

MEETING AGENDA

Meeting: Board of Trustee
Date: January 29-30, 2020
Time: 11:00 AM
Location: Elizabeth Peratrovich Hall, 320 W Willoughby Ave, Juneau
Teleconference: (844) 740-1264 / Session No: 287 008 547 # / Attendee No: #
<http://thetrust.webex.com>
Trustees: Mary Jane Michael (Chair), Chris Cooke (Vice Chair), Ken McCarty (Secretary), Verné Boerner, Laraine Derr, Anita Halterman, John Sturgeon

Wednesday, January 29, 2020

Page No.

11:00	Call to Order – Mary Jane Michael, Chair Roll Call Approval of Agenda Review of Guiding Principles Ethics Disclosure Approval of Minutes <ul style="list-style-type: none">• November 6, 2019 Current Bylaws	6 13 31
11:05	Mission Moment SHARP Program <ul style="list-style-type: none">• Robert Sewell, DHSS Division of Public Health• Rachel Gearhart	
11:30	API Governance	
12:00	Statutory Advisor Update Adam Crum, Commissioner, Department of Health & Social Services	
12:30	Working Lunch / Catered	
12:45	Staff Report CEO Update	
1:00	Recess	
1:05	Assemble at Alaska State Capitol, Room #519	
1:30	House Finance Committee Presentation Alaska State Capitol, Room #519	

Page No.

3:00	Staff Report (continued) CEO Update	
3:15	Statutory Advisor Update <ul style="list-style-type: none"> Kristin Vandagriff, Executive Director, Governor's Council on Disabilities and Special Education Bev Schoonover, Executive Director, Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse Lesley Thompson, Acting Executive Director, Alaska Commission on Aging 	hand-out
4:30	Audit & Risk Committee Report / Update <ul style="list-style-type: none"> Approval of SFY20 Trust Basic Financial Audit 	38
4:45	Break	
5:00	Public Comment <ul style="list-style-type: none"> For Public Comment Guidelines click here 	
	Recess	

Thursday, January 30, 2020

Page No.

8:30	Assemble at Alaska State Capitol, Room #532	
9:00	Senate Finance Committee Presentation Alaska State Capitol, Room #532	
10:30	Call to Order Announcements	
10:35	Program & Planning Report / Update <ul style="list-style-type: none"> FY20 Change of Intent FY21 Budget Amendments 	40
11:15	FY21 Budget Approvals <ul style="list-style-type: none"> Crisis Now Investment Addressing Identified Gaps in the Crisis Psychiatric Response System 	45 48
11:45	Break/Lunch Provided	
12:15	Finance Committee Report / Update <ul style="list-style-type: none"> FY2020 Pay-Out TADA Transfer Request AS 37.14.041(b) Compliance 	78 81
1:30	Personnel Matters Executive session – (if necessary) <i>In accordance with the Open Meetings Act, AS 44.62.310(c).</i>	
2:15	Re-Entry Orientation	
2:30	Trustee Comments	
3:00	Adjourn	
3:15 - 6:00	Site Visit Re-Entry Simulation Juneau Arts and Humanities Council Bldg 350 Whittier St, Juneau	

Future Meeting Dates

Full Board of Trustee / Program & Planning / Resource Management / Audit & Risk / Finance

(Updated – December 2019)

- | | | |
|--------------------------------|-----------------------------|------------------------|
| • Audit & Risk Committee | January 3, 2020 | (Fri) |
| • Finance Committee | January 3, 2020 | (Fri) |
| • Program & Planning Committee | January 3, 2020 | (Fri) |
| • Resource Mgt Committee | January 29, 2020 | (Wed) – Juneau |
| • Full Board of Trustee | January 29-30, 2020 | (Wed, Thu) – Juneau |
| | | |
| • Audit & Risk Committee | April 22, 2020 | (Wed) |
| • Finance Committee | April 22, 2020 | (Wed) |
| • Resource Mgt Committee | April 22, 2020 | (Wed) |
| • Program & Planning Committee | April 22, 2020 | (Wed) |
| • Full Board of Trustee | May 20, 2020 | (Wed) – TBD |
| | | |
| • Program & Planning Committee | July 28-29, 2020 | (Tue, Wed) |
| • Audit & Risk Committee | July 30, 2020 | (Thu) |
| • Finance Committee | July 30, 2020 | (Thu) |
| • Resource Mgt Committee | July 30, 2020 | (Thu) |
| • Full Board of Trustee | August 26-27, 2020 | (Wed, Thu) – Anchorage |
| | | |
| • Full Board of Trustee | November 18-19, 2020 | (Wed, Thu) – Anchorage |

Future Meeting Dates Statutory Advisory Boards (Updated – December 2019)

Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse

- Executive Committee – monthly via teleconference (First Wednesday of the Month)
- January 14-16, 2020 – Board Meeting (Anchorage).

Governor’s Council on Disabilities and Special Education

- February 4, 2020 – Council Meeting (Anchorage)
- February 6-7, 2020 – Joint Key Campaign Efforts w/GCDSE (Juneau)

Alaska Commission on Aging

- February 10-13, 2020 – Board Meeting (Juneau)

**The Trust's
Guiding Principles /
Mission Statement /
Trust Budget
Process Flowcharts**

Trust Guiding Principles

To improve the lives of Trust beneficiaries, The Trust is committed to:

Education of the public and policymakers on beneficiary needs;

Collaboration with consumers and partner advocates;

Maximizing beneficiary input into programs;

Continually improving results for beneficiaries;

Prioritizing services for beneficiaries at risk of institutionalization or needing long-term, intensive care;

Useful and timely data for evaluating program results;

Inclusion of early intervention and prevention components in programs;

Provision of reasonably necessary beneficiary services based on ability to pay.

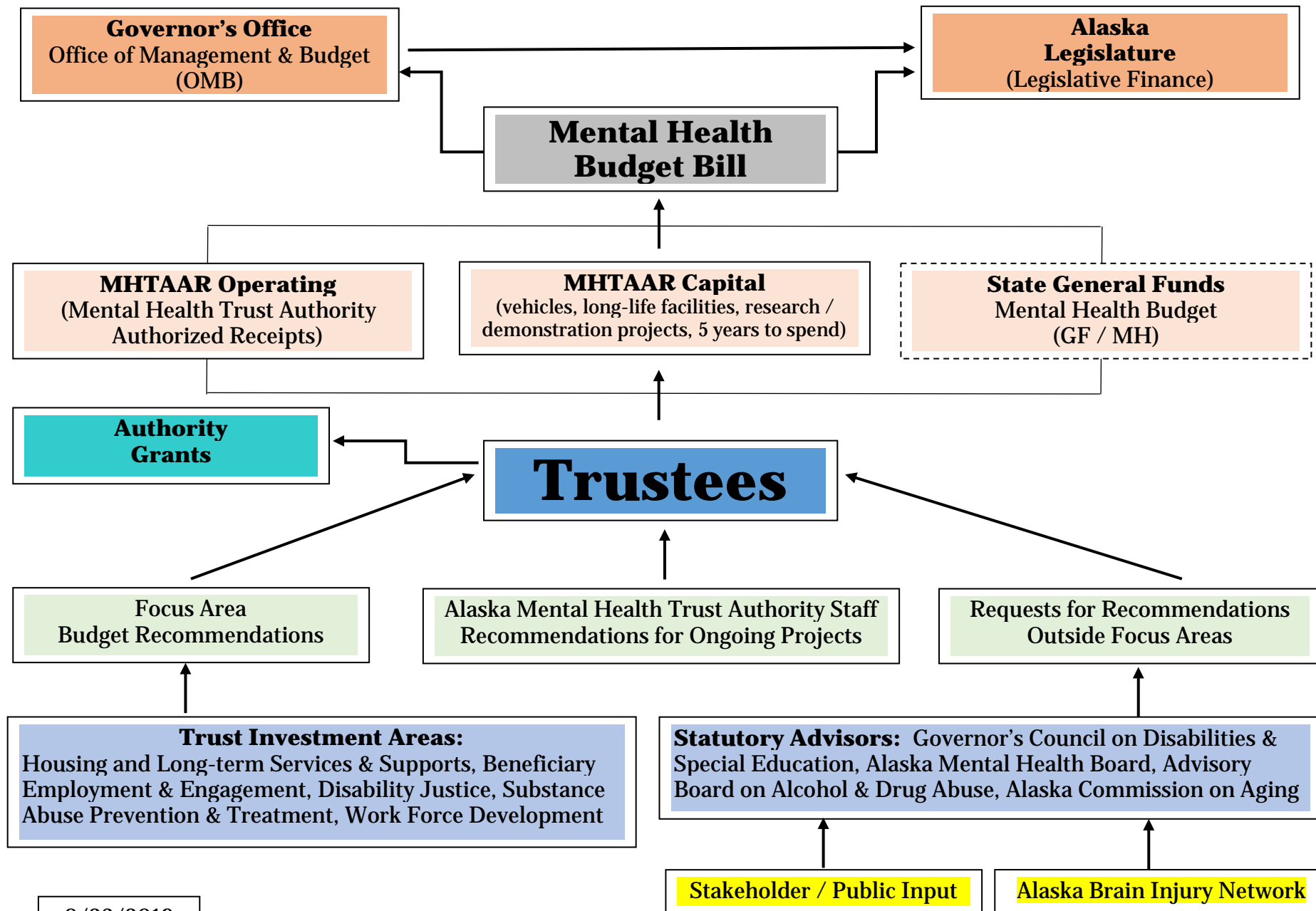
Approved 5-12-09, Board of Trustee meeting

Trust Mission Statement

The Alaska Mental Health Trust Authority (The Trust) administers the Mental Health Trust to improve the lives of beneficiaries. Trustees have a fiduciary responsibility to protect and enhance trust assets in perpetuity for the beneficiaries. The Trust provides leadership in advocacy, planning, implementing and funding of the Comprehensive Integrated Mental Health Program; and acts as a catalyst for change.

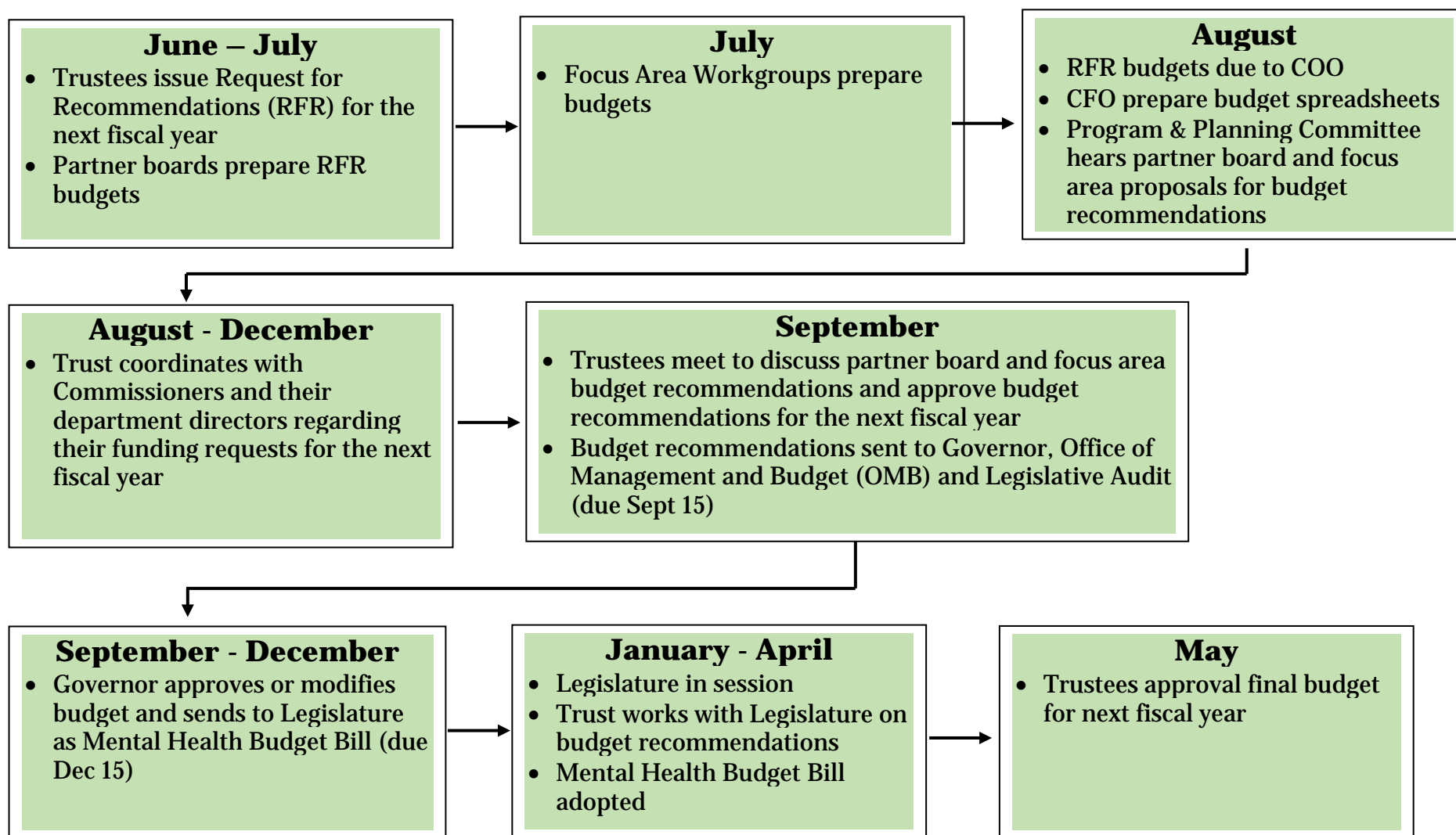
Approved 5-12-09, Board of Trustee meeting

Alaska Mental Health Trust Authority Budget Process



0/23/2019

Annual Mental Health Budget Bill Process

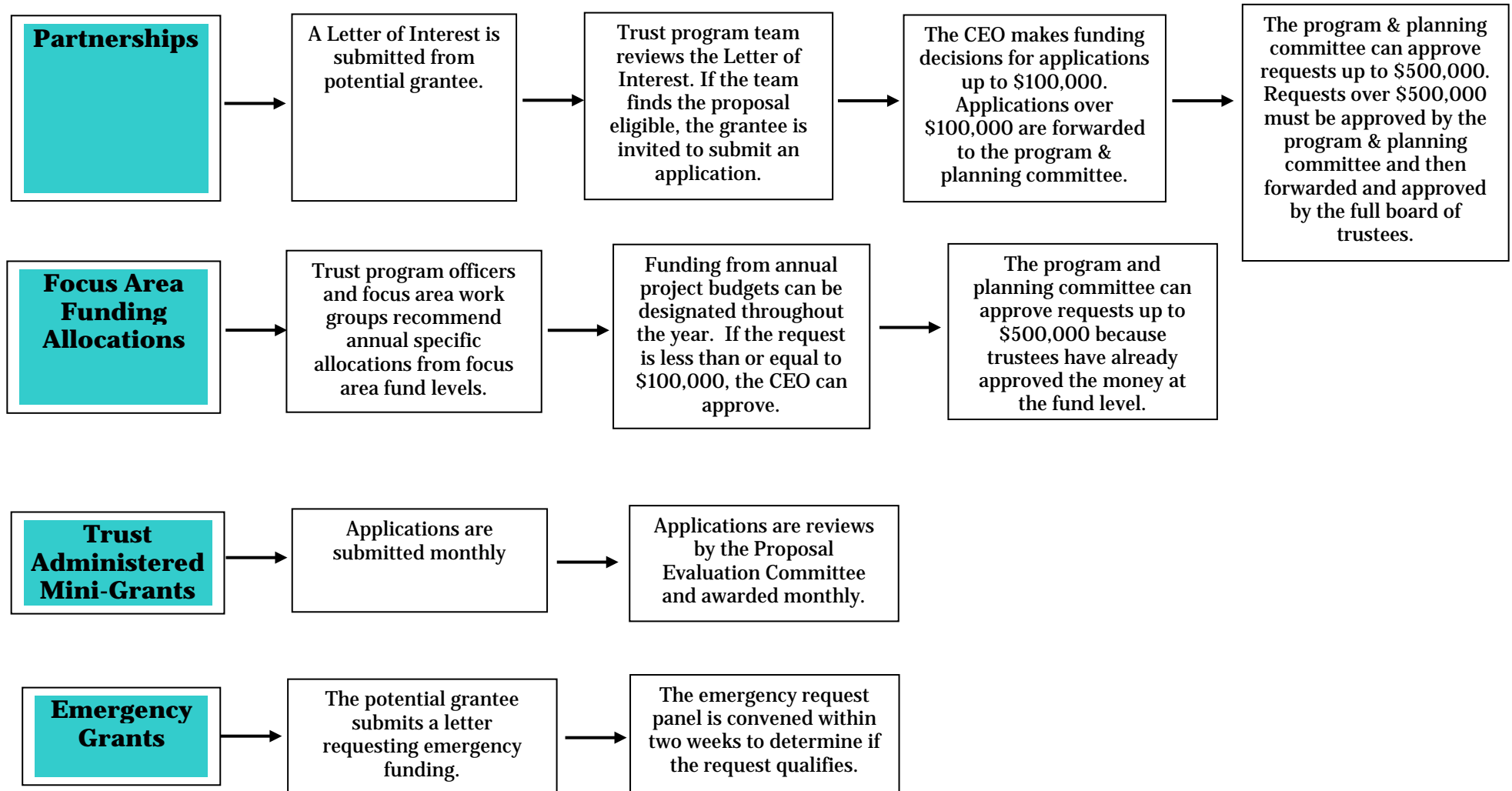


Note: timeline represents those items in the green boxes in the chart entitled “Alaska Mental Health Budget Process”

