

ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE

October 17, 2018
10:15 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
Jerome Selby

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:

Monique Martin; Jillian Gellings; Liz Etheridge; Kristin Vandergriff; Sherrie Hinshaw (via Speakerphone); Thea Agnew; Denise Daniello; Alison Kulas; Patrick Reinhart; Reverend Elizabeth Schultz.

PROCEEDINGS

CHAIR COOKE calls the Program & Planning Committee meeting to order, and asks for announcements. There being none, he moves to approval of the agenda, continuing that there was discussion before the meeting to move the 1:45 items to the present time.

TRUSTEE SELBY makes a motion to approve the agenda with that change.

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 the August 1 and 2, 2018, meetings.

TRUSTEE DERR makes a motion to approve the minutes of the August 1-2, 2018, meeting.

TRUSTEE SELBY seconds.

There being no objection, the motion is approved.

CHAIR COOKE states that the next item on the agenda is developing projects, recognizing Steve Williams.

DEVELOPING PROJECTS

MR. WILLIAMS states that this is following the thread of the conversation out of the Finance Committee meeting which is looking forward to projects for needs heard about out in the community, and how the Board of Trustees might move in directions for allocating resources with excess budget reserves, which will be taken up at the November board meeting. There are three developing projects which have been mentioned. He begins with Hiland Mountain and summarizes where staff is with working with the Department of Corrections on trying to expand the women's mental health unit. He continues that trustees went out and did a site visit in September. Following that, we have details on what the Department would like to see in terms of support from the Trust with a budget revenue projection of \$1,145,00. He adds that the Department of Corrections has the balance of what is needed to fully fund the project. This is an opportunity to see if trustees have any other questions. The Finance Committee is making a recommendation to the Full Board on how to use the reserves.

TRUSTEE DERR states that she will not be present at the November 17th meeting, and is in support of whatever amount of money to help that facility.

TRUSTEE MICHAEL asks about the timeline for the construction.

MR. WILLIAMS replied that they are ready to move forward with the project. The target is still 12 to 16 months to have it remodeled.

TRUSTEE EASLEY states that there is consensus to move forward on this as fast as possible, and asks to recommend this to the Full Board.

MR. ABBOTT replies that the larger grants typically go straight to the Board. He adds that he does not have an objection to a Committee recommendation.

CHAIR COOKE states that this is simply an update, with a clear consensus that the committee supports it. He moves to the Peer Support Services Building acquisitions.

PEER SUPPORT SERVICES BUILDING

MR. ABBOTT states that this is for discussion purposes, and depending on the committee's interest, we were prepared to bring a recommendation for consideration at the Board meeting in November. He continues that he would like to discuss the opportunity on the acquisition of land and facilities that the Trust would own, but would be occupied and utilized by partner agencies for the benefit of Trust beneficiaries. First is the peer support services building acquisition, commonly discussed as the CHOICES/Web Service area. These entities serve the beneficiaries that are either homeless or chronic inebriate or both. He adds that beneficiaries are currently being served from substandard facilities. These are private nonprofits that provide different services to a common group of beneficiaries. He states that staff is asking the trustees to consider the use of reserve funds for the purpose of acquiring land and structures that would require remodeling to serve as a place for peer support services; and in another case for providing crisis stabilization services. He continues that these are both service requirements that are important to the beneficiaries, to the community, and neither have current locations that are suitably providing these functions. He adds that in the case of crisis stabilization, that is not being provided anywhere, and peer support services are being provided in terrible spaces. He continues that the notion is that the facilities would be owned by the Trust and would work with the partner agency or the State to cause there to be a service provider in the space supporting the community and providing services statewide. He moves on to a separate conversation about crisis stabilization, and asks Steve Williams to continue.

