have talked about what happens when kids are exposed to repetitive chronic stress, and some of the serious issues include domestic violence, physical abuse, sexual abuse, neglect. The problem when kids experience physical and sexual abuse is that they tend to blame themselves. He continues that some of the stories he hears are about, "This is your fault. It is because of you. It is all about you and you deserve it." He adds that sometimes the message was explicit, but in chronic abuse, that message is always implicit. He states that is the story part of it. The data says that it affects these different areas of development that are critical to long-term success, occupational, academic, educational, and in personal success. He encourages the board to think about all of this and these kids as priorities, especially in funding. Those events tend to co-occur and overlap, and does change the way to think of programming. He concludes stating that the fundamental problem of chronic exposure to traumatic experiences in childhood is that overwhelming stress turns a learning brain into a surviving brain. But the brain and the physiological impact of the trauma is only the beginning of the problem. Development is the context in which the impact of childhood trauma is fully realized. He adds the need to move past thinking about symptoms and diagnoses, and to think about the development context.

CHAIR COOKE thanks Mr. Arvidson and recognizes Dr. Parrish.

DR. PARRISH states that he is an epidemiologist in the Alaska Division of Public Health in the Maternal and Child Health epidemiology unit, and will talk about the Alaska Longitudinal Child Abuse and Neglect Linkage Project. He adds, that project originated when it was recognized that there was no adequate data source to answer the questions that we were interested in. He explains that we have taken the Pregnancy Risk Assessment Monitoring System survey, or PRAMS, which measures about one out of every six live births that occur in Alaska each year. Alaskan Native or indigenous populations and low-birth-weight babies are over-sampled to be sure that there is enough from the smaller populations to be able to make inferences about that population. He states that one of the challenges is that the moms who give birth in some cases have not provided consent to do that; and, second, there is limited information contained on the birth record that is not useful or specific for predicting many of the negative health outcomes that there is an interest in preventing in the first place. He continues that PRAMS moms answer a lot of questions related to the pre-birth experience, the birth experience, and the after-birthing experience. There is also a three-year follow-up survey to PRAMS called CUBS. He explains that it is an early childhood problem that needs to be addressed to support families and children, and he discusses the data and what it shows.

CHAIR COOKE asks the trustees for any questions.

TRUSTEE MICHAEL states that it is enlightening to see the number of children that are impacted. She asks what can be done to have the biggest impact.

DR. PARRISH replies that the challenge is that information is powerful and is consumed at an incredible rate. He states that one of the challenges is the need to know the extent of the problem, where to target the resources most effectively. He continues that being able to support efforts to package these data in a way that makes sense and sharing it so that it is incredibly useful and will get others to start identifying solutions.

MR. ARVIDSON states the need to change the way these problems are thought about and misusing the brilliance of the public health approach in terms of prevention, intervention, primary, secondary, tertiary; those types of things. He continues that these problems are oversimplified because a public health approach is misappropriated.

TRUSTEE EASLEY states that this is great information but, on the PRAMS questions, she did not see the question of whether the mother wanted the child in the first place.

DR. PARRISH replied that question, if the pregnancy was intended, is not one of the stressor questions, and the information was not necessary for this analysis.

TRUSTEE BOERNER states appreciation for the presentation. She adds that this is a population that is actively seeking services.

TRUSTEE SMITH asks if both gentlemen collaborate on a regular basis, and states that he is intrigued by the reference to what a great position the State of Alaska is in because these individuals can be tracked. He asks about the tools needed to drill down to make this data more meaningful.

DR. PARRISH replies that he and Mr. Arvidson do collaborate regularly, and continues that he is in need of a research analyst to look at these data and develop products that can be put on a Web site. He adds that some extra analysts would make these data pop, and would put them into products that would be useful to the right audience.

TRUSTEE SMITH asks Mr. Arvidson about complex trauma and where to find more information to read on that topic.

MR. ARVIDSON replies that there is a white paper on complex trauma that was developed by colleagues in the National Child Traumatic Stress Network and there is a bunch of associated reference materials through the Web page, which he will forward to trustees.

TRUSTEE DERR states that she had been a school administrator 30 years ago, and the data was there and being discussed then. She continues that society does not allow identifying separately children who have ACEs. She asks if any thought on how to do that in a school system has been discussed.

MR ARVIDSON replies that there are universal practices that work for all the kids in the classroom which are really critical for those five or so kids that are having a rough time.

CHAIR COOKE comments that the contact with OCS is not a good outcome or a solution, and it can often be the source of more trauma for a child. He states that this model seems to end with OCS contact.

DR. PARRISH replies that that is why he said it is a sentinel event. The trauma had been occurring before that and is something that rose to the level that can be detected in a systematic way that is resistant to the policies and procedures that change within the child welfare system or any sort of system. He continues that there are some other analyses being done by some researchers at the University of North Carolina that are looking at the impact of that event, or the repeat event, on various different outcomes.

MS. JOHNSON states that she was glad to hear questions that are very much in line with the conversations with partners, and some of the solutions have been brainstormed with partners as far as opportunities for future investment. She does a quick wrap-up and talks about some of the opportunities for investment, and then thanks all for the time.

CHAIR COOKE calls a ten-minute break.

(Break.)