01/23/2019

Grant Approval Process for Authority Grant Funds

All annual budgets are approved by the full board of trustees at the September meeting



Note: this chart depicts those items included in the teal box labeled "Authority Grants" on the chart entitled "Alaska Mental Health Trust Authority Budget Process"

Revised: 01/23/2019

Trust Annual Calendar

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Board Administration												
Trustee reports due to APOC – Mar 15			XX									
Trustee committee assignments					XX							
Officer elections									XX			
Board evaluations										XX	XX	
CEO evaluation											XX	
Trust Administration												
Legislature convenes	XX											
Trustees present budget to House/ Senate Finance Committees	XX	XX										
Legislature adjourns				XX								
Request for Recommendations (RFR) issued to partner boards April 30				XX								
Fiscal year ends June 30						XX						
Fiscal year begins July 1							XX					
RFRs due from partner boards July 30							XX					
Advocacy Summit											XX	
Staff drafts Trust office budget for next fiscal year								XX				
Staff coordinates w/DHSS on budget								XX	XX	XX	XX	XX
Trustee meeting to approve next fiscal year budget									XX			
Trust budget recommendations due September 15 to Governor/ Legislative Finance									XX			
Financial audit begins							XX					
Financial audit completed										XX		
Staff coordinates with OMB/DHSS on budget recommendations										XX	XX	XX
Trustees meet to finalize budget											XX	
Governor's budget released December 15												XX

04/17/15

**Minutes for the
November 6, 2019
Full Board of Trustee
Meeting**

ALASKA MENTAL HEALTH TRUST AUTHORITY

FULL BOARD MEETING

November 6, 2019

8:30 a.m.

Taken at:

**3745 Community Park Loop, Suite 120
Anchorage, Alaska**

Trustees Present:

Mary Jane Michael, Chair
Anita Halterman
Chris Cooke
Laraine Derr (via Speakerphone)
John Sturgeon
Ken McCarty (via Speakerphone)
Verne' Boerner

Trust Staff Present:

Mike Abbott
Katie Baldwin-Johnson
Mike Baldwin
Eric Boyer
Jimael Johnson
Steve Williams
Miri Smith-Coolidge
Sarah Morrison
Luke Lind
Carrie Predeger
Valette Keller
Kelda Barstad
Travis Welch
Allison Biastock
Autumn Vea (via Speakerphone)

Trust Land Office:

Wyn Menefee
Sarah Morrison
Becky Carpenter
Katie Vachris
Aaron O'Quinn

Also participating:

Kristin Vandagriff; Bev Schoonover; Brenda Moore; Lesley Thompson; Gordon Glaser; Deputy Commissioner Al Wall; Jillian Gellings (via Speakerphone); Gennifer Moreau-Johnson; Charlene Tautfest (via Speakerphone); Summer LaFayre; Jessica Clarkson; Faith Myers; Dorrance Collins; Dr. Aaron Wolf; Lisa Nolan; Yvonne Denman; Laurel Bennett; John Lee; Dave Branding; Leah Van Kirk; Sharon Fishel; Eric Morrison; Sara Hannan; Sharon Jackson; Peter Micciche; Tom Begich; Monique Andrews; Barbara Franks.

PROCEEDINGS**CALL TO ORDER**

CHAIR MICHAEL called the meeting to order, acknowledged the trustees that were present, and asked for any announcements. There being no announcements, she moved to approval of the agenda.

APPROVAL OF AGENDA

MOTION: A motion was made to approve the agenda by TRUSTEE HALTERMAN; seconded by TRUSTEE BOERNER.

There being no objection, the MOTION was approved.

TRUSTEE COOKE stated that he had a couple of questions about the TLO consultation summary for Mr. Menefee and would like some information on some of the items. He asked to either add it to the agenda or the CEO's report.

CHAIR MICHAEL replied that it would be added to the CEO report,

MR. ABBOTT requested, before trustee comments, a discussion item on the January meeting location.

CHAIR MICHAEL stated that there are a couple changes to the agenda and asked for a second.

TRUSTEE HALTERMAN seconded.

There being no objection, the MOTION was approved.

CHAIR MICHAEL stated that the review of the Guiding Principles was in the packet.

ETHICS DISCLOSURES

CHAIR MICHAEL asked for any Ethics Disclosures. There being none, she moved to the approval of the minutes for July 16, 2019.

APPROVAL OF MINUTES

MOTION: A motion to approve the minutes of July 16, 2019, was made by TRUSTEE

COOKE; seconded by TRUSTEE BOERNER.

There being no objection, the MOTION was approved.

CHAIR MICHAEL asked for a motion to approve the minutes of August 1, 2019.

MOTION: A motion to approve the minutes of August 1, 2019, was made by TRUSTEE COOKE; seconded by TRUSTEE BOERNER.

There being no objection, the MOTION was approved.

CHAIR MICHAEL asked for a motion to approve the minutes of August 28 and 29, 2019.

MOTION: A motion to approve the minutes of August 28 and 29, 2019, was made by TRUSTEE COOKE; seconded by TRUSTEE BOERNER.

There being no objection, the MOTION was approved.

CHAIR MICHAEL stated that the Bylaws are also in the packet, and moved to the Mission Moment.

MISSION MOMENT

MR. WELCH stated that the Mission Moment is in regard to the Palmer Family/Infant Toddler Court which operates in the Mat-Su Borough. He introduced Jessica Clarkson, the project coordinator for this program and Summer LaFayre, with the Center for Human Development, who works with Ms. Clarkson.

MS. CLARKSON stated that she is the project coordinator, also called community coordinator because it is really engaging the community in this project. She explained that the Palmer Families with Infants & Toddlers Therapeutic Court is a collaborative mission to help young children that are in the child welfare system that have been removed from their home. It is based on the model of Zero to Three, a national organization that does all things related to the ages between zero and three. Developed was a court model called Safe Babies, also called FIT Court, or the Safe Babies Court. The first why for this was the realization that a disproportionate number of children are very young in the child welfare system. She continued that in Palmer, on any given month, it is 33 percent of the children between zero and three. The second why is based on science and neurodevelopment and what is known about young children. This age group is so important because this is setting children up for lifelong healthy development. She added that this is where the adverse childhood trauma can be disrupting to the neurodevelopment of a young child. She added that their mission is to ensure that any trauma these kids have endured are wrapped in protective and resiliency factors to make sure that their development can be healthy long-term. She explained that the court's docket is under Superior Court Judge John Woodman, and the court team has the dedicated OCS worker, Yvonne Denman. This is a collective group that is pushing these families towards healthy well-being and being safe, positive parents for their children. She explained the process, the training, which focuses on the child/parent psychotherapy which the Trust has been really supportive of in the state. That is described as a double scoop; scooping that parent and that trauma that parent has, and scooping that child and that trauma the child has endured, and making sure that relationship and

neurodevelopment are being repaired. She stated that frequent family contact is strived for and rapid entry into services, which is similar to all the other therapeutic courts. The hope is to decrease the time of permanency, having these children in permanent homes quickly with a goal of 12 months. Wanted is the reduction of repeat maltreatment. She continued that the children have already been neglected and abused, and the goal is to make sure that does not happen again and to improve child well-being. She added that there is a maximum capacity of 12 families at any one time. Families are counted a little uniquely: The adults and children are counted, and if there is a time that the parents are not able to continue parenting, the child and his needs continue to be tracked until they exit the system. She went through some of their success stories.

TRUSTEE McCARTY asked if 12 months is the cutoff for reunification.

MS. CLARKSON replied that the goal is 12 months to get that child either reunified on a trial home visit or the case is closed in 12 months. She added that there have been situations where the time has been extended.

TRUSTEE McCARTY asked what was being done on the aspect of nutrition and with the children affected with substances in early development.

MS. CLARKSON explained that they work with Ptarmigan Connections, and the children all get ILP evaluations to make sure their development is very closely tracked. She stated that they also try to get all of their children into Early Head Start. The folks at the centers in Palmer and in Wasilla have a phenomenal program. They really track development and support the parents around nutrition and providing a holistic care towards education.

TRUSTEE COOKE thanked Ms. Clarkson for her presentation and asked what the underlying circumstances are that bring someone or a family into the situation where the court may be an alternative.

MS. CLARKSON replied that eligibility is based on the child. OCS determines if a petition is filed, and if there is a child between three and younger she gets that petition and reviews it for eligibility. She explained that what is different about this therapeutic court is that there is a period of time where you can opt out, which is at month four. Both parents have to opt in to the court.

TRUSTEE COOKE asked if anyone is evaluating the success of the program and seeking to employ it elsewhere or expand it.

MS. CLARKSON replied that NBC Research is an independent evaluator evaluating the FIT Court.

MR. ABBOTT explained that one of the reasons why the Trust is funding this is to test and validate it; and then if the results are positive, to try to work with application of this statewide. He stated that this was an opportunity for the Trust to try something, evaluate it, and then if the evaluation merits that, advocate for the expansion beyond just the Palmer system.

MR. WELCH added that other communities have looked at this with interest. He stated that this is a joint venture between the Trust and many partners such as the Rasmuson Foundation, the

Mat-Su Health Foundation, which funds the largest portion of this program. The Trust funding goes towards providing services for the families. He continued that about \$70,000 out of the Disability Justice Focus Area, as well as flex funds, which are a larger pool that go to some various therapeutic courts, including FIT. That funding simply goes to housing issues, transportation, and bridging gaps that may be impediments to the families' success. He added that there are multiple partners, including the Court System, OCS, the Public Defender Agency, and OPA, as well.

CHAIR MICHAEL thanked all and moved to the CEO update.

CEO UPDATE

MR. ABBOTT began with the Dashboard which reflects the first quarter of the fiscal year's activity, which is the three months ending at the end of September; and continued with a few highlights. He stated that there was no concern about any risk of exceeding the administrative budgets. He then highlighted the investment activity to date. He continued that the Permanent Fund is still anticipating that their annual year-end projection will be made, and it is expected that the variance numbers would turn around at least some, if not entirely. He added that the better they do, the better the Trust will be generally, and in terms of annual spending capability. He moved to the description of the reserves condition and stated that the current reserve status is \$120 million, over reserve by about \$28 million, which is great.

TRUSTEE DERR asked if there was a need to do a transfer of Trust principal to the Permanent Fund.

MR. ABBOTT replied that is anticipated being one of the primary discussion items at the January Finance Committee Meeting and then, likely, Board action based on a Finance Committee recommendation at the end of January.

CHAIR MICHAEL asked if the reserve sits in the budget until it is drawn upon.

MR. ABBOTT replied yes, all \$11.6 million resides in the reserves until it is expended. In the case of Hiland Mountain, the money will move from reserves when it is required. The other funds will all stay in reserves until the Board authorizes their expenditure. He explained that when the operating budget was finally adopted by the State, one of the pieces of intent language in that established a request that the Trust send the Legislative Budget and Audit Committee a report determining compliance with the statutes and the initial Trust settlement regarding the commercial real estate investments. This is a byproduct of the Legislative audit from a year and a half ago. That report is due to the LB&A committee on November 15th. It is in the process of being developed, and a copy will be given to the trustees as soon as it is sent to the State. He continued that the FY19 financial audit has been completed and will be presented to the Audit Committee in January.

TRUSTEE COOKE asked if the letter to the Legislative Budget and Audit Committee would be distributed to the trustees before being sent out.

MR. ABBOTT replied that a draft is likely by Friday, and he would like to get trustee comments by the close of business Monday. He stated that, as required by the changes made to the Asset

Management Policy Statement, the services of a real estate investment consultant have been secured. The name of that outfit is Harvest, based out of Boston. They were the successful proposer in an RFP process that was completed last month. He continued that trustee recruitment is underway as there will be two trustee vacancies early next year. The statutorily required process for the Trust and the Governor's office to solicit applications was underway and just closed. He added that the Chair appointed Trustee Cooke to represent the trustees on the evaluation team, which will begin next week. He stated that they are continuing to work with CHOICES and the Consumer Web to find better facilities for their use. For a variety of reasons, the transaction on the commercial property on Commercial Drive is not moving forward. Another property was identified which originally housed the Alaska Oil & Gas Conservation Commission, and the Municipality is looking for someone to buy it and put it to use. This may be a good fit. A recommendation will hopefully be brought forth in January. He reported that the lease with the State of Texas for the Promontory Point commercial real estate investment in Austin has been fully executed. It is a great deal for the Trust, whether or not the property sells as a result of the option or not. Having a quality tenant like the State of Texas will ensure the viability of that property as an investment for the Trust for several years. He continued that the Trust Land Office has secured the services of an external consultant; ECI/Hyer to complete a master plan for the Community Park Campus, most of which are being leased to third parties at this point, and are coming towards an expiration date in the next four to ten years. He talked about their interests and how they may fit in this land-base asset. There may be ways to support those partners in different ways and gain more revenue for the Trust. That is what the consultant is working on right now. He added that this is to let the trustees know the discussion on this work is underway.

CHAIR MICHAEL stated that this is some of the very last land in the City that has institutional zoning and, personally, she has a lot of history with it. She would like to be involved because the leadership of this project has to be balanced with the values of the Trust and its mission and the values of programs. There has been a lot of work done to make the Trust, the land office and the administration offices integrated because the community needs to see the Trust caring about both equally.

MR. ABBOTT stated that the product received from the consultant will be options which will be discussed with the trustees before any decisions on land use are ultimately made. He commented that the Forest Service land exchange is still progressing. Phase II was divided into two sections: Phase IIA will have the benefit of keeping the timber operator partner in business while the rest of Phase II is completed. He concluded the CEO report.

STATUTORY ADVISORY GROUPS

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

MS. VANDAGRIFF stated that she was the Director of the Governor's Council on Disabilities and Special Education. She recognized that 26 member positions were filled. On the staffing piece, Anne Applegate is the new planner and is doing an awesome job. She reported taking part in the planning for the Disability and Aging Summit, working with Special Olympics Alaska. There were 102 attendees this past year that came from 53 different agencies. She asked Ms. Applegate to continue.

MS. APPEGATE reported that her colleague performed amazingly on the great legislative and Policy Panel. The discussion that was generated was a great capper on the whole summit; it was clear and really understandable.

MS. VANDAGRIFF stated that the Council supports the summit held by Peer Power Alaska, the statewide self-advocacy organization for individuals with intellectual and development disabilities. She thanked the Trust for continuing to fund this, which was the third annual summit, and commented that there was a 64 percent increase in participation from last year. The preliminary analysis of the outcome surveys was that there was knowledge gained by all participants in each of the areas. The entire number of topics covered looked at aligning the deep shared vision, a meaningful, person-directed life. She stated that October was Disability Employment Awareness Month, and the Council worked jointly with the State Voc Rehab Council in obtaining a proclamation from Governor Dunleavy. This proclamation was read at the Empowerment through Employment Conference by DVR Director Duane Mayes. Project Search, a transition program for students with intellectual and developmental disabilities in the last year of high school, immersed them in host business sites with the end result of competitive and integrated employment after nine months.