MR. WILLIAMS states that crisis stabilization has been an issue for a long time with a lot of pressure on hospital emergency rooms going back to last May, which is causing delays for people who need access to API. He continues that there is an issue around API, but the bigger issue is API and the continuum of care; what is needed to help people maintain the stabilizations and the gains that were made at a hospital emergency room or an API when released, so they do not come back. He talks about discharge planning, a base community, a community behavior system and their needs. In looking at a continuum of care for emergency psychiatric services, it is that hospital level of care and looking back to the community and everything in between. Crisis stabilization services can take a number of different forms. The Department has an RFP out on the street for people to propose on how to provide those services. Work is being done by other groups in looking at what the best model would be and practices in other places around the country. He explains that the Department put out and initiated an emergency response center to look at the issues around API and the emergency psychiatric service continuum. The crisis stabilization center is one of those objectives that the working group is focusing on.

MR. ABBOTT states that the reason that the Trust owning a facility is important is that in conversations with the State and with potential providers of this crisis stabilization service it was suggested that the facility may be a barrier to the delivery of the service. He continues that owning a building that is dedicated to this purpose could encourage the State to continue to ensure that this service is delivered over the long term.

CHAIR COOKE states that the purpose of the agenda item is to simply provide information and asks what other things have to happen before it is an action item.

MR. ABBOTT replies that a recommended allocation of reserve funds for this function will likely be brought to the board in November. It would be from that 44.8 million larger allocation that was discussed at the Finance Committee.

TRUSTEE SELBY suggests putting on the record that the committee encourages the staff to continue to develop the projects that were just discussed, and to bring them forward to the Board for appropriate action at a future time.

TRUSTEE BOERNER states that she is glad this discussion is happening and adds that there is a lot of work that needs to be done. She continues that this is a critical area that needs to be addressed which does impact the beneficiaries directly, and the system as a whole.

CHAIR COOKE moves to an update on the comp plan.

COMP PLAN UPDATE

MR. BALDWIN introduces Jillian Gellings and Monique Martine from the Commissioner's office; Liz Etheridge, Director of Senior and Disability Services; and John Sherwood, Deputy Commissioner.

MS. GELLINGS states that she works in the Commissioner's office of the Department of Health and Social Services and is here to give a status update on the progress of the Comprehensive Integrated Mental Health Program Plan. The last comp plan expired in 2011 and there were some new programs that took focus, but we now want to get back on track and start with this renewed plan. The plan envisioned is that Alaskans receive comprehensive prevention treatment and support services at the appropriate level of care across the lifespan to lead meaningful lives in their home communities. What is being focused on is the Trust beneficiaries across their lifespan, and this plan being that kind of central point that weaves all of the plans across the state, all the resources, all of the programs together in this big comprehensive kind of guidebook. She states that the guide is going to be a resource allocation for decisions; a service system that meets the needs of the individual quickly; and will hopefully reduce incidents of disability conditions through prevention and early intervention. She outlines the ten goals within the plan and goes through a few examples.

MS. GELLINGS states that this is a work in progress with the intention of getting stakeholder input feedback from people running programs. There is a change agent event where those

providers will be talked to and we will get the message out that this comp plan is in progress and we are looking for any feedback before having a document, intake for public comment. She continues that "comp plan" is the new buzzword.

TRUSTEE SMITH asks if this will be a survey instrument that is designed internally, or if there will be an external consultant working on it.

MR. BALDWIN replies that they are still in the early stages of designing that stakeholder input process. It is not necessarily heading in the direction of actually doing a physical survey, but is more along the lines of some public meetings and listening sessions to gather some input and feedback.

TRUSTEE SELBY states that this discussion goes to the real heart of the matter. He encourages putting some effort in the webinars, at least to mitigate doing this in the winter in Alaska. It takes an effort. He encourages a good, hard effort to give all of Alaska the opportunity to actually see the document and get input during the time that is set aside. That is critical. He continues that the public needs to be given an opportunity to be heard, and that needs to be reflected in the final document.

MR. BALDWIN states that this is being treated seriously, recognizing the difficulties of getting the whole state in there. He adds that one of the early conversations with the folks at the Mental Health Board/ABADA is that they have expressed interest in trying to help with this process. We are engaging in a variety of those kinds of things to make sure that the representation of partners and regions in the state are received.

MS. MARTIN states that this is a huge priority for the Department. She talks about the importance of having the boards and the Trust involved regardless of if there is a change in administration. There are folks that push this as a priority, and having folks involved beyond just DHSS employees is really important.