CHAIR COOKE states that the next item on the agenda is the report on the Integrated Comprehensive Mental Health Program Plan update.

INTEGRATED COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN UPDATE

MR. BALDWIN states that the Integrated Comprehensive Mental Health Program Plan has been abbreviated to "Comp Plan." Statutorily, it is the responsibility of the Department of Health and Social Services to make sure there is an integrated comprehensive mental health program. He continues that the Trust statutes state responsibility for ensuring there is a comp plan or a comp program, working in conjunction with each other to ensure this. Also, within the statutory advisory boards, they are responsible for providing information that will help inform the comprehensive program. He adds that the program is focused around funding of services. He states that Alaska is the only state that has specific requirements to develop such a plan around mental health services and beneficiary-related services and that this helps define the publicly funded system within Alaska. The other benefit of this is it helps establish priorities in terms of programs, funding, and advocacy. He states that it should be a living document, and that it is included in the Tribal healthcare system. He goes through a short history of the first comp plan and how it changed through the years. He moves to the Scorecard, which is on the Trust's and the Department's Web sites containing a list of 23 indicators organized around domains that are within the comprehensive program plan. There are some key indicators there that are tracked and monitored over time.

MS. VEA states that the Scorecard seems to have a tremendous value for the community partners. It is on the DHSS Web site and gets about 1500 hits per year.

MR. BALDWIN adds that the other feedback received is that people are using it for the grant applications, and for data. One of the things recognized, especially with the advisory boards and partners, is that the advisory boards have a plan. He states that all of the things funded in the '17/'18 budget were looked at, and the majority of things that were funded were related to

treatment and intervention services. He continues that the comp program efforts and the analyses help to plan around the reform initiatives, the focus area goals, advocacy, and results. He asks Autumn Veal to share a bit about some of the work that is being done.

MS. VEA states that she has been with the Trust for two months, and since starting has formed the new bank to work on the comprehensive program plan. She continues that part of that was developing the leadership work group. The Department of Health and Social Services has appointed Lauree Morton as the program coordinator to lead the Department's efforts into developing the comprehensive plan. She adds, that work group also includes Monique Martin from the Commissioners office, Deb Etheridge from Senior and Disabilities Services, along with the Trust advisory boards, their respective planners, as well as other Department of Health and Social Services program managers and research analysts. She states that one of the key goals identified in reinvigorating the comp plan was to have the right folks at the table to get the program started and this plan written. The team met for the first time in June of 2018, and the first draft target date of the plan is January 1, 2019.

TRUSTEE MICHAEL asks to take a pause because the thought was that the Trust was doing the comprehensive plan. She states that this administration may be over in November. If not, then the plan could be gone. She continues that when Heidi was hired, the idea was to establish the comprehensive plan and that they Trust would be the lead on it so that it would transcend administrations. She adds that Heidi was here to develop a plan, or the steps to develop a plan, and now we need some time to for discussion.

TRUSTEE EASLEY states that the problem in getting a comprehensive plan together has always been who would actually lead the effort. She continues that the Commissioner at DHSS has affected that decision. A lot of work on this has been done over the years, and we were kind of equal partners. She adds that her concern is that a lot of money was put into this, and it is still nowhere.

TRUSTEE SMITH states that this is great material and asks when the next meeting is, and if it would be possible for some of the board to be involved.

MR. BALDWIN replies that the leadership group meets on the fourth Wednesday of every month, and the next one will be August 22nd.

TRUSTEE BOERNER asks if there is Tribal representation in that leadership group.

MR. BALDWIN replies that currently there is not, but there is discussion on how to bring someone on board. He states that having the active collaboration with the Department is bringing this along, even with the changes of Administration.

TRUSTEE MICHAEL states that it will be difficult to have a future governor adopt the previous administration's plans. She continues that it may be lost again.

MR. BALDWIN states that the intention is to keep it going, and the need is to step up and own it.

TRUSTEE DERR asks what Heidi accomplished while working here.

MR. WILLIAMS replies that she was hired to work and look at the efforts that were currently going on within the Medicaid reform system at the Department of Health and Social Services, to look at historically what had been done with the comp plan, look at all of the various plans that exist, and to help to establish a vision, which the trustees had heard a number of times on how to integrate all of those efforts and put together a package that fit in with the reforms that were underway in conjunction with the Department. He states that the Department did not have the manpower at that time, and it still does not, to push it with the level of effort that was going to be required. He continues that his second point is that this is a good dialogue with the trustees. The staff can come up with a comp plan, but if the partners are not engaged, with public input, then it will be viewed as not a partnership. He adds that he wants to make sure that people do not underestimate the amount of time and work it takes to go through all of that information, to weave it together, and then to come up with a path forward that the partners will join in on.

TRUSTEE EASLEY states that the statute clearly states that the Department shall prepare and periodically revise and amend the plan for the Integrated Comprehensive Mental Health Program. However, the rest of the wording in the statute says that this shall be made in conjunction with the Mental Health Trust Authority, which will coordinate with federal, state, regional, private and local entities.

MR. ABBOTT states that the vision of the plan is to have a draft of a comp plan by the end of the calendar year so that it is far enough along so that whichever commissioner and administration is dealing with this from 2019 forward will have a product that can be embraced. He explains more fully and adds that this will be mostly staff-level work over the next couple of months, with periodic updates and reviews for trustees, and hopefully policy-level folks at the State, as well.