MS. APPEGATE explained that the Education Committee is the work group for the Special Education Advisory Panel for the Department of Education and apprises them of unmet needs to review all of the reporting to the Office of Special Education Programs and to look over some of the methodology for their various indicators of compliance and outcome-based reporting. The SEAP has a membership requirement, and there is constant work done to make sure that is compliant with the IDEA.

MS. VANDAGRIFF continued through the presentation explaining and touching on the different activities and projects the Governor's Council has been working on and will continue to work on. She stated that June 30, 2021, is the sunset date for SESA. If it was not to be reauthorized, they would have a year from that date to close up shop. She continued that the Council is looking at doing a position paper that will at least talk to all of the work that SESA does and the integral nature of SESA. She added that the Council is the majority of the governing board for SESA.

CHAIR MICHAEL thanked Ms. Vandagriff for the detailed report, and moved to a ten-minute break.

(Break.)

CHAIR MICHAEL called the meeting back to order.

ALASKA MENTAL HEALTH BOARD ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE

MS. SCHOONOVER stated that she is the executive director of the Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse, and she just got notice of the approval to hire herself as an executive director. She thanked all for the support, and to the Deputy Commissioner, Commissioner, and her board for advocating for her.

CHAIR MICHAEL congratulated Ms. Schoonover.

MS. SCHOONOVER used her statutory partner update time to share information on joint efforts for suicide prevention statewide. She highlighted how the Alaska Mental Health Trust is supporting these efforts. She stated that there are three behavioral health advisory boards and council at DBH: Mental Health Board; The Advisory Board on Alcoholism and Drug Abuse, which work together; and then there is also the Statewide Suicide Prevention Council. She explained that she provides executive leadership for all three of those boards; the same office, but separate staff. Her goal is to collaborate together more between these boards and councils and external partners to really focus on some systemic suicide prevention efforts fostering resiliency and protective factors statewide. She added the hope to invite the trustees to the next board meeting and give an update on the board's activities in January. She moved to the Statewide Suicide Prevention Council, which is authorized by statute, and serves in an advisory capacity to the Legislature and the Governor regarding suicide awareness and prevention. There are 17 members total, with 13 voting members appointed by the Governor. There are two nonvoting members representing the Alaska House of Representatives, and two representing the Alaska Senate. This council advises the Legislature on suicide awareness and prevention, and we work with local suicide prevention coalitions, organizations, schools, wellness coalitions, and tribes. The main work is a five-year prevention plan and following up on the recommendations of the plan that came out in January of 2018. She briefly went over some updated suicide data from the state and talked about the Reducing Lethal Means Campaign, which has been supported by the Trust.

TRUSTEE BOERNER stated that it is key and very important to have representation of Alaska Natives on the Council. It was suggested and recommended to bring the program people that are familiar with the Alaska Tribal Health System into that fold. She continued that one area of resource is the tribal behavioral health directors, and being able to tap into that group of subject-matter experts and those that are familiar with the programs that may be developed and implemented in Rural Alaska. She added that would be a great place for the Council to look for expertise.

MS. SCHOONOVER stated that that recommendation was advocated for to both of those sponsors, and we highly support it. She has heard all the time, and agrees, that not enough is being done for rural communities. The issues for suicide prevention are very big: historical trauma; intergenerational trauma; adverse childhood experiences. There is the need for the State to provide more leadership and resources to this issue. She moved to how suicide impacts Trust beneficiaries and explained the data. She then shared a current outreach and education campaign which is reducing lethal means; a research-informed strategy that puts time and space between someone in crisis and things that can be lethal. The specific education outreach campaign focuses on firearms because 75 percent of all Alaskan gun deaths are by suicide. She continued that all of the trustees received a gunlock, and asked that they make sure it goes to someone able to use it. She added that the State of Alaska is required to provide, free of charge, suicide prevention training and certification to educators as part of the Alaska teaching certification process.

MS. FISHEL stated that there are four courses on suicide prevention and seven courses that are trauma related. AIDS, opioids, and Narcan have been supported through this funding. She continued that it has been phenomenal. All of the educators are required to take one of the suicide prevention courses, and most of them choose to use the online courses that were

developed.

MS. SCHOONOVER continued that working with the partners will continue, and we will keep on collaborating with local suicide prevention groups, partners, and programs.

TRUSTEE STURGEON stated it was a great presentation. He continued that when a gun is purchased, a gun lock and a paper is included. What is not included is the suicide component, and he suggested that that would really expand the program.

MR. BOYER replied that they are working with the Department of Behavioral Health to look at how to advance this kind of communication to groups. This is good education.

TRUSTEE DERR stated that several years ago the Trust funded a gun safe and gun locks for every person out in Togiak. She asked if there are any results of that action.

MR. BALDWIN stated that that project has been out of touch for a few years. He explained that the Trust helped fund gun safes in the Togiak and Bristol Bay region; it was an evidence-based practice for removing access to lethal means. He continued that the results were difficult to show that suicides were reduced. The update showed that people were also using the gun safes for medication storage that were potentially abusable or useful in an attempted suicide. Another byproduct was a large percentage that were reporting that they knew what their family members, especially teenagers, were doing because they had to ask the parents for access to the gun safes. Increased awareness and connections were reported, and communication was improved.

CHAIR MICHAEL thanked them and stated that it was really beneficial to focus on one issue and have time to discuss it in more detail. She recognized Trustee Boerner.

TRUSTEE BOERNER stated appreciation to the Council for welcoming her at their meeting. She especially thanked Corey Gilmore and added that the whole meeting was truly inspiring. She continued that she was impressed by the engagement, sophistication, and the passion that was shared; and appreciated seeing how the priorities pulled together, how they worked with their partners. Staff was completely impressive and are true advocates.

CHAIR MICHAEL welcomed Deputy Commissioner Al Wall who just joined, and asked Ms. Baldwin-Johnson to begin the API update.

MS. BALDWIN-JOHNSON welcomed Deputy Commissioner Al Wall, acknowledged John Lee, the interim CEO at API, as well as the director of Senior and Disability Services. She also introduced Gennifer Moreau-Johnson, director of Behavioral Health. She asked the Deputy Commissioner to begin.

DEPUTY COMMISSIONER WALL appreciated the invite and began with the Governor's board meeting where an amended set of bylaws were passed. That amended set of bylaws was pointed specifically on the composition of the governance body and who the voting and nonvoting members were. There are 13 voting members and 14 nonvoting members, which is a broad-based continuum of the community. He stated that the Trust has a voting seat on that governance body for the first time in the history of the organization, which is a step in the right direction. He added that Ms. Baldwin-Johnson is the representative of the Trust to the

governance body. He stated that there is an attempt to move the hospital more towards a hospital that is run by a governance board, as opposed to the Commissioner's office. He continued that there is also an attempt to change the conversation between API and the public to have the Department take responsibility for what they are responsible for and allow the hospital the freedom to operate as a hospital and care for its patients. He offered a copy of the bylaws with a full set of the representation on the governance body. He moved to a couple of ongoing pieces of litigation against the Department regarding API and inpatient care which are focused on the backup of individuals in emergency rooms and the civil side of the Department of Corrections. He asked John Lee to continue and talk about some of the other developments.

MR. LEE talked about a few patients that have been at API, one over 1600 days, and another over 1400 days. Neither of them will be able to be fixed because they have IDD issues. Another patient was admitted for the 25th time. He stated that those are some of the challenges, and he thinks that API is up to the challenge of providing great care for individuals that need great care provided to them. He continued that what is need at the State is: to develop home- and community-based and outpatient resources; keep people out of emergency rooms; keep people who do not need to be in API out of API; and people who are discharged from the hospitals or API need a safe place, and to be provided care in the communities. He stated that he has been the acting CEO at API for about four weeks, and we are still getting around some of the bigger challenges and issues.

DEPUTY COMMISSIONER WALL stated that all are aware that the real fix to this problem is a more robust continuum of care in the state. He continued that the 1115 is designed to put more services on the street and provide a continuum of care than that has been historically provided in the state. He asked Gennifer Moreau to continue.

MS. MOREAU-JOHNSON stated that she is the director of the Division of Behavioral Health and thanked the Mental Health Trust for supporting Medicaid reform and the passage of SB 74, which gave about \$10 million in reform. She continued that \$4 million of that was to support the standing up of the 1115 waiver and the ASO. This is significant today because the waiver is approved. The substance-use disorder component was approved in November 2018; implemented on July 1st; and on September 3, 2019, the Federal approval for the behavioral health services in the waiver was received. There is a signed contract with the Administrative Services Organization.

(Applause.)

MS. MOREAU-JOHNSON thanked the Trust for all the support, and continued her presentation with visuals that show what continuum care looks like. She added that there are around 25 new services to the 1115.

TRUSTEE COOKE asked what percentage of API's capacity is currently being used.

MR. LEE replied that it is an 80-bed hospital and there is capacity right now for about 46. He stated that it was 25 at the start of the year, and has been 46 since August. In order to open up an additional unit, a baseline staff is needed, and we are close to being able to open an additional unit.

MR. ABBOTT stated that the Deputy Commissioner received recognition from a half dozen legislators at a meeting in Fairbanks for being engaged and really demonstrating the commitment that the Legislature and The Trust had been hoping for from the Department. He asked if there was anything that the Department was doing to address the concerns that Judge Morse highlighted.

DEPUTY COMMISSIONER WALL talked about some of the hurdles that need to be overcome and began with the backup of individuals in the Department of Corrections that have not yet been evaluated. Some of them have been there for 180 days, which is longer than the term of their incarceration should they have been found guilty for their crime. He added that there has been a plan systematically working through the steps that need to be done to answer Judge Morse's concerns in the first place.

MS. BALDWIN-JOHNSON went through a model that has been explored with the Department as a potential framework that aligns with the 1115 in terms of developing components of the system and what ones are missing. She stated that the overall goal of this is to find opportunities to reduce health-care costs, to reduce the engagement of law enforcement in being the primary crisis intervention, and to divert from use of the emergency room departments as the only location for folks in crisis.

MR. BOYER stated that the Crisis Now model is a relatively new system of thought of taking best practices like a crisis line and mobile crisis teams, crisis respite, bringing those together into a model to be able to come in a community like Anchorage. He went through his presentation and introduced a video that highlighted the three main aspects of the Crisis Now model.

(Video played.)

MS. BALDWIN-JOHNSON stated that there is an opportunity to really work to engage the right stakeholders and partners congruently with the work the Department is doing to rally interest, support, and enthusiasm of folks to contemplate how to build out the services and really explore who would be the potential operator of these types of services, knowing what assets are available in the communities. She continued that, in its current iteration, it is not necessarily the solution for Rural Alaska; but there are elements that could be adopted and adapted that could assist substantially in outreach and intervention in Rural Alaska.

DEPUTY COMMISSIONER WALL stated excitement with this opportunity that has been worked on for years to stabilize the system of care and add to the continuum. He continued that this gets at the upstream issue of the psychiatric problem. This model addresses the problem before they get there, and leaves folks in the community.

MR. ABBOTT commented that there is optimism that this model can impact building the continuum of care that has been discussed in terms of its gaps rather than its benefits. He stated that staff should be bringing the beginnings of recommendations for how the Trust can advance this work in Alaska at the committee meetings in January.

CHAIR MICHAEL called for the lunch break.

(Lunch break.)

CHAIR MICHAEL reconvened the meeting and moved to the Commission on Aging.

COMMISSION ON AGING

MS. THOMPSON stated that she is the acting executive director for the Alaska Commission on Aging and has been there for about 15 years. She introduced Gordon Glaser, the committee chair. She read the mission statement of the commission: "It is to ensure the dignity and independence of all older Alaskans and to assist them to lead useful and meaningful lives through planning, advocacy, education, and interagency cooperation." The Trust is a big partner in this. She listed the current commissioners and stated that the Alaskans 60-plus is a huge constituency with many different dynamics. She continued that Mr. Glaser is a great chair and engages the commissioners and gets them working, which is very important. She went through some of the workings and issues affecting seniors, both in the state and nationally. She continued through her presentation, explaining as she went through the different activities.

CHAIR MICHAEL thanked Ms. Thompson for her hard work and moved to the TLO staff and their presentation on the OHA building and the U-Med lease extension consultation.

OHA BUILDING AND U-MED LEASE EXTENSION CONSULTATION

MR. MENEFEE stated that this consultation is about a building that the Trust already owns in the U-Med District.

MOTION: A motion that the Alaska Mental Health Trust Authority Board of Trustees approve the addition of three 15-year extension options to lease MHT 9200318, subject to further negotiation of commercial terms by the Trust Land Office, was made by TRUSTEE COOKE; seconded by TRUSTEE HALTERMAN.

CHAIR MICHAEL recognized Aaron O'Quinn.

MR. O'QUINN began with a background on the property which is at the intersection of Lake Otis and 40th Avenue. This is currently occupied by Orthopedic Physicians Alaska. It was one of the first commercial ground leases the Trust entered into. It was a 55-year lease that expires in June of 2058. The current lease has an extension option in it to kick it down the road another 15 years. He explained that the ground tenant recently approached to add three additional options to extend. Generally, the reason for this is to have an option to secure long-term financing in the future. Because this was a lease entered into early on, there are some undesirable conditions in that lease. There are fixed-dollar amounts that will not be meaningful by 2058. The thought is to negotiate escalating those along with the rent. The rent escalation is set at a ratio of CPIs year to year, which often does not track with asset appreciation. He stated that this is an opportunity in this long-term arrangement to renegotiate some key terms in order to facilitate their request.

TRUSTEE COOKE stated that this extension is basically leasing this property for 100 years, and asked why a lease instead of a sale.

MR. O'QUINN replied that it would be for 115 years, and the money for rent can be spent

immediately because it does not get invested in the Permanent Fund.

MR. ABBOTT added that more money will be done by leasing than by investing it.

CHAIR MICHAEL called the vote.

There being no objection, the MOTION was approved.

MR. ABBOTT recommended a recess to take the field trip and then come back to do the comp plan and the two other brief actions.

(Recess for Trustees' site visit to Partners for Progress Reentry Center, 417 Barrow Street, Anchorage, Alaska.)

CHAIR MICHAEL called the meeting back to order and stated that Trustee Boerne would not be here this afternoon. She stated that there is a quorum, but we are minus two members at the moment. She moved to Authority Grant Flexible Special Needs Housing COI redesignation. She recognized Steve Williams, and asked for the motion.

MOTION: A motion to recommend the approval of removing Alaska Housing Finance Corporation (AHFC) as the named grantee for the FY20 Flexible Special Needs Housing "Rent Up" project was made by TRUSTEE COOKE; seconded by TRUSTEE HALTERMAN.

MR. WILLIAMS stated that from time to time trustees have approved funding to a specific entity that was intending to use the funds in a particular way and wants to propose using them differently. There is a need to come back to the trustees for approval because the funds were approved for a specific use. This is a change of intent. He asked Travis Welch to continue.

MR. WELCH explained that this change of intent is removing the AHFC as the grantee. It is not a change of the amount authorized previously by trustees or the intent of the project binder. It seems to be better and more efficient to have the Trust working directly with providers on this project to be able to provide funding to those providers stated in the memo for housing for beneficiaries reentering society, to bridge that gap until they can afford their own housing or provide any supports needed to keep their housing.

MR. WELCH explained that the normal authorization process will be used for these funds, working with the agency requesting the funds, and then going through the CEO for approval within the current guidelines.

CHAIR MICHAEL added that if it is over \$100,000, it will come back to the Trust for approval. She asked for further discussion and any objections.

There being no objection, the MOTION was approved.

CHAIR MICHAEL stated that next on the agenda is the Central Facilities Fund approval.

MOTION: A motion that the Board of Trustees approve the use of up to \$380,000 from

the Central Facilities Fund to pay for the real estate investment adviser contract during fiscal year 2020 and 2021. The Fund will be replenished using distributions from the commercial real estate portfolio, was made by TRUSTEE COOKE; seconded by TRUSTEE HALTERMAN.