MS. ETHERIDGE states that in drafting the comp plan the higher level is supposed to be the goals. Those higher-level goals that sets the road map for where the investment at the state level is seen. The goals are supposed to be that driver. A good example is if the goals are good, then the demonstration waiver will weave into and meet those goals. The intention is to feed the goals that are wanted to be achieved and make it clearer on how they will be met. She states appreciation for the feedback.

MR. BALDWIN states that the talk is about keeping it high, getting specific and getting into some concrete stuff. He continues, that highlights the tension and the difficulties of pulling this together. There are a lot of things that contributed to this not being updated since 2011, and many of the conversations, challenges and roadblocks come back to these differences and part of what is being waded through.

TRUSTEE SELBY thanks all for the work and states that the planning process is always difficult, at best. What this discussion has done is exactly where almost every planning process ends up. Some people want a lot of detail, and others want a worksheet of a general framework.

He suggests getting a framework done. He continues that a framework for a comprehensive mental health plan is needed for Alaska badly, and an overarching comprehensive concept plan should be done. He then recommends moving right to year one of the implementation plan. This will still be worked on five years from now because it is at a level that is going to be constantly changing, because the needs and the people are constantly changing.

TRUSTEE BOERNER supports Trustee Selby's suggestion and states that it is a great way of marrying both of the points that have been raised. Another benefit is to separate the two and keep a level of flexibility to the overall plan itself that can transcend different administrations, as well.

TRUSTEE DERR states that the comprehensive plan to build independent and healthy Alaskans, the vision, the authority and likes what this draft is. She thinks that the plan is all good.

CHAIR COOKE asks if there is also a federal level of requirement for a comprehensive plan, or whether this is strictly an Alaska subject.

MR. BALDWIN replies that there are federal plans, regulations and grant funding that push requirements down, but they do not require this level and scope.

TRUSTEE MICHAEL thanks all for their work, stating that they are an incredible administration to work with. One of the best that she has seen in many years. All are team players, and this means that all are really invested.

CHAIR COOKE thanks all and breaks for lunch.

(Lunch break).

CHAIR COOKE brings the Program & Planning Committee back into session.

APPROVALS

TRUSTEE SELBY makes a motion that the Full Board approve a \$300,000 FY19 Substance Abuse Prevention and Treatment focus area allocation for Volunteers of America Alaska for treatment program for enhancement funding project.

TRUSTEE BOERNER seconds.

MS. BALDWIN-JOHNSON states Volunteers of America provides essential mental health and addiction treatment services to at-risk youth and young adults statewide between the ages of 13 and 24 via residential program, which is the ARCH program. They also provide inpatient and intensive outpatient services, drug and alcohol treatment for youth in Anchorage. ARCH is the inpatient residential treatment program, and Assist is the program that is providing the outpatient services. She states that the focus of this request is to shore up the treatment component of the services. They do much more, but the focus of this is on the addiction services to adolescents and youth. Some of the other services they provide includes services to homeless youth. They

have school-based programs that have been funded by the Trust in the past. They also operate an inventory of affordable housing in Anchorage and statewide; and provide Grandfamilies Network Program, which is a statewide support for grandparents that are raising their grandchildren. They operate a prevention and intervention program that is focused on the prevention of adolescent youth drug and alcohol use; and operate a restorative justice program for youth offenders. She states that under the new leadership of Sherrie Hinshaw a substantial look at the agency as a whole in terms of this component of service, the financial stability, and staffing was taken. VOA approached the Trust with some partial support received from Volunteers of America National and partial support from the Trust for technical assistance. The focus of that was to identify challenges and potential solutions within service deliveries and resource management processes, looking at the model of their fiscal sustainability of their programs through the expansion or enhancement of current services, and to identify potential community-based partnerships to enhance client referrals and staff recruitment.

TRUSTEE EASLEY states that she had toured the facility about 10 years ago. It was a well-run program and asked about the step-down services and its ratios.