MR. WILLIAMS adds that in terms of timeline, staff is working to set up having an MOA in place prior to any potential administration change. He states, for historical context, when the new position was created it was to add additional evaluation and research capacity to the Trust. There were discussions with the trustees as to whether to go in that direction or adding program staff direction or support. He continues that, at that time, the trustees selected adding the research and evaluation piece, and were pushing data-driven decision-making. He adds that the capacity was focused on the comp plan and was also to enhance the capacity from an evaluation and research perspective.

CHAIR COOKE asks where the base is when talking about revision and modifications and updates and so forth.

MR. BALDWIN replies that the plan was on the Department's Web site, called "Moving Forward," with a lot of materials around it.

TRUSTEE EASLEY congratulates staff on getting this far.

CHAIR COOKE moves to the budget.

BUDGET

MR. WILLIAMS begins by laying the foundation for how staff put together the FY20 and '21 budget recommendations that the trustees received. He states that there is a new trustee and several Trust staff that have not gone through the budget process, and begins with a high-level overview of what has been happening since May. He explains that the process started as soon as the Legislature adjourned, which gives time to coordinate with the stakeholders that are deeply engaged in the Legislative process. That is where this begins today, and it will be brought to the September board meeting. He continues that a host of other information was provided to trustees a week in advance, much of which is included in the slides as highlights. He goes through the slide presentation and talks about the two-day stakeholder meeting that tapped into the expertise of all of the partners to try and implement either program, or change that has direct impact on the beneficiaries. He adds that the Trust Land Office staff participated and appreciated hearing about the work that happens in the Trust Authority Office, which has also led into an exchange of giving information at joint staff meetings about the programs funded and how what they are doing has an impact on beneficiary lives.

TRUSTEE DERR comments that she had occasion to attend a meeting where there was really good feedback from two different groups that had been at the meeting. They said it was one of the best meetings they had ever attended. She adds that a good job was done at that meeting.

MR. WILLIAMS states that a survey was done of all the attendees, and the feedback received from the attendees that participated will be highlighted at the end of the presentation. He moves on and continues his presentation, going over the framework, and then talks about the second day of the meeting, which was a deep-dive table discussion where each executive director was at a table with a Trust staff and co-facilitated the discussion. He states that this was a chance for people to get to meet and interact with Mr. Abbott and hear what the financial status of the Trust is in terms of stability, where revenues will be going in the future, and how that impacts the funding decisions and abilities. The presentation continues with Mr. Williams sharing and commenting on what was discussed, the focuses and results of some of the conversations. He moves to the table discussions and asks the program officer staff and the co-facilitators to continue.

MS. BALDWIN-JOHNSON begins with the whole personal health-care topic and states that the conversation went to defining whole-person care, and that people are not getting their services all in one place. Most organizations are not able to provide all of those services and how to get to the place of providing the necessary care and services for the whole individual. She continues, that led to the conversation on the way to have effective care coordination between the various entities that a beneficiary is receiving services from, and the need for effective communication leading to coordination. She adds that sharing health information, data, and other types of

individual information enables a whole-person approach to care. There were some specific recommendations, and the Trust has been engaged in supporting some of this effort through partner initiatives, working with the Department in various ways. She states that the group felt that continued support for access to funding, technical assistance and training related to care coordination models was important. She moves on to the committee that was focused on reducing substance abuse. She states that the nature of the conversation covered some broad areas. There was recognition of the need to do more with earlier identification intervention and referral to treatments; expanding enhanced access to recovery support and interventions that could be approached in a number of ways. She continues that it could be actually funding supports for the individual to be able to access treatment directly, or it could be supporting models that bring those interventions into other settings.

MR. BOYER talks about the diverse group of folks at his table that represented State entities, some of the stakeholder associations, university system and beneficiaries. He continues that the primary theme was the direct service provider. He states that OCS was there and talked about the current state of affairs for them as a state agency with 52 or 53 open positions across the state. Those are the ones that are helping the children and families, the intervention. He continues that the subject of the Trust and how the role of the care provider in the state to the families, to the communities is marketed was also discussed.

MR. WELCH states that he was at the table that discussed reducing criminal involvement. His group was represented by people from UAA, the court system, juvenile justice, and CDVSA was also there. The primary thing identified is that beneficiary youth are overexposed to the criminal justice system, as victims or witnesses of domestic violence or whatever aspect of the criminal justice system. He continues that questions about how to come together and identify these kids was discussed, as well as coming together and identifying sequential intercept points for diversion or prevention.

MS. JOHNSON states that she was the Trust staff at the employment and peer-support table and had a nice contingency, cross-sector group that talked about everything from disability rights to Department of Labor, the barriers on the labor side to the criminal justice side, touching everything that was talked about in the other groups, but through the lens of employment. She continues that the main takeaway, as one of the primary barriers to employment for the beneficiary populations, is around perceptions and stigma, in addition to just pure miscommunication. One of the misperceptions is that if you work, the benefits for housing, food and healthcare will be lost. She states that the high-level recommendations that the group came up with around employment include implementation of the Employment First legislation that actually passed in 2014. There was a lot of discussion around barrier crimes and the policies that prevent some of the justice-involved from gaining employment. Also discussed was the lack of childcare, lack of transportation, and the need for flexible funding to support people in those areas to gain and keep employment. The final takeaway was the need to convene an employment summit. She states that in conjunction with the employment conversation was the discussion on peer support, which is a related but separate concept. Peer support is an effective therapeutic service that is paid for by Medicaid. She states that the recommendations included continuing working with the Department and others on policy development and the workforce

initiatives around peer support, standardizing training and obtaining credentialing to professionalize peer support, looking at what is working in other states and applying those lessons around peer support in Alaska.