MR. ABBOTT explained that this is the anticipated expense of the real estate investment consultant that was hired as a result of the new self-imposed requirement in the Asset Management Policy Statement that was recently adopted. The firm is known as Harvest, and they have started their work. It is expected that a significant portion of their first-year expenses will not be replicable in follow-on years. He continued that the preferred funding source for this is the Central Facilities Fund which was created about a year ago to pay for costs associated with the real estate investment properties, as well as some of the program-related investment properties. He added that the funds will accumulate in the CFF by leaving some of the rent revenue from the properties and then use that to pay for the consulting work. The impact of this will be less net revenue to the Trust from the commercial real estate. He added that this is a substantially lower cost than going with one of the legislatively suggested options, which would have been to transfer the properties to the Alaska Permanent Fund for management. He continued that this will be a budget item within the Central Facilities Fund every year, and the trustees will have a chance to evaluate the value of this effort annually.

CHAIR MICHAEL stated that the motion was presented and seconded, and there has been a discussion. She asked for any objection to the motion.

There being no objection, the MOTION was approved.

CHAIR MICHAEL stated that the next item on the agenda is the comp plan update, and recognized Steve Williams.

MR. WILLIAMS gave a brief update to the trustees on how staff will move forward with providing information on developments on the comp plan. He had discussed with Trustee Boerner the options of continuing the updates at both the Full Board meetings and at the Program & Planning Committee. It will be a standing agenda item under the Program & Planning Committee moving forward. The next scheduled meeting is Friday, January 3, 2020. He gave a brief update on the current work with the Department of Health and Social Services, the various Division directors within the Department to expose and educate them about the comp plan. In moving through the budget development for FY21, programs that are currently funded can be thought about, their future funding, and start making the connection to the comp plan.

CHAIR MICHAEL moved to the public comment period. She explained the guidelines for individuals wishing to give public comment, and she recognized Aaron Wolf of CHOICES.

PUBLIC COMMENT

DR. WOLF stated that he has been the interim director of CHOICES with an immense amount of goodwill and support from the Trust, and we were able to do a nationwide search conducted by Foraker for the best ED that could be found. He introduced Lisa Nolan, the selection after a nationwide search, who was found working across the street.

MS. NOLAN stated that she has over 20 years of experience in providing Medicaid and grant-based services to the vulnerable population, including 17 years which were provided to Mental Health Trust beneficiaries. She continued that she was proud to have been selected and hopes that her educational credentials of social work and public administration and her years of service will be of benefit to CHOICES. She thanked all for their support of this excellent organization.

DR. WOLF stated the hope for a tour of CHOICES and where they are now. They are getting back with the peer program back at API, and thanked the Trust for all their support.

CHAIR MICHAEL thanked Dr. Wolf, welcomed Ms. Nolan, and then recognized Faith Myers and Dorrance Collins.

MS. MYERS stated that she volunteers as a mental health advocate. There are about 20 facilities that detain disabled psychiatric patients. She explained that, when filing a complaint, patients do not have an impartial person helping them, and they do not have an impartial body to bring their complaint to within the facility. This causes unnecessary damage to disabled psychiatric patients. She continued that each year about 10,000 Mental Health Trust beneficiaries enter a system that unnecessarily mistreats them, with physical injuries and trauma at the top of the list. The cost to the state is in the millions. She added that the Legislature, the Mental Health Trust, and the Alaska Mental Health Board could do a lot to lower the numbers. She talked about Judge William Morse and his ruling, which has given the State 45 days to produce a plan on how to reduce psychiatric patient mistreatment. Creating psychiatric patient rights and all of the care on an emergency basis through the courts demonstrates a Legislative failure and the shortcomings of advocacy organizations tasked with protecting people with disabilities. What the State does not know is hurting people with disabilities.

MR. COLLINS introduced himself and illustrated the shortcomings of organizations that have the title of advocate for individuals with a disability. He stated that the Alaska Psychiatric Institute Employees' Union put hundreds of people on a picket line in 2017 advocating improving workers' rights, wages, safety and protection when patients file complaints against them. Over 500 patients at API filed a complaint, but not a single patient was able to file a formal grievance. AS 47.30.847 and regulations state what patients are entitled to and what constitutes a formal grievance. Very few psychiatric patient grievance rights are being upheld in the 20 acute-care psychiatric units in Alaska. In conclusion, he stated that hospital employee unions are doing a good job of protecting their constituents; but advocacy organizations are not doing a good job of protecting individuals with a disability.

CHAIR MICHAEL thanked them both and recognized Dave Branding from JAMHI.

MR. BRANDING stated that he is the CEO of JAMHI Health and Wellness in Juneau and shared some updates. He thanked the Trust for the funding of the Juneau Housing First Collaborative Phase 2 build-out. There are three floors up and enclosed, and it is on schedule. He also thanked the Trust for the funding of JAMHI Health and Wellness for the barrier-free clinician position that works within the Housing First environment engaging people in ongoing services. He went through a few other updates and stated the concern about the 1115 waiver, how it will be enacted, and the extent to which it will preserve community-based services in least restrictive environments. He thanked all for what they do and for providing the opportunity for commenting.

CHAIR MICHAEL thanked Mr. Brandon and stated admiration for the work he is doing. She asked for anyone else online who would like to testify or in the room. Hearing no one, she concluded the public comment period. She moved to trustee comments and began with the January meeting, which is normally in Juneau, but it was suggested to use the funds towards a rural outreach trip. She asked to revisit this, and recognized Trustee Cooke.

TRUSTEE COOKE reiterated his prior comments having a meeting in Juneau. He stated that he would hate to miss the opportunity to have face-to-face contact with legislators, especially if we know who the new trustees are at that time. He is in favor of continuing the practice of meeting in Juneau.

TRUSTEE DERR stated that it is a marvelous opportunity for trustees that reside in Anchorage to travel to Juneau for the experience. She added that staff travel could be curtailed for the Juneau meeting.

TRUSTEE STURGEON stated that he would like to see a meeting in Juneau, if possible. He understood the budget side and also suggested a reduced staff. He continued that he thinks of the Trust as advocacy for mental health in general to the Legislature, and it is a powerful force to have the opportunity to meet legislators.

TRUSTEE HALTERMAN stated that this is difficult for her to weigh in on, but the perspective of having the trustees go to Juneau is powerful and sends a strong message to the representatives and the staff that work there.

TRUSTEE McCARTY concurred with everyone, and stated that it is very important to be in Juneau because it makes a big presence with the legislators.

TRUSTEE DERR added that the presentations to both Senate Finance and House Finance have exposed them to subjects that they had not thought of before, which makes them more beneficial.

MR. ABBOTT stated that the meeting for the last week of January will be in Juneau.

CHAIR MICHAEL moved to trustee comments about the meeting or any other important issues that come to mind.

TRUSTEE COOKE thanked all for participating in the meeting and thought it was very productive. He did comment on not feeling as connected to and aware of the programs as before. He would like to know more about what the programs are actually doing and how they are impacting the beneficiaries.

TRUSTEE STURGEON agreed with Trustee Cooke. He stated that management is doing an incredible job, but he does miss the connection. He added that he is taking a few Wounded Warriors deer-hunting on Afognak, a triple amputee and two double amputees from the Vietnam era. He had a transportation problem that Mr. Abbott was able to take care of, and thanked him for the help.

TRUSTEE HALTERMAN also thanked Mr. Abbott for some guidance and wisdom on some

issues that were helpful because there are some inquiries coming in. She stated that it was a good idea to think about not going to Juneau, but she does think it is a powerful physical presence to be there. She thanked him for the effort, and all the information.

CHAIR MICHAEL asked for a motion to go into executive session.

MOTION: A motion that the Board go into executive session to perform the annual performance evaluation of the chief executive officer in accordance with the Open Meetings Act, AS 44.62.310, was made by TRUSTEE COOKE; seconded by TRUSTEE HALTERMAN.

There being no objection, the MOTION was approved.

CHAIR MICHAEL thanked everyone for all the hard work today. It was a great meeting.

(Executive Session from 4:37 p.m. until 5:16 p.m.)

CHAIR MICHAEL stated the trustees were out of executive session and no formal action was taken during the executive session.

MOTION: TRUSTEE COOKE stated that the executive session was called for the purpose of performance evaluation of the CEO, and that was done. He made a motion that the written evaluation be accepted in the record of this meeting of the Trust Authority; seconded by TRUSTEE STURGEON.

There being no objection, the MOTION was approved.

CHAIR MICHAEL asked for any other business before the trustees.

MOTION: A motion to adjourn the meeting was made by TRUSTEE COOKE; seconded by TRUSTEE HALTERMAN.

There being no objection, the MOTION was approved.

(Full Board meeting adjourned at 5:18 p.m.)

Current Trust Bylaws

1
2
3 ALASKA MENTAL HEALTH TRUST AUTHORITY
4 BYLAWS
5

6
7 ARTICLE I
8 NAME
9

10 The name of this organization is the Alaska Mental Health Trust Authority.
11

12
13 ARTICLE II
14 PURPOSE OF THE AUTHORITY
15

16 The Alaska Mental Health Trust Authority acts in the best interest of the beneficiaries
17 of the trust. It is accountable to:

- 18 (a) Provide for sound governance, fiduciary oversight and direction in achieving the
19 mission of the Trust Authority;
20 (b) Ensure an integrated, comprehensive mental health program for the State of Alaska
21 in partnership with Department of Health and Social Services (DHSS); and
22 (c) Preserve, protect, and grow the trust corpus and administer trust assets.
23
24

25 ARTICLE III
26 BOARD OF TRUSTEE MEMBERSHIP AND TERMS OF OFFICE
27

28 Section 1. Trust Authority board of trustees composition:

- 29 (a) The Trust Authority shall be governed by its board of trustees.
30 (b) The Trust Authority board of trustees, hereafter referred to as the board, consists of
31 seven members appointed by the governor in accordance with AS 47.30.016 and
32 confirmed by the legislature.
33

34 Section 2. Term of office, vacancies, and removal:

- 35 (a) The members of the board serve staggered five-year terms. A member shall continue
36 to serve until the member's successor is appointed and confirmed by the legislature.
37 (b) A vacancy occurring in the membership of the board shall be filled within 60 days by
38 appointment of the governor for the unexpired portion of the vacated term.
39 (c) The governor may remove a member of the board only for cause per AS 47.30.021.
40 (d) Except for a trustee who has served two consecutive five-year terms, a member of
41 the board may be reappointed. A member of the board who has served two
42 consecutive five-year terms is not eligible for reappointment to the board until one
43 year has intervened as per AS 47.30.021(d).
44
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ARTICLE IV
BOARD OF TRUSTEE DUTIES

Section 1: The role of the board is to:

- (a) Set the vision for the organization;
- (b) Set policies for the organization, including adoption of regulations as appropriate under AS 47.30.031;
- (c) Adopt charters that define the role, authority, operating procedures, duties, and responsibilities of the board and standing committees; and
- (d) Approve contractual agreements with advisors as defined in statute and the settlement agreement, specifically Alaska Permanent Fund Corporation (APFC), Department of Natural Resources (DNR), and Statutory Advisory Boards.
- (e) Fulfill the duties listed in AS 37.14.007(b)(1)-(12).

Section 2: The board will conduct business in accordance with AS 47.30.036.

ARTICLE V
OFFICERS AND DUTIES

Section 1. The board, by a majority vote of its membership, shall annually elect a Chair, Vice Chair, and Secretary from its membership.

Section 2. The officers will be elected by a majority vote at the annual budget approval meeting, and officers' terms of office commence upon adjournment of that meeting. Officers' terms of office end effective at adjournment of the meeting in which new officers are elected.

Section 3. Officers may be re-elected to the office in which they serve by vote of the membership of the board as above. The board's intention is to allow board members the opportunity to serve in officer roles in support of ongoing board development. To that end, no member may serve more than 2 consecutive terms in the same office except as provided for by affirmative vote of 5 board members.

Section 4. If the office of the Chair becomes vacant, the Vice Chair succeeds to the office of the Chair and serves until an election held at the next board meeting. The newly elected Chair will serve until the next annual election.

Section 5. Except for the office of Chair, if an office of the board becomes vacant, an election shall be held to fill the vacancy at the next regular meeting following the vacancy. The officer will serve until the next annual election.

Section 6. The duties of the officers shall be as follows:

(a) Chair

- 1. Call all meetings. Preside at all meetings.
- 2. Appoint chairs of committees and committee members.

3. Serve as ex-officio (voting) member of all committees, but may not concurrently serve as board Chair and chair of any standing committee, with the exception of the Executive Committee.
4. Act as primary spokesperson for the board.
5. Act as one of the official spokespersons for the Trust Authority, together with the Chief Executive Officer (CEO), when requested by the Chief Communications Officer.

(b) Vice Chair

1. Assist the Chair in the discharge of his/her duties.
2. Perform the duties of the Chair in the absence or incapacity of the Chair.
3. Perform other duties as assigned by the board.

(c) Secretary

1. Assume duties of the Chair when Chair and Vice Chair are unavailable.
2. Perform other duties as assigned by the board.
3. Assure that the records of board proceedings are maintained in accordance with these bylaws and in accordance with AS 37.14.007(b)(2) and the Records Management Act (AS 40.21).

ARTICLE VI
MEETINGS

Section 1. The board will hold four regular meetings each fiscal year. Committees will meet as necessary to accomplish their responsibilities.

Section 2. Special or emergency meetings of the board may be held at such time and place as the Chair may order; or upon the written request to the Chair of any four trustees.

Section 3. Reasonable public notice of board and committee meetings shall be provided in accordance with AS 44.62.310. Meetings of the board and its committees are subject to the Open Meetings Act, AS 44.62.310 and 44.62.312.

Section 4. A quorum at all board meetings shall consist of four board members. A quorum at committee meetings is a majority of the committee's members.

Section 5. No member of the board may designate a proxy.

Section 6. The board will schedule at least one period for public comment during each regularly scheduled board meeting.

Section 7. Formal actions by the board are accomplished through adoption of motions.

ARTICLE VII
COMMITTEES OF THE BOARD

There will be five standing committees of the board. Standing committee chairs and members will be appointed by the Chair after polling the board regarding individual trustee's interest and ability to serve. A member may serve as chair of only one standing committee at any time except as a stand-in until the next regularly scheduled board meeting. Standing committees will have a minimum of 3 committee members. The board chair may designate ad hoc committees to accomplish special purposes. Persons other than board members may serve on the board's ad hoc committees; however, such persons may not be voting members of such committees, only appointed board members may vote on committee actions. Committee recommendations will be reported to the board for action at the next regular board meeting.

Section 1. The Executive Committee of the board is composed of three board officers, the Chair, the Vice Chair, and the Secretary. The Executive Committee will:

- (a) Ensure development of policies for governing the Trust Authority for approval by the board.
- (b) Oversee implementation of governance policies at the direction of and on behalf of the board in accordance with law and the committee charter adopted by the board.
- (c) The Executive Committee will meet only as needed.

Section 2. The Resource Management Committee will, in consultation with the CEO and Executive Director (ED) of the TLO:

- (a) Ensure development of policies for protecting, enhancing, and managing the trust's non-cash resources in the best interests of the beneficiaries for approval by the board.
- (b) Oversee implementation of plans at the direction of and on behalf of the board in accordance with law and the committee charter adopted by the board.

Section 3. The Program and Planning Committee will, in consultation with the CEO and Executive Director (ED) of Mental Health Policy and Programs.:

- (a) Ensure development of policies to meet needs and improve the circumstances of beneficiaries; and recommends to the board for approval.
- (b) Oversee implementation of plans at the direction of and on behalf of the board in accordance with Trust Authority statutes and regulations and the committee charter adopted by the board.

Section 4. The Finance Committee will, in consultation with the CEO and Chief Financial Officer (CFO):

- (a) Ensure development of policies for investment and fiscal management for approval by the board.
- (b) Oversee implementation of approved investment and fiscal management policies on behalf of the board in accordance with Trust Authority statutes and regulations and the committee charter adopted by the board.

- 1 Section 5. The Audit and Risk Committee will, in consultation with the CEO and CFO:
2 (a) Ensure development of policies for managing the annual audit process and
3 identifying and addressing organizational risk for approval by the board.
4 (b) Oversee implementation of approved audit and risk management policies on behalf
5 of the board in accordance with Trust Authority statutes and regulations and the
6 committee charter adopted by the board.

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9 ARTICLE VIII
10 CHIEF EXECUTIVE OFFICER
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12 Section 1. The board shall select and employ a Chief Executive Officer as provided by law.