MS. HINSHAW replies that they do have that outpatient step-down program, and it has been working, making sure that there is a strong connection between the residential and outpatient programs.

TRUSTEE MICHAEL asks about their total leveraged funds and what that represents.

MS. BALDWIN-JOHNSON replies that it is other funding that is flowing into the organization, all of their operating funding, plus additional secured and pending funding. She explains that this budget structure is the narrative specifically for the Trust portion of the costs, and the rest of that budget will be provided, if it would be helpful. The intention of this request is that the Trust funding is earmarked for some specific purposes.

MS. BEMBEN explains that the project, that is partly funded through the Trust, is to do some business analysis for VOA, and then help them change their service model in order to create a sustainable business model going forward. She goes through the analysis that has modeled different scenarios. She states that the funding that is being requested is to add new clinical physicians, and to give them some time to make all the organizational changes.

CHAIR COOKE states that there is a motion on the floor, and calls the question.

There being no objection, the motion is approved.

CHAIR COOKE moves to trustee comments.

TRUSTEE COMMENTS

TRUSTEE SELBY thanks the staff for an outstanding job of delivering program services, all the work that goes into doing the grant review and working with the grantees. It is a job very well done.

TRUSTEE MICHAEL agrees with Trustee Selby and comments on the two great projects that were brought forward today.

TRUSTEE SMITH states that he enjoyed hearing about the Volunteers of America and the technical assistance aspect of the support.

TRUSTEE BOERNER states her appreciation for this staff. She has a particular thank you to the TLO office for providing a great orientation. She also appreciates the site visits and the opportunity to interact with the various programs that support the beneficiaries overall. She also thanks those that have attended these meetings.

TRUSTEE EASLEY talks about the tour of ATLA, and the amazing gadgets that can really help people with various developmental disabilities. She has a friend with Parkinson's and introduced her to those spoons and forks that could help her eat without a problem. She was thrilled to receive them.

CHAIR COOKE thanks all for their comments and asks Mr. Abbott for an update on where things stand with the ongoing concern about API.

MR. WILLIAMS states that API has a capacity of 80 beds, but are operating at 58 beds because of staffing issues, as well as acuity levels of some of the patients currently in API filling 49 of the 58 beds. He continues that acuity has resulted in API needing to make sure that they do not admit more people than they can adequately serve safely, to patients and staff. To address the immediate crisis in the short-term and the long-term the Department has mobilized and initiated an emergency response center which is made up of folks from the Division of Public Health. The team includes folks from the Department, API, ASHNA, DOC, and a few other key entities. They have eight objectives that they are addressing, some internal and some external. He adds that another objective is the crisis stabilization center which is an objective of the emergency response team.

TRUSTEE DERR asks if something is being done at Pioneer Home.

MR. WILLIAMS replies that he thinks they are working with North Star in Anchorage. He adds that there are many pieces in play being addressed, and this team is meeting weekly.

CHAIR COOKE asks about some conversations about participating in a broader planning exercise about what was to be done in terms of institutional care and other levels of mental health treatment services.

MS. BALDWIN-JOHNSON explains that the boards are very engaged in that conversation and thinking forward in terms of structures in planning. They have also been doing a bit of research in looking at some of the issues brought up by the patient advocates, Faith and Dorrance, who have raised a lot of concerns over the years. She continues that there are several different groups engaging and wanting to be part of figuring out the solution.

MS. KULAS states that they are looking at two different pieces, and the DHHS initiating this emergency response is a part of it. Staff had done a lot of research and there is a meeting next week with patient advocates, Disability Law and relatives to put everyone together that are interested and thinking about how to move forward. She adds that it is one of the big priorities for the Alaska Mental Health Board.

MR. REINHART adds that there are a number of residents that experience intellectual developmental disability with really complex and difficult behaviors, and it is acting as an intermediate care facility for people with developmental disabilities. They are concerns, and we absolutely want to be involved in any long-term process, as well.

TRUSTEE SELBY makes a motion to adjourn the Program & Planning Committee meeting.

TRUSTEE MICHAEL seconds.

(Program & Planning Committee meeting adjourned at 2:30 p.m.)