CHAIR COOKE calls a break for lunch.

(Lunch break.)

CHAIR COOKE asks to continue.

MS. BARSTAD states that there was great participation about housing and long-term services and supports with representatives from the Division of Behavioral Health, the Division of Senior and Disabilities Service, the Office of Public Advocacy, as well as Alaska Housing Finance Corporation, the City of Juneau, and the Alaska Pioneer Homes. The overall consensus on housing was that the biggest challenge is the need for safe, affordable housing greatly outstrips what is available. She adds that the Alaska Housing Finance Corporation opened up their vouchers in Anchorage for two or three months in the spring, and when it closed there were so many applications that it will take them two years to address that need. She states that Trust beneficiaries have additional housing barriers with an overrepresentation of people with disabilities, in general, and specifically of the beneficiaries who are homeless and have that challenge. Also identified during the discussion were the special challenges in rural Alaska because homelessness does not look like homelessness in some of the cities. She states that there were a lot of conversations about really making sure that there was good information around long-term services and supports so that the complex system can be navigated to figure out what was needed.

MR. BALDWIN continues that a follow-up survey and reachout was done in those two days of meetings. There were 87 participants, which included staff and the three trustees that were there. He continues that about a third of the people that participated responded to the follow-up survey. The survey asked, on a scale of 1 to 5, for feedback on how satisfied they were with the overall process, and the average rating was 4.48. He adds they were pretty positive about the information and resources provided. He notes that the important thing is that sometimes people are intimidated with the Trust and do not feel comfortable in sharing. He continues that there was encouragement on continuing the focus and outputs in the area of workforce development. One thing asked for was to expand the diversity of the folks that were invited. He adds that they are in the process of summary documents of this meeting and will send that out and put them on the Web site as soon as they are available.

MS. BALDWIN-JOHNSON transitions into talking specifically about Medicaid reform. She states that Monique Martin, from the Department of Health and Social Services, is here to talk about the recommendation that was included in the budget.

CHAIR COOKE welcomes and thanks Ms. Martin, and asks her to proceed.

MS. MARTIN states that she is the health care policy adviser at the Department of Health and Social Services, and much of her time there has revolved around all things Medicaid expansion and Medicaid reform. She talks about Senate Bill 74 and touches on what that \$10 million investment has really allowed the Department to do. She states that the initial investment from the Trust helped through the stakeholder engagement process around Medicaid redesign and what was needed to be covered. Then going through a large stakeholder engagement process, we all came together and helped to come up with a report. She continues, that report was the driving force behind a bill the Governor introduced for Medicaid reform, which goes hand in hand with Medicaid expansion. She adds that the report was produced as a part of the process that was a driving force around what was ultimately included in SB 74. An important part of the bill's passage is the trustees' commitment to fund the \$10 million for reform; and she is certain that would not have passed without that support. She states that \$10 million has given almost \$20 million in reform at the Department; everything from some long-term non-perm employees to actuarial services. She moves on and highlights the impacts of those funds on everyday happenings. She states that one of the things coming soon will be a continuation of the weekly meetings with CMS on the 1115 waiver application and an ASO RFP will be released by the end of August. There is a public stakeholder meeting to allow the Department, providers, community groups and everyone to come to the table and talk about what has been learned about ASOs. The hope is for the result of a better response to those proposals and ultimately a better contractor. She continues that one of the other things that will be coming soon, due to the ability to have Milliman on board to do the actuarial services from funding from the Trust, is working on a budgetary impact. She adds that an important transition with the 1115 is moving from that reliance on a grant system to be able to get federal dollars as a match. There will also be some clarity provided so folks can really see what the impact of the 1115 is going to be. She states that they are working with their counterparts at the Department of Commerce, Community and Economic Development on licensing recommendations from the work group. In the end, the quality and cost effectiveness work group continues to meet.

TRUSTEE MICHAEL states that the Trust provided the money, but it would not have happened without the heart and soul that was put into it. She continues that she had never seen it at that level of the State, and thanks them because they are the power behind it and it is pretty remarkable.

MS. MARTIN replies that it has been exciting to work on and there is rarely a dull moment when talking about Medicaid reform at the Department.

CHAIR COOKE asks if the entire Medicaid program expansion is a product of the Trust's \$10 million investment.

MS. MARTIN responds that, regardless of how Medicaid expansion got in our state, the impacts of the Department have been seen. Almost 44,000 Alaskans have health-care coverage under Medicaid expansion, the impact to the behavioral health system, and having more folks covered.

CHAIR COOKE states that the \$10 million was invested over a three-year period, which is coming to an end. He asks if there is an expectation to ask the Trust for more, and if the State

able to take over the administrative costs that were the purpose of this funding initially.