13
14 Section 2. The Chief Executive Officer is responsible for day-to-day operations of the Trust
15 Authority including planning, organizing, coordinating, and directing all activities
16 necessary to enable the Trust Authority to exercise its powers and duties, and
17 fulfill the purpose of the Trust Authority. The CEO will operate and conduct the
18 business and affairs of the Trust Authority according to the statutes, regulations,
19 bylaws, policies, and charters adopted by the board. The CEO duties and
20 responsibilities shall be set forth in a CEO Job description to be adopted by the
21 board.

22
23 Section 3. The Chief Executive Officer shall oversee administration of the contract with the
24 Trust Land Office on behalf of the Trust Authority to ensure compliance with
25 AS 37.14.009(a)(2).
26

27
28 Section 4. The board will evaluate the Chief Executive Officer's performance annually in
29 writing. The board will define the process for conducting annual reviews and
30 include it in the Board Operations Manual.
31

32 Section 5. Termination of employment of the Chief Executive Officer is by majority vote of
33 the board.
34
35

36 ARTICLE IX
37 PARLIAMENTARY AUTHORITY
38

39 Unless otherwise provided by law or these bylaws, the board's procedures shall be
40 governed by Robert's Rules of Order Newly Revised. The Chair may appoint an appropriate
41 person to serve as parliamentarian.
42
43

44 ARTICLE X
45 ETHICS
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47 Board members are required to comply with the Alaska Executive Branch Ethics Act
48 (AS 39.52) and AS 47.30.016(c)(2).

1
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3 ARTICLE XI
4 AMENDMENT OF BYLAWS
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6 These bylaws may be amended at any meeting of the board. Amendment of these
7 bylaws requires 5 affirmative votes of board members provided that written notice and
8 copies of the proposed amendment have been submitted to the members 30 days prior to
9 the meeting, or by unanimous vote without notice.
10

11
12 ARTICLE XII
13 DEFINITIONS
14

15 In these bylaws,
16

17 **The Alaska Mental Health Trust** means the sum of all assets owned by the Alaska
18 Mental Health Trust as established by the Alaska Mental Health Trust Enabling Act, P.L. 84-
19 830, 70 Stat. 709 (1956) and the Mental Health Settlement Agreement (June 10, 1994),
20 including cash and non-cash assets.
21

22 **The Alaska Mental Health Trust Authority (the Trust Authority)** means the entity
23 charged with administering the trust, as trustee, is governed by a seven-member board. (AS
24 37.14.007, AS 47.30.011, AS 47.30.016)
25

26 **The Trust Land Office (TLO)** means the unit of the Alaska Department of Natural
27 Resources that is charged with managing the trust's natural resources, land, and other fixed
28 assets. (AS 44.37.050)
29

30 **Regular Meeting** means a board meeting that is scheduled at the annual budget
31 meeting to occur during the succeeding year, provided that a regular meeting that is
32 rescheduled on reasonable notice to the public is still a regular board meeting.
33

34 **Special Meeting** means any board meeting other than a regular meeting, including
35 an emergency meeting.
36

37 **Emergency Meeting** means any board meeting conducted for the purpose of
38 addressing time sensitive matters that may not be capable of resolution within the statutory
39 or delegated authority of the Executive Committee or the CEO. If an emergency meeting is
40 conducted on less than the customary public notice, public notice shall be published as
41 soon as practicable. If the agenda of an emergency meeting is not available in advance, the
42 agenda will be published as soon as practicable after the emergency meeting.

Mary Jane Michael, Chair

Laraine Derr, Secretary

Audit & Risk Committee Report / Update

To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Sarah Morrison, Acting Chief Financial Officer
Date: January 21, 2020
Re: Audit & Risk Committee Report

REQUESTED MOTION:

The Audit & Risk Committee recommends that the full Board of Trustees accept the FY2019 financial audit report as presented by BDO on January 3, 2020.

Meeting Summary:

There has been one meeting of the Audit & Risk Committee since the last board report, occurring on January 3, 2020. The meeting was attended by trustees Anita Halterman (chair), Vernè Boerner, Chris Cooke, Ken McCarty, and Mary Jane Michael. Trustee Laraine Derr participated via teleconference. John Sturgeon had an excused absence.

The January 3, 2020 Audit & Risk Committee addressed one item:

Acceptance of the FY2019 Annual Audit Report: The Committee reviewed the final audit report prepared by BDO LLP. BDO gave a presentation and answered questions. The Committee moved to recommend acceptance of the report by the full board.

The Audit & Risk Committee concluded at approximately 9:15 am. The next scheduled meeting of the Audit & Risk Committee is ***April 22, 2020***.

Program & Planning Committee Report / Update

To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Steve Williams, Chief Operating Officer
Date: January 22, 2020
Re: Program and Planning Committee Report

REQUESTED MOTION:

The Program and Planning committee recommend that the board of trustees adopt the amendments to the FY21 budget as included in the program and planning committee packet for the January 3rd, 2020 meeting. The amendments do not increase or decrease the FY21 budget as approved by the board of trustees on August 29, 2019.

The meeting occurred on January 3, 2020 and was attended by trustees Verné Boerner (chair), Christopher Cooke, Anita Halterman, Ken McCarty, Mary Jane Michael, and Laraine Derr (via phone).

John Sturgeon had an excused absence.

Meeting Summary:

The following items were presented and discussed by the committee.

1) *Update on the potential purchase of the Porcupine property*

Trust Authority Office and Trust Land Office staff provided an informational presentation to trustees on the history of Trust work to relocate the Alaska Mental Health Consumer Web and, potentially, another partner organization CHOICES Inc., into an updated facility that meets the functional needs of the organization(s) and is welcoming for the beneficiaries they serve. The overview included the following:

- historical timeline of this work;
- description of both organizations and the services they provide;
- overview of the Trust's grant awards to each organization since SFY08;
- overview of the current facilities respectively and the need to relocate;
- examples of other Trust Program Related Investments (PRI);
- the location of the Porcupine property and a description of the current facility;
- projected costs for purchase, renovation and future deferred maintenance;
- draft office layout/space planning assuming both organizations occupy the facility; and
- identified next steps for property acquisition and construction.

2) *Comprehensive Integrated Mental Health Program Plan (COMP Plan) update*

Department of Health and Social Services (DHSS) and Trust staff provided an information presentation to trustees on the work to date and the planned work for the remainder of the fiscal year. This included highlights of the action planning conducted with division

leadership within DHSS and the draft action plan for each goal, objective and strategy outlined in the COMP Plan.

The presenters also included an update on the Alaska Scorecard. The update focused on the history (2007-19) and purpose of the Scorecard, who develops, maintains and updates the Scorecard, the value of the Scorecard for monitoring and tracking targeted beneficiary health indicators, and the work underway to revise and align the current Scorecard with the COMP Plan

3) *Crisis Now update*

Trust and the Department of Health and Social Services staff provided an update to trustees on the development and planning for implementation of the Crisis Now model in Alaska. The update included a high-level overview of the model and its four core elements:

- Regional or statewide crisis call centers,
- 24/7 mobile crisis teams
- short-term, sub-acute residential stabilization programs, and
- the essential crisis care principles and practices.

Trust staff and trustees also provided a report out on the December Crisis Now Immersion site visit. The purpose of the visit was to meet with operating staff and see the model in action. Trust staff, trustees and over twenty key stakeholders went to Phoenix, AZ and participated on the trip. Trustees Boerner, Derr, and McCarty shared their impressions and takeaways from the trip. Finally, trustees heard about the work our contractors, RI International, did with stakeholders in three Alaska communities (Anchorage, Fairbanks and the Mat-Su Valley) to assess needs and make recommendations for implementing the Crisis Now model. Trustees were provided a copy of RI International's final report. The update concluded with identifying short- and long-term next steps for moving development and implementation of the model in Alaska.

4) *Approvals*

The committee approved two requests that will require approval by the board of trustees at their upcoming January 29-30, 2020 meeting. The approvals were recommendations that:

- a) The full board of trustees approve a change of intent for the FY20 Rural HCBS Coordinator project to convert it from FY20 MHTAAR funds allocated to the Department of Health and Social Services, Division of Senior and Disabilities Services to FY20 Authority Grant funds in the Housing & Long-Term Services and Supports focus area titled HCBS Projects to be allocated at a later time.
- b) The board of trustees adopt the amendments to the FY21 budget as included in this memo. The amendments do not increase or decrease the FY21 budget as approved by the board of trustees on August 29, 2019. The amendments were:
 - Approval of \$89.0 of the previously approved \$150.0 from the *Integration of pediatric care and behavioral health* Authority Grant line item to be designated as FY21 MHTAAR funds to support the third year (5-year project) of the Partner Access Line – Pediatric Alaska (PAL-PAK) project.

- Approval of \$96.3 of the previously approved \$300.0 from the *Improve social determinants of health for families and young children: Peer Support/Parenting Policy, data & programs* line items Authority Grant funds as FY21 MHTAAR funds for continued support of a Research Analyst III (RAIII) position at the Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse (AMHB/ABADA).
- Approval to change the current budget line item title from “Special needs housing grant & Statewide Homeless Coalition Capacity Development (FY2018 – FY2022; MHTAAR Lapses June 30, 2022)” to “Special Needs Housing Grant”.
- Approval to change the previously approved Peer Certification FY21 Authority Grants funds (\$125.0) to FY21 MHTAAR funds. This request only changes the fund source type.
- Approval of \$80.0 of the previously approved \$200.0 Authority Grant funds from the *Implement CIT training Courses: Anchorage and others* to be designated as FY21 MHTAAR funds to the Department of Public Safety, Alaska State Troopers. These funds will be used to support the provision of CIT training to Alaska State Troopers in both urban and rural statewide as well as Village Safety Police Officers.
- Approval of \$80.0 of the previously approved \$200.0 Authority Grant funds from the *Implement CIT training Courses: Anchorage and others* to be designated as FY21 MHTAAR funds to the Department of Public Safety, Alaska Police Standards Council. These funds will be used to support the provision of CIT training to rural law enforcement, corrections, and probation officers to attend and receive CIT training courses certified by the Alaska Police Standards Council (APSC).
- Approval to: (1) change the change the current budget line item title from “Reentry special needs housing” to “reentry transition supports” and (2) remove AHFC as the Dept/RDU/Component (or recipient) of these Authority Grant funds (\$150.0).

5) *FY21 Developing Areas of Investment*

Trust staff presented an informational memo to trustees describing two areas of concerted effort to improve Alaska’s continuum of care and the lives of Trust beneficiaries: (1) Crisis Now model and (2) further investment in the Trust’s Housing and Homelessness focus area. Staff provided background for context and described potential work requiring additional funding resources in each of these areas. Trust staff concluded noting that formal requests for any funding would be presented to trustees at a future meeting, potentially as early as the January board of trustees meeting.

The meeting closed with an opportunity for each trustee to offer reflection or comment on the information presented and discussed during the meeting.

The Program and Planning Committee adjourned at approximately 4:30pm. The next scheduled meeting of the committee is **April 22, 2020**.

FY21 Budget Approvals

MEMO

To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Katie Baldwin-Johnson, Senior Program Officer
Date: January 22, 2020
Re: FY21 Unobligated Allocation: Crisis Now efforts

REQUESTED MOTION:

Approve using \$1,700,000 of FY21 unobligated funds to increase the FY21 Crisis Continuum of Care line in the Substance Abuse Prevention and Treatment focus area, for a total amount of \$2,600,000.

BACKGROUND

During the January 3rd Program and Planning Committee, staff presented possible developing areas of investment for allocation of FY21 unobligated funds. Staff brought forward options to support implementation of the Crisis Now Model opportunities for FY21. Staff intended to bring forward more specific recommendations for Trustee approval during the January 29th and 30th full board meeting.

The Trust is deploying FY20 trustee approved funding to support the current efforts to improvement our psychiatric crisis continuum of care including the implementation of the Crisis Now Model in Alaska. To date, Trust funds have enabled the Trust, the Department of Health and Social Services and our community partners to (1) learn about the model and its core components, (2) understand how the model has been developed and implemented in other locales, and (3) identify next steps for developing and implementing the component(s) of the model in Alaska. This work will continue for the remainder of the year and within the available budget. This planning work has been and will continue to be critical for successful implementation.

Recognizing that this work would require a sustained effort, Trust staff recommended and trustees approved \$900.0 in the FY21 budget as a strategy under the Substance Abuse Prevention and Treatment focus area, titled *Crisis Continuum of Care*. However, based on the *Crisis Now* consultation report from RI International, a deeper understanding of steps and complexity required for implementation gained from our consultants and operators in other locales, and feedback from the Department and community providers, it is clear that additional funds will be required to keep the momentum and effort progressing. Described below is how additional FY21 funds would be deployed.

Staff recommends trustee approval of \$1,700,000 of unobligated FY21 funding to increase FY21 *Crisis Continuum of Care* strategy funds to \$2,600,000.

PROJECT DESCRIPTION

Improvement of psychiatric crisis continuum of care:

The following are the intended strategies with projected costs, informed by the RI Crisis Now Report, for how Trust funding would be used. Planning grants will enable communities to apply for funding to develop collaborative programming and financial models for components of the model. The funding for capital and/or startup provides resources to help incentivize development of new programs. Additionally, funding for the crisis call center will provide resources to assist in acquiring necessary technology. Trustees can expect regular updates on progress on the deployment of funds and implementation of the Crisis Now model. And, if required a request for approval of any projects above the CEO authority level. Staff will be working with other potential funding sources where possible to leverage Trust funding.

- **Planning Grants-** \$250,000

Establish a designated grant fund for planning grants that will assist communities and non-profit agencies to plan and design programs and systems that improve crisis response in communities across the state. These funds are intended to incentivize local planning processes to develop coordinated and collaborative programs to improve crisis response to individuals in psychiatric or behavioral health crisis.

- **Capital and Operating Grants** - \$1,500,000

Organizations looking to develop and implement new crisis intervention services will need financial support for construction, equipment and start-up operational costs to launch new services. Most providers do not have the assets necessary to assume these costs and without capital and initial operating financial assistance, these programs will most likely not be established. The Trust is uniquely positioned to assist with these types of investments as well as leveraging funding partnerships with other funders in Alaska. Funding will be directed towards launch of core model components which may include mobile crisis outreach, and crisis stabilization, including the 23 hour crisis observation and short term stabilization.

While concurrently exploring models that work effectively in non-rural communities, the Trust simultaneously may support strategies to develop, enhance or expand regional capacity to better serve individuals in behavioral health crisis in rural communities. Examples of this may include but are not limited to enhanced use of telehealth and expansion of statewide Designated Evaluation and Treatment capacity. Tribal health is a critical partner in identification of needs and opportunities. FY21 funding may also be allocated for rural-based planning and projects.

- **Regional or Statewide Crisis Call Center** – \$500,000

This program uses technology for real-time coordination of crisis service deployment across systems of care and leverages data for performance improvement and accountability across systems. A crisis call center provides telephonic crisis intervention, dispatches local mobile crisis teams to individuals in the community and has the capability to track navigation of an individual in crisis from first point of contact until appropriate level of intervention is received. This program serves as the “care traffic control” for individuals in crisis, not dissimilar to air traffic control functions. These funds will support the purchase of necessary technology to manage the center and track crisis calls and dispositions.

- Contractual support & administration funds- \$350,000

The Trust has benefitted greatly from the contractual expertise to advise how Alaska may move forward with the *Crisis Now* model. We anticipate successful implementation will require additional contractual support to provide continued expertise to ensure the planning, coordination and execution of a strategic work plan to achieve goals and meet specific success at determined timelines. Contractual support will help the Trust, Department and key partners move this initiative and other crisis system improvements forward. We estimate contract funds will be in the range of \$100,000.

The remaining \$250,000 will serve as administrative funds to support administration and coordination of effort which could include but is not limited to support for non-Trust stakeholder travel for site visits, costs associated with convening meetings and other small administrative contracts as identified.

Staff anticipate FY21 will be focused on moving forward with the recommendations in the RI Crisis Now Consultation Report, directing funding and staff resources towards moving planning forward for Anchorage, Mat-Su and Fairbanks, leading to improvements in crisis response in each community. We will move forward with our rural and tribal partners to explore whether elements of the Crisis Now Model are applicable to rural communities as well as seek guidance on strategies to improve crisis response in rural Alaska. The Crisis Now Model and new services coming on line through the 1115 Behavioral Health Waiver creates opportunity for the Trust and partners to make transformational improvements in the care of Trust beneficiaries experiencing mental health crisis.