MS. MARTIN replies that she did sit down and talk a bit about this budget ask before you and wanted to be conscientious of the fact that this was an incredible contribution by the Trust to Medicaid reform. She states that they want to not just keep this model rolling, but to insure completion of this discussion and commitment by the Trust, and we are thinking about not broadening the pool of asks to Medicaid reform.

CHAIR COOKE asks if the sunset idea still lives.

MS. MARTIN replies affirmatively.

TRUSTEE EASLEY asks what the Department is doing to investigate the legitimacy of applications from Medicaid.

MS. MARTIN responds that was actually part of Senate Bill 74, as well; to implement a third-party eligibility verification system that would look at applicants to make sure the income is right, and if they are the parent caretaker for children that they list. Another is the expansion population or parent caretaker for the age/blind/disabled population. She states that the CMS requires an asset verification test for those populations.

CHAIR COOKE moves to Part B.

MS. BALDWIN-JOHNSON begins with the budget spreadsheet on Page 4 under Medicaid reform and redesign. She provides a little background on some of the assumptions that were agreed to when putting these recommendations in. She explains that, at a prior meeting, some of the funds were redirected in FY19, and we calculated an estimate of what that was; roughly \$1.75 million. She continues that we sat down with the Department and came to the agreement that any adjustments or recommendations in FY20 or '21 would be within that threshold.

MR. ABBOTT explains that the initial Trust commitment was \$10 million in three years, and that has morphed into \$10 million over five years. The effort took longer than expected. Although almost all the \$10 million was originally allocated, it was not spent. He continues that much of the money in FY17 and FY18 lapsed. That means that it was not used for that purpose. The recommendation in FY20, the balance of the \$10 million be allocated in the four accounts, which includes money from FY16, '17, and '18. In FY19 there is more Medicaid reform money and we are assuming the Department spends all that was allocated to that. He adds, that leaves \$1.75 million unspent from the original \$10 million, and Trust staff recommends it be allocated for FY20. He states that the big benefit that the beneficiaries have received has already taken place, and that was Medicaid expansion. Some tens of thousands of Alaskans are now covered that were not.

CHAIR COOKE asks if the money is carried over, or is it deferred from these other budget years.

MR. ABBOTT replies that it is a bit of both. He explains that if it did not get spent in the fiscal years in which it was intended that it lapsed, it then would have rolled back into spending through the four-year averaging of the lapse. That is one of the revenue streams that counts toward Trust money. He continues that in FY19, '20, and '21, it would be new money. It still represents the same commitment. He adds that, in his opinion, too much money is lapsed. He states that staff is going to make sure that the money allocated actually gets out on the street and makes a difference.

A discussion explaining lapsed funds ensues.

CHAIR COOKE asks if there are any other questions about the details of the proposed budget as it applies to the Medicaid expansion investment. There being none, he thanks all.

MR. WILLIAMS moves on to do some final foundational work before going into the budget. He goes through a short history around focus areas for the benefit of trustees, new staff, and others who have not participated in the process. He states that, by regulation, the Trust has to do a two-year budget cycle. The first year in this cycle is an even-numbered year, and will begin '20. The focus for today and in September will be FY20. The FY21 budget is completed, basically, to satisfy the regulation.

MR. ABBOTT clarifies that there will be a '20 and '21 number, and that is what will be submitted to the State after the trustees endorse it in September.

MR. WILLIAMS states that a basic flat budget will be set, compared to FY19. He begins and walks through the major line items and then explains the columns as he goes through them.

TRUSTEE DERR asks, in consort with looking at the budget recommendations, if there a projected revenue.

MR. SMITH replies that there will be a projected revenue forecast during the Finance Committee. He gives a capsule summary that the outlook is positive and there will be a more detailed discussion on the different drivers during the Finance Committee meeting. He states that his assessment of the recommendations that are presented today is they are sustainable with the expected revenues for the coming year.

CHAIR COOKE asks why the General Fund/Mental Health money and others, such as AHFC money, are included in the Trust budget.

MR. WILLIAMS replies that, by statute, the board of trustees can make recommendations to the State on how it should be spending General Fund/Mental Health dollars. He adds that there are places in the budget that there are some Trust funding recommendations to be matched by State General Fund dollars.

(Telephone interruption.)

A short discussion ensues.

MR. WILLIAMS plans on going through the line items in the budget sort of chunk by chunk. He states that he will point to projects that have a slide, and the appropriate staff who is working on that project will speak to it. He adds that this is a collective effort, and we have some of the partners, plus other folks, on the line if additional information is needed. In FY18 there was a total of roughly \$18 million in partnerships that all go out. He states that the recommendation for FY20 is to bump up the partnership grant line by \$500,000.

A short discussion ensues.

MR. WILLIAMS moves on to the dental projects.

CHAIR COOKE asks how these dental projects come about and how the tribal system operates dental clinics that are located throughout the state in rural areas. He states that, in the past the emphasis was on preventative dentistry for children. He asks Trustee Boerner if she could talk a little bit about services for nonchildren in rural Alaska in dental clinics, and if there is a way to reach out and get to these folks.

TRUSTEE BOERNER replies that she would have to go back and look at that specifically. She states that adult dental services, as far as an optional item in the Medicaid program, has been critically important to the programs and is one area advocated to maintain throughout this entire process with the fiscal crisis and looking at the overall cadre of benefits that the State does offer. She knows it is a critical concern and will have to research it a bit more.