MEMO

To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Katie Baldwin-Johnson, Senior Program Officer
Date: January 22, 2020
Re: FY21 Unobligated Allocation: Addressing Identified Gaps in the Crisis Psychiatric Response System

REQUESTED MOTION:

Approve using \$450,000 of FY21 unobligated funds to address identified gaps in the crisis psychiatric response system. These funds will be approved as FY21 MHTAAR grants to the Department of Health and Social Services as follows:

- *\$75,000: Statewide Designation Evaluation & Stabilization /Designation Evaluation & Treatment Coordinator*
- *\$75,000: Adult Protective Services III position*
- *\$300,000: Mental Health Professionals off site evaluations*

BACKGROUND

The Department of Health and Social Services (DHSS) submitted a written plan titled, “Addressing Gaps in the Crisis Psychiatric Response System” on January 21, 2020 in response to Judge Morse’s court order focused on specific challenges with the Title 47 system. Title 47 is the legal process for involuntary civil commitment for beneficiaries who have been determined to be a danger to themselves or others, or are gravely disabled. These “flaws” in this process have created significant backlogs of mental health patients in hospital emergency rooms and the Department of Corrections (DOC). DHSS has coordinated closely with the Trust and other key stakeholders involved in the behavioral health system to identify actions that will address specific gaps in the psychiatric response system.

The Trust has partnered with DHSS over the years to improve the behavioral health system, including substantial investment in department capacity to assist in the development of the 1115 Behavioral Health Waiver and most recently, exploration of the Crisis Now Model as an exemplar model for an optimized psychiatric crisis response system. The key components of the Crisis Now Model are included in the department’s written plan, which articulates the opportunity to implement this model to make long-term transformational changes to Alaska’s response to mental health crisis.

PROJECT DESCRIPTION

Consistent in our partnership with DHSS, the Trust is well positioned to provide funding in FY21 to help increase the department’s capacity to implement specific items in the plan that ultimately will have a positive impact on Trust beneficiaries experiencing mental health crisis. The three elements of the plan recommended for funding include partial funding for two positions and contractual funding to support timely Title 47 evaluation and re-evaluation. Trust staff

recommend funding for a three year period including FY21-FY23. Steady funding provides the department time to bring additional services on line through the 1115 and implement elements of the Crisis Now Model which will positively impact the statewide system of care. An explanation of these recommendations follow:

The Trust will share the cost with DHSS to support 2 positions within DHSS to implement the plan. These positions include:

1) \$75,000: Statewide Designation Evaluation & Stabilization (DES)/Designation Evaluation & Treatment (DET) Coordinator (Department of Health & Social Services, Departmental Support Services):

- Housed in the Commissioner's office, this position will streamline the coordination and review process of all *ex parte* orders; currently, performed by the Department of Law paralegals in each judicial district across the state. By moving the body of this work to the Commissioner's office, DHSS will ensure timely coordination and review of all *ex parte* orders filed. This position will create a single point of contact for the department and partners as well as be central to implementation of the Crisis Now Model.
- Through this Statewide DES/DET Coordinator, the department intends to improve patient care and reduce administrative burdens on emergency departments, DOC, and DET facilities including API as well as the Department of Law. This will be a significant change in practice and through this coordinated, patient-centered approach Trust beneficiaries will be better served.

2) \$75,000: Adult Protective Services (APS) III position (located Anchorage) (Department of Health & Social Services, Senior and Disabilities Services):

- This will be a dedicated position responsible for assisting with institutional discharge planning from hospitals and Department of Corrections and petitions for guardianship, which will significantly improve discharge planning.
- APS will benefit immensely from a position solely focused on institutional discharges from API, hospitals, and DOC. Currently, APS is not able to prioritize these locations over other vulnerable adults in crisis. This position will be critical to help avoid Trust beneficiaries from being *ex parte*'d who are not appropriate for API or DET.

Increase timely access to evaluations

3) \$300,000: Mental Health Professionals (MHP) off site evaluations (Department of Health & Social Services, Departmental Support Services):

- Funds will be used for contractual resources to support provider agreements to perform clinical reviews of *ex parte* evaluations for individuals awaiting transfer to a DES/DET and API. Through provider agreements, DHSS will ensure that individuals subject to a Title 47 evaluation order, who are waiting to be admitted to an evaluation facility have a mechanism to be evaluated outside of an evaluation facility to determine if that individual no longer meets evaluation criteria and could be transported to an alternate facility.
- Contracts with MHPs will be contracted through provider agreements which are estimated to perform 2,000 clinical reviews per year at a maximum of \$300 dollars

each. The total project need is \$600.0 of which \$300.0 is recommended for Trust support.

Ultimately staff view this as an opportunity to partner with the department on near term solutions that will ultimately improve coordination of care across systems and improve circumstances for Trust beneficiaries.

ADDRESSING GAPS IN THE CRISIS PSYCHIATRIC RESPONSE SYSTEM



JANUARY 21, 2020 | CASE # 3AN-18-09814CI



TABLE OF CONTENTS

INTRODUCTION 4

THE CURRENT SYSTEM OF CARE 5

EXISTING EFFORTS 7

**TRACKING OF EX PARTE RESPONDENTS WAITING FOR
ADMISSION TO API OR DET 12**

90-DAY PLAN 14

**OTHER CONSIDERATIONS: FUTURE LONG-TERM WORK ON
THE BEHAVIORAL HEALTH SYSTEM 21**

APPENDICES 26

INTRODUCTION

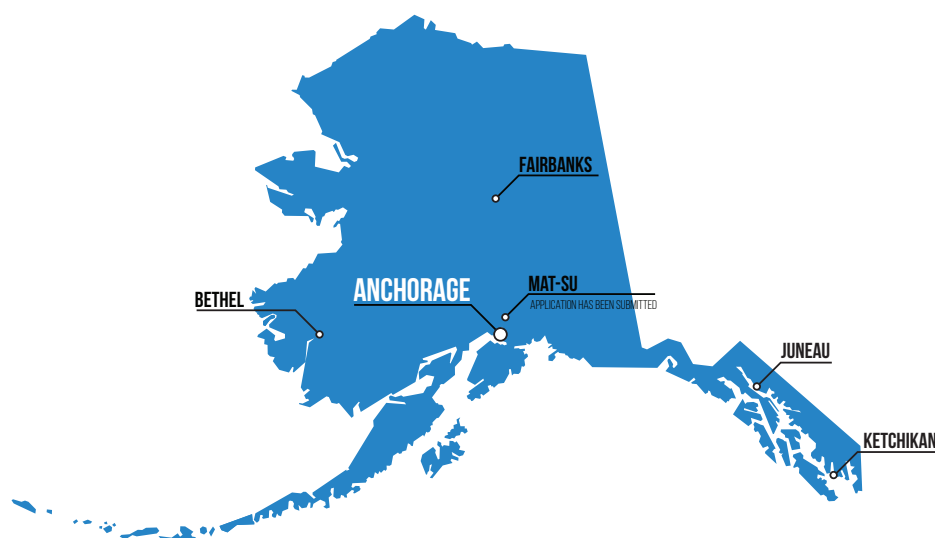
This report is submitted pursuant to the court order dated October 21, 2019, which was issued after a multiday evidentiary hearing. The court ordered the Department of Health and Social Services (DHSS) to submit a written plan explaining how it intends to address certain flaws in the Title 47 system in the Anchorage area.¹

The order focused on places where the system has backed up: specifically, Department of Corrections (DOC) facilities and the emergency departments (ED). The Title 47 system of care is one part of the larger continuum of care related to behavioral health services in Alaska. To address these issues, we must more broadly address the systems of care if this plan is to be successful.

THE TITLE 47 SYSTEM OF CARE IS ONE PART OF THE LARGER CONTINUUM OF CARE RELATED TO BEHAVIORAL HEALTH SERVICES IN ALASKA. TO ADDRESS THESE ISSUES, WE MUST MORE BROADLY ADDRESS THE SYSTEMS OF CARE IF THIS PLAN IS TO BE SUCCESSFUL.

During the formulation of this response, DHSS has coordinated with numerous stakeholders involved in the behavioral health system, and has attempted to coordinate the response to this court order with many ongoing efforts around the state both within and outside of DHSS. DHSS is committed to the continued coordination of these efforts beyond this report, and to continue to meet the mission of DHSS to improve the health of Alaskans today and in the future. However, this report is focused on the Title 47 system of care in the Anchorage area.²

MAP OF DES/DET LOCATIONS IN ALASKA



1. DHSS reads the court's order as intending to focus on the problems presented in the hearing, which were problems in the Anchorage area. To the extent that the court wanted DHSS to consider statewide issues, please see footnote 2.

2. As noted below there is a statewide system of care for acute psychiatric care, which is funded by the State of Alaska, Department of Health and Social Services (DHSS). However, the provision of this care, outside of API, is done by facilities that are not owned or operated by the State of Alaska. Four facilities at this time provide emergency care in Alaska under the Designated Evaluation and Stabilization or Designated Evaluation and Treatment facility (DES/DET) programs. Currently there are two DES facilities in Alaska (Yukon-Kuskokwim Delta Regional Hospital and Ketchikan PeaceHealth Medical Center) and two DES/DET facilities (Fairbanks Memorial Hospital and Bartlett Regional Hospital). In November 2018, North Star Behavioral Health System was granted DET status, but is not currently accepting DET patients. The DET facilities are directly impacted as they provide both the evaluation and the treatment (similar to API). The DES facilities provide evaluation and stabilize for up to seven days. Individuals can only be committed to a DET and not a DES. To be clear, the evidence presented at the hearing focused on the Anchorage area and the problems in Anchorage and the Third Judicial District. DHSS' plan for the DET services provided in Fairbanks and Juneau at the request of those hospitals is that we "do not fix what is not broken" and to continue to support those DETs. DHSS acknowledges the requests of our partners in Fairbanks and Juneau. This plan focuses on the Anchorage bowl area and recognizes that fixing the psychiatric system of care in Anchorage is critical. However, many of the issues and concerns that were raised in litigation simply do not exist in those locations. DHSS recognizes that the DETs of Fairbanks Memorial Hospital and Bartlett Regional Hospital are a critical component of our system of care, and believes that implementing an "Anchorage-focused" solution is what is currently required.

As used in this document, "Title 47" refers to Alaska Statute Title 47, Article 9, "Involuntary Admission for Treatment."

THE CURRENT SYSTEM OF CARE

HISTORY

In 1956, the Mental Health Trust Enabling Act transferred responsibility for mental health services from the federal government to the territory of Alaska and ultimately the State of Alaska. In addition to some initial federal funds to support these services, one million acres were granted and selected from the public lands in the State of Alaska. These lands and the income and proceeds thereof were to be administered as a public trust and such proceeds and income were to be first applied to meet the necessary expenses of the mental health program in Alaska. The Legislature of Alaska was given a fiduciary responsibility to manage this public trust.

As noted by Dr. Jerry L. Schrader, former director of the Alaska Mental Health Program, before 1981, Alaska Psychiatric Institute (API) was the only designated psychiatric facility in the state, meaning it was the only facility in the state that could involuntarily hospitalize people for behavioral health evaluation and treatment.

It is possible for other hospitals to provide these services. However, hospitals must voluntarily apply for designation to evaluate respondents. In 1981, the Senate Health, Education, and Social Services Committee acknowledged the practical problems of getting facilities to perform evaluations by questioning what would happen when hospitals refused to take potentially psychotic patients. The committee did not resolve that question. From 1981 until very recently, only Fairbanks Memorial Hospital and Bartlett Regional Hospital became designated facilities.

In 1981, Alaska adopted a decentralized system of behavioral health care in a major revision of the civil commitment statutes. The rationale behind this approach was that in-community services would be developed which would reduce the need for institutional care.

In practice, however, Alaska never developed a strong system of behavioral health community services.³ Unfortunately, the number of Alaskans needing mental health services has risen, while recruiting and retaining mental health providers and substance abuse providers has only become more difficult. These problems have resulted in increasing pressure on API, the court system, DOC, public safety, and hospitals, including emergency departments.

The physical and functional capacity of API itself was reduced over the years. In 1962, API was built with 225 beds, when Alaska's population was much lower than it is now. In 1992, a study indicated that 162 beds were needed. A meeting in 1992 called the "Alyeska Accord" with 42 statewide mental health advocates and stakeholders resulted in a plan for 114 beds, with additional outpatient services. Following legislative funding decisions and

3. In fact, by 1982, a class action suit was filed due to the lack of behavioral health services within the state. The outcome of this case resulted in restoration of the original trust and reconstruction of its assets. Compare State v. Weiss, 706 P.2d 681 (Alaska 1985).

THE CURRENT SYSTEM OF CARE (CONT.)

DHSS' search for non-general fund money, in 2005, the new API building opened with only 80 beds.

Because Alaska never developed a strong system of behavioral health community services, the DES/DET beds have been the primary means of treatment for those with acute psychiatric needs.

CURRENT STATUS

Both Fairbanks Memorial Hospital and Bartlett Regional Hospital in Juneau have been designated evaluation and treatment (DET) facilities for years, with both accepting voluntary and involuntary patients. Mat-Su Regional Hospital will start operating a new psychiatric unit in January 2020, and submitted their DET application to the Division of Behavioral Health on January 14, 2020. DHSS anticipates that DET designation will be granted after official review is complete. Fairbanks Memorial Hospital operates 20 beds, Bartlett Regional Hospital operates 12 beds, and Mat-Su Regional Hospital will operate 16 beds when at full capacity.

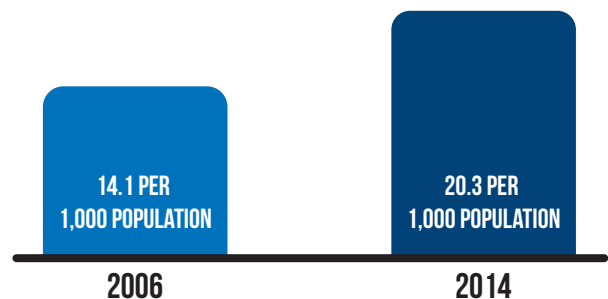
Over the last several years, there have been attempts to address staffing shortages at API through legislative appropriations for psychiatric nurses and other specialized positions. Unfortunately, API has still struggled to fill these funded positions due in part to the state hiring system. Despite the unique needs of API, including its requirements to adhere to strict regulatory standards by multiple oversight agencies, it is subject to the collective bargaining agreements (CBA) governing statewide administrative employees. The current statewide CBAs are dissimilar to the expectations of hospital regulators.

Nationally, over the last several years, there has been a large rise in patients presenting with behavioral health challenges. A 2017 Centers for Disease Control and Prevention (CDC) report estimated a 44% increase in the rate of mental health and substance abuse-related ED visits from 2006 to 2014 with suicidal ideation growing the most (415%).

For a detailed analysis of these statistics please see:

<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb227-Emergency-Department-Visit-Trends.pdf>.

RATE OF EMERGENCY DEPT. VISITS FOR MENTAL HEALTH AND SUBSTANCE ABUSE



Nationally and statewide, this rise in patients presenting in crisis has only been exacerbated by a shortage of behavioral health providers. There simply are not enough providers to meet these needs, including medication prescription and management and all types of talk-based therapy. This has made staffing and care models a challenge in the outpatient setting, in hospitals, and emergency departments, as well as inpatient facilities such as API and other DET facilities.

Given the increase in cases and the lack of a full continuum of care for behavioral health emergencies in the state, many components of this system are continually stretched beyond capacity, especially in Anchorage.

GIVEN THE INCREASE IN CASES AND THE LACK OF A FULL CONTINUUM OF CARE FOR BEHAVIORAL HEALTH EMERGENCIES IN THE STATE, MANY COMPONENTS OF THIS SYSTEM ARE CONTINUALLY STRETCHED BEYOND CAPACITY, ESPECIALLY IN ANCHORAGE.

EXISTING EFFORTS

DHSS and its partners have been engaged for several years in the planning and development of solutions for the complex challenges (and gaps) in the Alaska system of care. Some of these are highlighted below, and range from API-specific to preventative and systemic changes.

EFFORTS TO STUDY THE PROBLEMS

In recent years, both the state and other advocates have been focused on finding solutions to these challenges. These advocates include DHSS, local communities, hospitals, tribes, the Alaska Mental Health Trust Authority (the Trust), DOC and others. The support of the Alaska Mental Health Trust Authority has been essential to many of these efforts.