CHAIR COOKE asks how other dental providers in other parts of the state get grants and how do they know that there are grants available and then asks if there are grants available.

MR. LIND replies that a provider outside of Anchorage, Fairbanks could apply for a mini-grant program.

MR. WILLIAMS moves on to the mini-grant programs. The trustees have approved the amounts for FY19, and the FY18 breakout of mini-grants for the three beneficiary groups have been expended. He states that a beneficiary can apply once a year for up to \$2500 and the applications are received on a monthly basis. He explains that there is a PDC, which includes the advisory boards, which reviews the applications, and then the applications are awarded to beneficiaries.

TRUSTEE MICHAEL asks if the \$2500 amount is still a good number. The second question is that there were 300 people that were not able to be served, and should more money be put into this.

MR. WILLIAMS replies that he thinks the \$2500 amount is probably adequate for now.

MR. LIND adds that if a mini-grant comes in over \$2500, where it seems prudent to go over that,

it will be approved. That amount of money is used as a guideline.

MR. WILLIAMS moves on to the Trust statutory advisory boards and explains that these are the funding amounts given to each of the boards for research analyst, planners, operations. He goes over traumatic brain injury; Bring the Kids Home, maintenance and monitoring; then moves to consultive technical assistance.

MS. BALDWIN-JOHNSON highlights a couple of specific contracts included under this category and explains them in more detail.

TRUSTEE EASLEY asks if they have recommendations for either increasing or decreasing amounts on this and if this is the time to give that information.

MR. WILLIAMS replies that this is a great place to have the dialogue, because no final decisions are being made.

A short discussion ensues.

TRUSTEE DERR states that there was \$150,000 in that budget and asked who got most of the \$150,000.

MS. BALDWIN-JOHNSON replies that the current contractor is Agnew::Beck, and they have the contract to do the proposal development work. She states that they have been a primary consultant for this for years.

TRUSTEE DERR asks about the technical assistance for groups and who gets the majority of that money.

MS. BALDWIN-JOHNSON replies that is another contract and states that there are multiple contractors that are part of it. She continues that there is \$360,000 available for that contract, and within that contract there are a number of consulting organizations that are part of that.

MR. WILLIAMS states that the next block is the data evaluation and planning block and asks for any questions on data evaluation and planning. After a few questions and clarifications, the budget presentation continues.

TRUSTEE DERR asks about the increase in rural and community outreach, and the discussion around that.

MR. WILLIAMS replies that this goes back to 2015, the last time the Trust did a rural outreach trip. He explains that this \$200,000 would be used to plan and implement another rural outreach trip to a targeted region in FY21. He describes the rural outreach trips for the benefit of new folks.

TRUSTEE EASLEY moves to early childhood prevention and intervention. She states that she would like to see some more money go to that. She continues that early childhood has a more direct impact on the beneficiaries and was thinking of taking it from Alaska 211.

TRUSTEE DERR comments that before putting more money into this she would like to see what will be done with the \$200,000 that was already put in there before increasing it.

TRUSTEE MICHAEL asks to consider changing Bring the Kids Home maintenance and monitoring to the early childhood prevention and intervention as its own line item since more focus has been placed on it. She explains that she is not taking the money out; just putting it in a different place.

A short discussion ensues.

TRUSTEE DERR states that there is \$300,000 designated for emerging psychiatric service system. She would like to look at how that problem is evolving and adding perhaps more money. She explains that her general practitioner doctor has ended up lobbying for help with psychiatric services around the state the last two times she had appointments. She would like to look at putting more money into this area.

CHAIR COOKE calls a break.

(Break.)

CHAIR COOKE calls the meeting back into session and states that, before the break, Trustee Derr had raised a question about psychiatric services.

MS. BALDWIN-JOHNSON states that there will be more opportunity to discuss the crisis psychiatric service system issue tomorrow. There are multiple angles to that, and multiple partners engaged in those conversations, including boards and other stakeholders.

MS. JOHNSON talks more about the \$200,000 identified in the budget for the system of care for children and families and for youth. She states the need on a state level in both the Maternal Child Health Program as well as the Division of Behavioral Health to increase the data analytics capacity, to provide planning for youth and the beneficiaries in general.

TRUSTEE MICHAEL asks if infant learning is federally funded.

MS. JOHNSON replied that it is largely federally funded. She states that there is a threshold of a 50-percent delay in two or more domains to actually qualify for that federal funding. She adds that a lot of states have reduced that eligibility threshold to 25 percent, so a lot of the at-risk children, age zero to 3 can be reached. She continues, that is not something Alaska has done to date, but there has been a lot of opportunities to be able to provide intervention for more children and youth, and at the level-of-care need, and they end up not getting any services until they are school-aged.

TRUSTEE DERR states that, thinking of the beneficiaries, the aged, the severe alcoholics, mental disabilities, and mental health, the whole discussion on prevention comes under only one category. She continues that early childhood does not affect Alzheimer's, severe alcoholics or developmentally disabled and is under one category of beneficiaries. She adds that the Department of Education is the Department of Education and Early Childhood. She has a struggle with this whole prevention thing and thinks that a discussion is needed on how the money for that area is categorized. She states that, as a group of trustees, there is a need to talk about how it does fit in. It does only fit with one, and adds that in the Trust's mission it talks about prevention.

TRUSTEE MICHAEL states that the conversation this morning put it into better context of the relationship to the parent, the early onset of trauma in babies. It could fall under mental health; it could fall under substance abuse; babies are born addicted.

CHAIR COOKE suggests not losing focus in walking through the proposed budget. He states that this is an area where it is proposed to allocate money, and simply to have a budget category available for proposals that may come along to address some of the issues that were identified this morning.

A short discussion ensues.

MR. WILLIAMS moves on to Medicaid and systems on policy development, home- and community-based Medicaid reform program.

MS. BARSTAD mentions that this has been a project that has been funded for a long time. She states that it transitioned from focusing on traumatic brain injury to looking at Medicaid reform. SDS has implemented a vast majority of their Medicaid reforms and has also implemented a Medicaid administrative claim for the position, and has incorporated it into their general staff.

MR. WILLIAMS moves down to increased capacity, training and competencies. He asks Mr. Boyer to continue.

MR. BOYER begins with some specifics on how the Trust funds are being utilized by some of these programs and talks about how it is working and actually impacting the beneficiaries around the state. He notes that Kathy Craft's position as the workforce director was funded and she has transitioned out and is full-time with the university. The theory of change has been talked about, and one of the results is that Alaska's workforce meets beneficiary and employer needs. He talks about the focus areas and the existing workforce strategies with a little more detail about the Training Cooperative and how the funds are being utilized.

CHAIR COOKE states that this is a million dollars, and he has heard from three different trustees that want to better understand why the Trust is spending a million dollars on the Training Cooperative.

MR. BOYER goes through the information, explaining as he went along. He moves to SHARP, Supporting Health Access Repayment Program, which is a federal/state and partner match to help folks who have education get repayment on loans, and is a program that has been in existence for several years in Alaska. He also talks about the Alaska Psychology Internship Consortium, and the change in the internship certification standards that the American Psychological Association implemented. The money is needed to have the Western Interstate Commission for Higher Education come in and help get over the hurdles of getting recertified. He adds, that project is ongoing through this fiscal year and then will end.

CHAIR COOKE asks about the assisted living home transitions and institutional diversion. That funding is being eliminated in the future budgets and asks if it is going somewhere.

MS. BARSTAD explains that this project was paired with the federal grant opportunity, the 811 project rental assistance. It was applied for several years ago and had delayed implementation. She states that it has been funded up through FY19, but past funds have not been able to be spent because the first transitions just occurred this year. She adds that there is adequate funding to be able to last through the duration of the five-year program.

MR. WILLIAMS states that \$100,000 was reprogrammed into other areas of the budget, but not a line-for-line replacement.

TRUSTEE BOERNER asked where it was moved to.

MR. WILLIAMS replied that it got folded into the budget.

A short discussion ensues about the sunseting of some of the programs.

MR. WILLIAMS states that the next grouping is home- and community-based services.

TRUSTEE DERR asks about ABIN.

MS. BARSTAD replies that the support to ABIN in their assessment clinics is continuing. She explains that ABIN has started an interesting project to bring assessment resources and clinical and neuropsychological resources to smaller communities in Alaska, to set up clinics to understand the prevalence, really addressing people's needs and assessing them on the spot because not everyone can travel to Anchorage or Fairbanks to get their needs met. She states that the resource navigator position project is ending in FY19. She continues going through the slides and explaining the budget lines and answering questions.

TRUSTEE DERR asks about Alzheimer's beneficiaries.

MS. BARSTAD replies that the Alzheimer's disease and related dementia work is just getting started and states the need to support this beneficiary group. She then talks about how this money will be used.

TRUSTEE MICHAEL comments that the providers have gone through trauma with all the changes in the system. She states that she is really proud of this group because rather than providers competing, they came together to figure it all out. They did all the work, with the Trust's contribution being small compared to the outcomes. She hopes that this works with other groups because it is a healthy thing to do.

MR. WILLIAMS wraps up the Medicaid and reform piece. He moves on to the criminal justice reform and goes through the process section by section. He states that the slides have a lot of good information around criminal justice reform efforts.

TRUSTEE MICHAEL states that she hears from the community that we are doing a better job at getting people out of prison or diverting them, but they have no place to go. She asks if there is something else that has to be done to help provide more services on the outside.

MR. WILLIAMS replies that there is money to provide access to substance abuse treatment services, but there is no workforce there to be able to put the money into play.

MR. RUTHERFORD states that he is the chief mental health officer at Alaska Department of Corrections and adds that it is a combination of both housing, which is always an issue, and then the stigma of being involved in the criminal justice system. He continues that there are a lot of difficulties in finding placement, especially for the more vulnerable populations, the severe and consistently mentally ill folks. He adds that finding housing for those folks in the community is becoming more and more challenging. He states that another challenge is in terms of treatment providers within the community; there are just not enough resources because of the workforce development issues.

MR. WILLIAMS moves to the next section, which is increased capacity training and competencies.

TRUSTEE DERR states that her comment is about adding \$110,000 for training. She continues that in 2001 Anchorage was trained and 96 percent are still there; Juneau was trained, and they are still there. She asks if training will be expanded to other communities, and if people have to be retrained.