In 2018, the Alaska State Hospital and Nursing Home Association (ASHNHA) requested funding from the Trust to form a working group to convene stakeholders with the intention of developing statewide solutions to gaps and delays in the continuum of care for behavioral health. The Trust provided funding of \$95,000 that led to creation of the ASHNHA Acute Behavioral Health Improvement Project, which issued a final report in April 2019.⁴ DHSS was a participant in this working group. One of the recommendations from this report was to establish a crisis stabilization center apart from emergency departments.

For the past several years, DHSS has been exploring the possibility of establishing crisis stabilization services. In December of 2017, DHSS organized a site visit to New Jersey to look at mobile crisis teams, and brought other advocates including the Trust and community providers. In August 2018, then-director of the Division of Behavioral Health, Randall Burns, gave a presentation to the Trust board of trustees that included emphasis on crisis stabilization and focus on psychiatric care.

In September 2018, DHSS issued a request for proposals (RFP) for Substance Use Disorder Services Expansion, including crisis stabilization. Bartlett Regional Hospital proposed a new crisis stabilization center, which was funded by DHSS and additionally funded by the Trust. The hospital is currently working with DHSS and the Trust to stand up the new center.

The Trust has continued coordination of crisis stabilization efforts, investing considerable resources in pursuing appropriate and timely solutions. It issued an RFP on July 25, 2019 for a contractor to provide consultation, assessment, analysis, and recommendations to support the conceptualization of a Crisis Now Model in Alaska. This contract was executed August 8, 2019, and the final report was issued on December 27, 2019.⁵

4. Available at https://www.ashnha.com/wp-content/uploads/2019/05/ASHNHA-Acute-Behavioral-Health-Project-Report_FINAL-with-Full-2018-Data5-03-19.pdf

5. Available at <https://alaskamentalhealthtrust.org/wp-content/uploads/2019/08/HandOut-RI-Crisis-Now-Alaska-Consultation-Report-12.27.19.pdf>

EXISTING EFFORTS (CONT.)

DHSS has been fully engaged with this project, as well as continuing to receive support from others, such as the Milbank Foundation, to receive technical assistance and training on crisis stabilization. Staff from DHSS attended a two-day meeting in Arizona December 17-18, 2019 with members of the Trust, tribes, law enforcement, hospitals, behavioral health community providers, and other funders to see how this model could be used to address the behavioral health crisis system of care.

The Crisis Now Model, if implemented as designed, would become a part of a more robust system of care in Alaska.

CURRENT NON-API, NON-DET RESOURCES

THE CARELINE CRISIS CALL CENTER



Alaska has a 24/7 crisis call center, Careline, which is located in Fairbanks but accessible to all Alaskans. However, Careline must be strengthened to be a true statewide system.

There are currently a number of separate systems of communication that are used in managing the psychiatric system of care in Alaska. They currently include: the Alaska State Troopers central call line, a DHSS contract with OpenBeds for bed availability, 2-1-1, the State Health Information Exchange (HIE), and the Emergency Department Information Exchange known as the "EDIE" system run through Collective Medical. Alaska is seeking to improve, coordinate, and enhance crisis call services, by establishing a contract for an Administrative Services Organization (ASO) to coordinate these efforts.

1115 MEDICAID WAIVER - SUBSTANCE ABUSE SERVICES

The state has committed to a long-term plan to tailor Medicaid in Alaska to meet the unique challenges in this state (including all aspects of behavioral health). The 1115 Waiver demonstration project provides reimbursement to Medicaid providers that incentivize Alaska's behavioral health providers to deliver new services designed to create a full continuum of care, in which individuals in need of varying levels of treatment may step up or step down to the appropriate level of care.

This effort officially moved forward in July 2017, when Alaska submitted its concept paper to the Centers for Medicare and Medicaid Services (CMS). The application process for the 1115 Waiver was a multiyear commitment, which is now in the implementation stage.

In 2018, CMS approved Alaska's Section 1115 demonstration project titled Substance Use Disorder Treatment and Alaska Behavioral Health Program, authorizing the state to implement additional services to enhance the comprehensive services available under the behavioral health system for children, youth, and adults with, or at risk of, serious mental illness, severe emotional disturbance, and/or substance use disorders. In July 2019, emergency regulations were released as the mechanism to activate funding for the substance use disorder (SUD) component. This includes reimbursement for 12 new Medicaid services to treat SUD. This means that SUD services made available under the 1115 Waiver may now be billed through the Alaska Medicaid program, and will be able to assist our community behavioral health providers to address the gap services across the state, because the population that experiences SUD that have been identified as high users of emergency rooms. "A large volume of individuals are in the ED, four out of five (approximately 78 percent in 2018) have an alcohol or drug-related diagnosis, including alcohol dependence, drug dependence, and nondependent abuse of drugs." (Alaska State Hospital and Nursing Home Association - April 2019.⁶)

EXISTING EFFORTS (CONT.)

1115 MEDICAID WAIVER – NEW BEHAVIORAL HEALTH SERVICES

Effective September 2019, the Division of Behavioral Health (DBH) received approval from CMS for the behavioral health component of the 1115 Waiver. The division is in the process of developing draft behavioral health regulations, which will be effective in the winter of 2020. With these new services, DBH is implementing 23 reimbursable services to treat persons suffering from SUD and behavioral health disorders. By offering payment to providers for these services, DHSS anticipates demonstrable relief on the acute end of care, such as hospitals and API, by providing community-based treatment options that prevent psychiatric emergencies in the first place. This will relieve unnecessary pressure on API.

The 1115 Waiver targets populations with mental disorders that would include clinical admission criteria as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

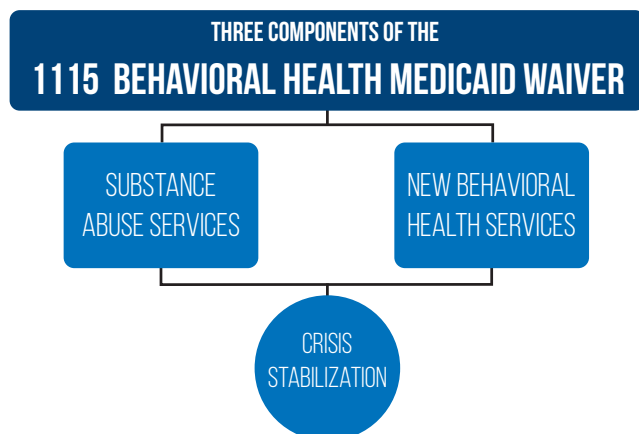
1115 MEDICAID WAIVER - CRISIS STABILIZATION

The 1115 Waiver also enables payment for service providers of critical elements of a crisis safety net system for individuals in acute mental health crisis. This will include 23-hour observation and stabilization centers, as well as short-term residential crisis stabilization programs, and mobile crisis mental health stabilization teams that work with people in the community to prevent the crisis from escalating.

These new services are intended to provide appropriate clinical interventions, in appropriate settings, by qualified mental health professionals and to connect individuals to the appropriate level of care and services within the community. Expanding services to include 23-hour and short-term crisis stabilization will reduce the reliance on hospital emergency departments and law enforcement as primary responders by establishing new programs designed specifically to respond to and stabilize mental health crises. These new program types will enhance the continuum of behavioral health intervention beyond what currently exists, which is limited to inpatient (institutional) and general mental health outpatient care.

6. Available at www.ashnha.com/wp-content/uploads/2019/05/ASHNHA-Acute-Behavioral-Health-Project-Report_FINAL-with-Full-2018-Data5-03-19.pdf

It is important to note that current data shows that bed capacity for mental health services can be impacted and, is impacted by persons suffering from substance use disorders. As the 1115 SUD programs and services come online we expect that there will be reduction of psychiatric beds being used by SUD recipients because those individuals, who are also in crisis, will receive services from SUD providers.



EXISTING EFFORTS (CONT.)

API

DHSS recognizes that the issues at API, while not solely responsible for the delay in psychiatric evaluations in the Anchorage area, are an important factor. There is no way to talk about solutions without mentioning the need for getting API back to full capacity as a fully functioning psychiatric hospital.



DHSS has been working diligently on a variety of mechanisms to get API back to full capacity. Those factors include, but are not limited to:

1. The contract with Wellpath Recovery Solutions has been in place since February 8, 2019. This contract currently extends to March 31, 2020, and has provided much needed stability in major components of the facility, including support for administrative and clinical work.⁷
2. Since November 2017, API has worked through at least 18 plans of correction based upon reviews of the facility by CMS and other accrediting or oversight agencies. CMS has periodically placed API under program termination dates due to “deficiencies [which] limit the capacity of the Alaska Psychiatric Institute to furnish services of an adequate level and quality.” Multiple reviews put API at the precipice of losing their certification with the Medicaid program, which would have been catastrophic.⁸ The consistent and diligent focus on coming into compliance with regulatory requirements in order to keep API open has led to improvements in the day-to-day operations of the facility. As of December 27, 2019, CMS (1) rescinded its termination action; (2) reinstated API’s “deemed” status through The Joint Commission, and (3) removed the hospital from state survey agency jurisdiction. In other words, API is now considered compliant and able to operate under state and federal rules.⁹
3. While much of the clinical staffing is more stable, we continue to struggle with staffing some clinical positions, maintaining enough psychiatric nurse assistants (PNA), and other shift staff to open more beds. In particular, it is difficult to achieve minimum staffing requirements on weekends, which dictates the number of patients that can be served during the week.
4. Over the last two years, DHSS has solicited multiple contracts to analyze the overall functionality and future of API. Those two contracts relate to the two types of services provided by API: civil commitment and forensic evaluation and restoration.

7. Available at: <http://alaska.gov/go/J0S3>

8. In a May 2018 survey, the surveyors found that a patient had been sexually assaulted by another patient and API staff had not properly responded to or reported this incident. In a January 2019 survey, the surveyors issued an “Immediate Jeopardy” finding, the most serious type of violation, based on unwanted sexual contact perpetrated on a patient that the facility did not properly respond to. (“Immediate Jeopardy” means the facility placed the health and safety of patients at risk for serious injury, harm, impairment, or death.)

Again, in an April 8, 2019 survey, the surveyors issued an “Immediate Jeopardy” finding, this time for improper restraints which placed the patient in immediate jeopardy for serious harm and/or death while restrained.

Detailed information can be found at: <http://alaska.gov/go/2AXK>

9. We caution the court, however, that API’s “deemed” status is in no way guaranteed. API achieved “deemed” status in Fall 2019, only to have it revoked three weeks later. Consistent and diligent work remains essential.

EXISTING EFFORTS (CONT.)

- API is a critical component of the Title 12 evaluation and restoration process for criminal defendants. In 2018, DHSS contracted for a forensic study to evaluate how to better serve this population without negatively impacting the level of care for civil patients at API.¹⁰
- In November 2019, DHSS entered into a contract with Western Interstate Commission on Higher Education (WICHE) to conduct a full analysis of potential operational models for API, including but not limited to status quo, privatization, or becoming a state public corporation. This analysis is due January 31, 2020, and is to consider qualitative and quantitative metrics including costs and quality of patient care.¹¹

10. Available at: <http://alaska.gov/go/2AXK>

11. Available at: <http://alaska.gov/go/R75R>

DES/DET SYSTEM OF CARE

As noted above, the current system of psychiatric care relies upon the DES/DET system. We currently have four non-state-owned participating providers in this system. The two non-state-owned DET facilities are Fairbanks Memorial Hospital and Bartlett Regional Hospital. The two DES facilities are Yukon-Kuskokwim Delta Regional Hospital and PeaceHealth Ketchikan Medical Center. Each of these facilities are critical to the overall functionality of the acute psychiatric system of care in Alaska. Additionally, Mat-Su Regional Medical Center is planning to open a 16-bed psychiatric unit in January 2020, and is expected to become another DES/DET provider.

This system of care is critical to success, but more concrete and focused effort needs to be made to ensure its continued viability. This includes working together on system improvements, looking at the funding of these services both in terms of inpatient bed days and in terms of the administrative costs it takes to operate these programs.

Additionally, the state has recognized that psychiatric care cannot solely rest upon acute crisis management within DET facilities under the involuntary commitment process. Because of this, various state agencies have been researching and planning for enhancements to psychiatric service components within the state.

TRACKING OF EX PARTE RESPONDENTS WAITING FOR ADMISSION TO API OR DET

The civil commitment process begins with a patient in crisis. Usually, the patient ends up in a health care facility or, in some locations, emergency departments, while awaiting evaluation and treatment.¹² DES/DET facilities and API used to take patients from the community without an *ex parte* order, but with the increasing wait times, often the emergency departments or DOC are the only 24/7 facilities that can hold patients awaiting transfer. If the treating providers find the patient is an acute threat to themselves, others, or is gravely disabled, they will file a petition for an *ex parte* order to hospitalize with the local court. The case is reviewed and if the judge or magistrate judge finds that there is probable cause, the respondent is mentally ill and either likely to cause harm or unable to care for themselves, then the *ex parte* order to hospitalize is granted. By statute, respondents are to be notified that they are being detained under an *ex parte* order; however, unless that happens at API, DHSS has no way to real-time track whether facilities are providing this notification as required.¹² Those notices are filed by the facility with the court. As the system has become overwhelmed, the respondents often wait for admission to API or another DET. Those individuals wait in referring hospitals across the state, or in some instances in a Department of Corrections facility. The Anchorage use of the DOC for psychiatric holds was higher during a period of time in 2018/2019; it is not a consistent issue in other districts.¹⁴

12. Although the emergency room and the psychiatric ward of Fairbanks Memorial Hospital are in the same building, clinically appropriate evaluations at FMH can only be done at the psychiatric ward, not the emergency room.

13. For DHSS to address the status, location, and expected arrival of *ex parte* respondents to API or a DET, DHSS must be able to identify each of these individuals. DHSS' ability to identify those subjects to an *ex parte* evaluation order is dependent upon the actions of non-DHSS parties – specifically, referring hospitals, community providers, or police/troopers who are seeking court orders for evaluation. DHSS can only become aware of individuals subject to an order once the court and/or parties transmit that information, at which time Gabriel C. requirements begin. Factors outside of DHSS control may delay such notification, such as technology failure in rural areas; the court system's choice not to fax orders; and the fact that some courts often send orders to API 24-28 hours after an order is signed.

In re Gabriel C., 324 P.3d 835 (Alaska 2014).

14. This is not an issue in Fairbanks, as the judicial officers will not issue an order to allow an *ex parte* to be held at a DOC facility or local jail; this does happen in Juneau on rare occasion and usually happens if weather or other transportation issues occur when a person is *ex parte'd* in rural Southeast Alaska.

ALTHOUGH THE SAME STATUTORY SCHEME APPLIES TO ALL, EACH DET FACILITY MANAGES THEIR PSYCHIATRIC CARE TO MEET THE NEEDS OF THEIR COMMUNITIES AND LOCAL COURT SYSTEM.

Each judicial district handles *ex parte* orders differently. Although the same statutory scheme applies to all, each DET facility manages their psychiatric care to meet the needs of their communities and local court system. The success of these DET providers should not be undermined by imposing changes to their system of care through this plan. Rather, the plan should ensure that the DET providers are supported as a critical component to the larger system of care.

TRACKING OF EX PARTE RESPONDENTS WAITING FOR ADMISSION TO API OR DET (CONT.)

Due to the lack of a consistent approach, tracking the location of a person subject to an *ex parte* order and who is supposed to be immediately transported to API or a DET facility has fallen squarely upon the Department of Law. In 2012, the court amended its *ex parte* order to require the Department of Law to track and monitor all *ex parte* orders by filing a status report with the court issuing the *ex parte* order every 24 hours while a respondent is awaiting transport to a DET. This is being handled by the three Attorney General's offices that track orders within their jurisdiction as follows:

FIRST JUDICIAL DISTRICT

The Juneau Attorney General's Office receives copies of most of, but not all *ex parte* orders, and only after the respondent arrives at Ketchikan PeaceHealth Medical Center or Bartlett Regional Hospital (BRH). The court often indicates that only Ketchikan PeaceHealth Medical Center or Bartlett Regional Hospital may be considered, and if so, those orders are sent only to the Juneau Attorney General's Office. A paralegal or assistant attorney general there works on the status reports and files them each day that a respondent has not been transported to API or the DET.