MR. WELCH replies that the expansion is expanding to the Department of Public Safety, then training within the Mat-Su Valley will be provided, and then also an expansion as far as the Juneau program. He continues that Juneau, as part of their crisis intervention team, CIT, is looking to partner with other organizations to bring in mental health professionals as part of that program. Being able to have the CIT training in the toolbox when responding to someone in crisis is a huge benefit to the beneficiaries and the officers in the state, in general.

MR. WILLIAMS moves to the next grouping; community prevention and then he moves to the community intervention diversion, serving the ACT teams, and then the next big section is facility practices, and he has pulled together a bunch of information on any of those projects.

TRUSTEE DERR states the need to put as much money as possible towards the mental health courts because those programs are working.

MR. WELCH begins with the Palmer Family Infant and Toddler Court, also known as PFIT. The first family who opted in this court was in February. The whole purpose of this court is to take families who are into the Child in Need of Aid process, CINA, with kids between the ages of zero and 36 months and working with those families to help them reunify and do so where the parents are able to get the help and support needed to overcome things such as substance abuse issues, mental health issues, and things of this nature.

MR. WILLIAMS adds that Mat-Su Health Foundation, Rasmuson Foundation, Casey Family Foundation, the State and the Trust are funding this project.

TRUSTEE EASLEY states that somewhere in the PFIT it needs to say that it is also for beneficiaries.

MR. WILLIAMS states that the next section is about areas around re-entry, he asks for any questions.

TRUSTEE SMITH states that the Juneau coordinator position is very effective. He continues that he would like to see someone come and share what their experience has been. He adds that those community leaders need to be engaged in their work, need to be in front of the Juneau Assembly, and need to have the members involved.

TRUSTEE DERR states that the trustees keep hearing about treatment and the lack of treatment facilities and then took out \$500,000. She would like an explanation.

MS. BALDWIN-JOHNSON explains that the \$500,000 reduction was moved over to the substance abuse and prevention treatment focus area. That money is not being eliminated from the budget; it was just relocated.

MR. WILLIAMS moves to the housing and long-term services and supports focus areas and goes through the slides and data. He states that this is where the housing and homeless coordinators will be found.

MR. ABBOTT states that the three-year commitment to the Municipality of Anchorage to fund Nancy's position will be completed. From FY20 forward, the expectation is that the Municipality will continue that funding on their own, and they are aware of that. He adds that they should be challenged to meet their obligation.

TRUSTEE DERR agrees, and continues that was firmly stated at the time that position started.

TRUSTEE MICHAEL states that she would rather have it in the budget and not use it.

MR. WILLIAMS proceeds going through the rest of the categories, explaining and answering

questions as they come up. He concludes with the beneficiaries employment and engagement focus area and explains the three items there.

TRUSTEE MICHAEL asks a general question about a substance abuse program where all the employees are recovering substance abuse users. She states that there is a successful program in Juneau called Haven House which got a lot of attention because of its success. She asks if there is any way to do some kind of incentive from the Trust to help re-create some of those kinds of situations.

MS. BALDWIN-JOHNSON replies that the Haven House Model appears to be successful and very highly thought of, and is a very well supported program. She states that the challenge is how to sustain it. Staff is working with the executive director, Kara Nelson, to understand what the operating requirements are in terms of the financial model, the partnerships, and what funding opportunities are available that support those types of organizations, specifically. A transitional housing recovery environment is what it is, and that is its own unique animal. She continues that the technical assistance contract is being used to help with that because there is the potential of replication of that in other places. She adds that the Community Foundation in Juneau has been supportive of it. She states that a majority of the drug and alcohol programs around Alaska do hire individuals that have their own history of addiction and recovery. It is kind of the standard practice. She adds that it is an opportunity to tie that question into the whole discussion of peer certification and how that is interfacing with the whole substance-use-disorder-direct-service-provider conversation which will be discussed tomorrow.

MR. WILLIAMS moves to the historical Trust BPI programs and the information about those from a budget perspective. It is a change from the way it has been presented before. He states that instead of having the lump sum of \$1.4 million, it was broken out to show how that \$1.4 million is being allocated to the various programs there.

MR. ABBOTT explains that by calling them out individually, they will not have to be brought back for individual grant allocations later on. He states that these were considered and approved for FY19. He continues that, if approved, when reviewed in September, then at the beginning of FY20 the grants staff will start the process of setting up FY20 grant agreements with these six organizations. He adds that it will just save a step of having to make another decision later on. He states that nothing else will change and will continue to provide performance information on them just as it is done currently.

MR. WILLIAMS states that the next category is beneficiaries increase self-sufficiency with social enterprise and microenterprise, and gives a quick overview of both. He then continues on to the last category: focus area administration.

MS. JOHNSON explains that this goes to the Governor's Council on Disabilities and Special Education and is to support the efforts that are specific to this focus area. That is to provide technical assistance, outreach, support around various legislation being enacted such as the supported decision-making agreements which was part of last session. The Governor's Council provides leadership in this area across beneficiary populations.

CHAIR COOKE states that the agenda calls to reconvene tomorrow at 8:30, and the meeting stands in recess.

(Alaska Mental Health Trust Authority Program & Planning meeting recessed at 5:00 p.m.)