SECOND JUDICIAL DISTRICT

These *ex parte* orders are tracked sometimes by the Anchorage Attorney General's Office and sometimes by the Fairbanks office, because the court system is not consistent about indicating if only Fairbanks is to be considered or if all three evaluation facilities are to be considered.

THIRD JUDICIAL DISTRICT AND BETHEL

The Anchorage Attorney General's Office receives copies of all the *ex parte* orders, because those courts always indicate API should be one of the possible evaluation facilities. A paralegal there tracks every order, and their outcomes, in multiple spreadsheets.

FOURTH JUDICIAL DISTRICT

The Fairbanks Attorney General's Office receives copies of the *ex parte* orders. The Fairbanks court usually indicates that only Fairbanks Memorial Hospital (FMH) may be considered. The court system will send Fairbanks-only orders only to the Fairbanks Attorney General's Office. A paralegal there works on the status reports.

90-DAY PLAN

HIRE STATEWIDE DES/DET COORDINATOR

DHSS will create and hire a new position which will be placed within the Commissioner's Office. Through this statewide DES/DET coordinator, we hope to improve patient care and reduce administrative burdens on emergency departments, DOC, and DET facilities including API as well as the Department of Law. This will be a change in practice and through a coordinated, patient-centered approach at DHSS we hope to leverage all available resources to serve this patient population.

15. While it is expected that the position will be hired or filled within 90 days, it is important to note that the full operation of the DES/DET coordinator will be ongoing in terms of training and developing the communication and relationships with the referring hospitals, DET and DES facilities, and the court system.

THROUGH THIS STATEWIDE DES/DET COORDINATOR, WE HOPE TO IMPROVE PATIENT CARE AND REDUCE ADMINISTRATIVE BURDENS ON EMERGENCY DEPARTMENTS, DOC, AND DET FACILITIES INCLUDING API AS WELL AS THE DEPARTMENT OF LAW.

This position is designed to:

1. Ease the administrative burden on hospitals and the Department of Law to manage orders issued by courts;
2. Track available beds (API and DET facilities), keep a waitlist for admission and facilitate transportation of respondents. This will allow DHSS to assume much of the administrative burden by allowing DET facilities and emergency departments to focus on direct patient care.
3. Provide a mechanism for DHSS to be aware of and track the burden of behavioral health emergencies in the state, the number of *ex parte* respondents and the length of stay to inform systems change and programmatic work moving forward.
4. Assist in facilitating return to a person's home community if they are evaluated or treated in a different location.

Details on plans for this position include:

1. Responsibilities will be staffed using current resources, but DHSS will seek to staff or hire a full-time position within 90 days.¹⁵
2. Will be housed within the Commissioner's Office and shall report to the deputy commissioner who has responsibility over API.
3. Responsibilities will include serving as a single point of contact for the following:
 - a. Receiving any documentation related to management of Title 47 from hospitals or DOC.
 - b. Receive all Title 47 *ex parte* orders from all four judicial districts;

90-DAY PLAN (CONT.)

- c. Track all Title 47 *ex parte* orders to ensure completeness as well as patient movement and when *ex parte* petitions have been dismissed, revoked or vacated;
 - d. Receive and track daily updates on patient status and condition;
 - e. Provide information to referring hospitals and DOC on DET bed availability, wait times, and transportation;
 - f. Track and communicate other needed information for a patient transfer including successful medical screening and transfer information;
 - g. Coordinate between API, DET facilities (Bartlett Regional Hospital and Fairbanks Memorial Hospital), and DES (Ketchikan PeaceHealth Medical Center), and other providers to facilitate placement of those awaiting transport. NOTE: The DES/DET coordinator will not determine placement, but simply facilitate coordination between providers based upon clinical considerations;
 - h. Connect providers with psychiatric consultation (once established and available);
 - i. Coordinate as needed with other divisions within DHSS that could assist with patient care, including but not limited to the Office of Children's Services (OCS), Division of Juvenile Justice (DJJ), or Adult Protective Services (APS) housed within the Division of Senior & Disability Services (SDS);
 - j. Coordinate mental health professional(s) visits to various locations statewide to re-evaluate respondents, if necessary;
 - k. Coordinate with the implementation of the Medicaid Section 1115 Waiver (1115 Waiver) demonstration project to assist in improving the crisis response system of care.
4. The DES/DET coordinator **will not** replace strong, local referral and coordination patterns in Fairbanks or Juneau, but will be used to augment current practices to provide more transparency to the crisis system as a whole.

SUGGESTED REVISIONS TO MC-305

In order to allow for the best outcomes under this new system, the Alaska Court System should update form MC-305 by removing the option to select only certain DET facilities. This change will allow the DES/DET coordinator to work with the DETs to place patients quickly at the most appropriate DET.

Current MC-305 language:

The Department of Health and Social Services or its designee or _____ shall arrange for immediate delivery of the respondent to the following evaluation facility for examination and evaluation of the respondent's mental and physical condition:

- Alaska Psychiatric Institute
- PeaceHealth Ketchikan Medical Center
- Bartlett Regional Hospital
- Fairbanks Memorial Hospital
- Other

Proposed new MC-305 language:

The Department of Health and Social Services or its designee or _____ shall arrange for immediate delivery of the respondent to the soonest available evaluation facility, considering the respondent's clinical needs.



90-DAY PLAN (CONT.)

CREATE PROCEDURES TO ENABLE OFFSITE EVALUATIONS OF PERSONS WAITING FOR BEDS AT A DES/DET

The court's order requires DHSS to formulate a mechanism to re-evaluate respondents who are waiting admission to a DET.¹⁶ This reflects the information presented in evidentiary hearings indicating that some respondents are held under an order without timely re-evaluation for criteria, resulting in unnecessary hospital costs as well as long stays for the respondent.¹⁷

DHSS WOULD LIKE TO CONTRACT WITH OR CREATE A PROVIDER AGREEMENT FOR A "MENTAL HEALTH PROFESSIONAL" (MHP) AS DEFINED IN AS 47.30.915(13) TO RE-EVALUATE ANY PERSON BEING HELD ON AN EX PARTE ORDER THAT IS WAITING FOR TRANSPORTATION TO API OR A DET.¹⁸

To address this, DHSS would like to contract with or create a Provider Agreement for a "mental health professional" (MHP) as defined in AS 47.30.915(13) to re-evaluate any person being held on an *ex parte* order that is waiting for transportation to API or a DET.¹⁸

The purposes of this position are to help non-DET facilities which may be limited in their ability to evaluate patients, or to help clarify whether an individual still meets criteria under AS 47.30 and needs to be held pending transport to API or a DET for further evaluation or treatment.¹⁹

This model is based upon DHSS' long-standing psychiatric emergency services (PES) grant, under which grant recipients already provide this type of service in communities across the state.²⁰ By having agreements with MHPs to provide statewide services, DHSS will standardize the system of re-evaluation.

Details on this contractor(s) include:

1. Within 90 days, DHSS will issue a Provider Agreement statewide for mental health professionals (MHP) to apply to be providers under this plan. These providers will be paid for by the state, and will be deployed to facilities when respondents are not being transported to API or a DES/DET for a psychiatric evaluation within 48 hours of admission to the referring facility;
2. The MHP will work as a clinical resource for the statewide DES/DET coordinator and the hospitals;

16. Morse Order page 59, point 4: "Identify procedures and mechanisms whereby a person, subject to an evaluation order, who is waiting to be admitted to an evaluation facility can be evaluated, outside of an evaluation facility, to determine if that person no longer meets evaluation criteria or could be transported to an alternate facility."

17. In DHSS' experience, there is evidence outside of the hearings in this case that suggests a re-evaluation could be helpful. For example, DHSS is aware of a patient who was *ex parte'd* by a referring hospital because of suicidal ideation. Upon review, however, it was learned that the patient had not expressed suicidal ideation in over a week.

18. However, in order for the MHP to perform this duty, each hospital must give the MHP permission to screen respondents remotely or at their facility. DHSS cannot require the hospitals to grant permission, or to process a request for permission within any given time. DHSS' best estimate is that the process would take at least three to six months for each individual location. Once the permission issues are resolved, the evaluations will take place in person and when clinically appropriate. A remote evaluation process can be used that may include the use of internet-based telemedicine companies such as TeleDoc.

19. Based on clinical advice, the MHP will not file 30-day petitions, but will perform reviews of *ex parte* respondents. The MHP may or may not be a physician or psychiatrist. A mental health professional and a physician must sign a 30-day petition, but the legislative history indicates that the requirement of a physician was to make sure that a respondent was medically clear to travel to a DET. Therefore, having a "mental health professional" perform reviews is consistent with legislative intent.

20. See Appendix A for a statewide list of PES providers.

90-DAY PLAN (CONT.)

3. The MHP will provide additional mental health services and support to referring hospitals related to the clinical needs of the patient;
4. The MHP will be deployed to the referring facility if a respondent has not been transferred to a qualified DET within 48 hours of admission to the referring hospital;
5. Upon being deployed, the MHP will review the case with the referring hospital and potentially evaluate the patient;
6. If there is a discrepancy between the evaluation from the MHP and the referring hospital regarding the grounds for *ex parte*, either party may move the court for judicial review of the *ex parte* order.

Apart from arranging for re-evaluations by a qualified MHP, the other procedure to enable review of waiting *ex parte* respondents is judicial.

One option for judicial review would be to adopt the Fairbanks system of requiring a hospital to provide an update on the respondent's condition. Currently, the court system's form order requires DHSS – not the hospital with actual first-hand knowledge of the respondent – to file a status report. The Fairbanks court system was experiencing substantial conflict about respondents waiting for admission to Fairbanks Memorial Hospital's psychiatric ward. The conflict has been resolved by the emergency room filing a daily update on the respondent's condition. It is a narrative report, usually titled "Update on Respondent's Condition," submitted by a mental health professional, that provides a short update on the respondent's physical condition, the results of the last mental status examination, examples of the respondent's current behavior, present risk factors, and if the mental health professional believes that the respondent still meets criteria to be detained. If such reports were filed by those with first-hand knowledge of the respondent, the court system could review the reports and take any appropriate action. On DHSS' part, the court reports would be tracked by the DES/DET coordinator position.²¹

21. DHSS also believes that the court system should reinstate bench bar meetings regarding Title 47 and develop a court committee that includes referring hospitals and DES/DET facilities other than API. Lack of involvement by these parties contributes to confusion and inefficiencies. For example, in 2017, the Alaska Court System modified its MC 305 form so that it no longer expired after seven days, which in essence authorizes an indefinite hold. This would be an instance where stakeholder input prior to change would have been valuable to the system.

90-DAY PLAN (CONT.)

ORDER THE API WAITLIST BY PRIORITY RATHER THAN CHRONOLOGY

API is the only hospital under DHSS control and thus DHSS cannot dictate or clarify factors used in prioritization of admissions at Fairbanks Memorial Hospital or Bartlett Regional Hospital. Those facilities, or future DETs, should continue to use their best clinical judgment.

DHSS HAS BEEN AND CONTINUES TO BE FOCUSED ON STRENGTHENING THE CONTINUUM OF CARE, WHICH INCLUDES INCREASING THE BED AVAILABILITY AT API.

DHSS has been and continues to be focused on strengthening the continuum of care, which includes increasing the bed availability at API. However, DHSS recognizes that the way forward to address the Title 47 issues in the Anchorage area is much broader than simply staffing and increasing capacity at API. DHSS is not relying solely upon that “fix” to address the overall concerns about capacity in the Anchorage area. Even with full bed capacity at API, there may continue to be system pressures that result in a waitlist.

Considering these concerns, DHSS believes that there should be discussion on how patient admissions happen, including looking at priority lists, rather than relying solely upon admission based upon chronological factors. By looking at all of these factors, admissions will better reflect the needs of patient care across the continuum.

Currently, API uses a two-tier chronological admission system. Anyone in DOC custody or in the community is on the “community *ex parte* list.” That list has priority. Other patients are accepted in chronological order when the community *ex parte* list has been cleared.

Under this 90-day plan, in coordination with our hospital partners, API would move to ordering admission based on clinical condition of the patient, taking into account variables such as:

- The length of time the patient has been waiting for psychiatric evaluation and/or treatment;
- The patient's past medical and psychiatric history;
- The patient's clinical course; and
- The location of the patient currently held and available local resources.

The “community *ex parte* list” will remain the top admission priority, with the above factors applied to admission decisions within that list.

Admission to API is handled, and will continue to be handled, by the API Admissions and Screening Officer. The Admissions and Screening Officer routinely receives records from referring hospitals or other referrers (rural communities or DOC), and routinely speaks with referrers. The Admission and Screening Team consists of social workers and a Licensed Independent Practitioner (LIP). As noted above, the statewide DES/DET coordinator will work closely with the admissions officials at all DES/DET facilities, including API to ensure statewide tracking of individuals waiting for DES/DET services.

Bartlett Regional Hospital, Fairbanks Memorial Hospital, and any future DET facilities will retain their autonomy to make admission decisions to their hospitals.

90-DAY PLAN (CONT.)

PAY PARTICULAR FOCUS TO THOSE RESPONDENTS AT DOC FACILITIES²²

The population of *ex parte* respondent civil detainees in a DOC facility can be divided into two groups:

1. Persons subject to an evaluation order that DOC obtained while the person was in DOC custody;²³ and,
2. Persons subject to an evaluation order who were brought to DOC because an evaluation facility was unable to admit them and there were no criminal charges pending.

As to the first group, communication will be key to getting these individuals moved out of DOC custody as quickly as possible, but the DES/DET coordinator must be included in all decisions related to this matter. The DES/DET coordinator will commit to diligent efforts to work with DOC to assist with proactive planning for those that DOC identifies at entry as likely to need psychiatric care. DHSS, the Trust, and DOC met on December 20, 2019 to discuss better coordination and communication on individuals who are in DOC custody who are experiencing psychiatric issues. DHSS is committed to continuing these conversations.

There is no requirement for DOC to notify DHSS when a person is brought to DOC for a Title 47 admission. DHSS will make efforts to partner with DOC in creating a process of notification for Title 47 admissions.²³

As to the second category, this is more problematic as many times these placements are done out of necessity. In remote rural areas, the jail may be the only place to hold a respondent, and weather may prevent any ability to leave the location for days at a time.

DHSS cannot prevent law enforcement from transporting individuals to DOC or to a non-clinical restrictive setting, particularly because in rural areas law enforcement often consists of Village Public Safety Officers (VPSO) and/or Village Police Officers (VPO) and local jails and holding facilities are not under the control of DOC. For the Third Judicial District, this situation has arisen in such remote communities as Saint Paul in the Pribilof Islands. As to these respondents, DHSS commits to improving communication between DHSS and DOC, so that these individuals are discovered as soon as possible so the DES/DET coordinator can facilitate further evaluation or transportation to API or a DET as soon as possible.

While it is DHSS' intention to limit jail stays as much as possible, it cannot guarantee that every person in protective custody can or will be released within 24 hours.

22. This is a problem specific to the Anchorage area. In the Fourth Judicial District, judges will not authorize ex parte orders for those in facilities operated by the Department of Corrections. In the First Judicial District, there are rare instances where a judge will authorize an ex parte order on someone who is in a rural area and there is no other safe holding place other than a jail or similarly restrictive facility.

23. The DOC requests an ex parte evaluation only after a person has entered DOC on criminal charges which are subsequently dismissed or resolved in a manner that would require immediate release to the community. DOC only requests ex parte evaluations for those individuals believed to be gravely disabled or who present a danger to themselves or others.

24. It is important to note that communication and coordination with rural jails will be much more complicated due to the number of entities we will need to work with and the fact that many rural jails do not have these issues or the issues are very rare. Despite this challenge, DHSS is evaluating how to use the DES/DET coordinator as a means to improving that communication.

90-DAY PLAN (CONT.)

Finally, the statutory language is that a respondent may only be held in a jail for “protective custody purposes,” and this is an individualized determination for each respondent. Because clinical considerations are paramount, DHSS cannot create a blanket category of those ineligible for protective custody. However, we do agree the courts should be noticed immediately when a placement in a DOC facility or a local jail occurs.

The DES/DET coordinator will be available for DOC leadership, the Alaska State Troopers, and local law enforcement agencies should they choose to use that resource.

CREATE PROCEDURES TO ADDRESS RESPONDENT’S NOTIFICATION OF RIGHTS

By statute, an *ex parte* respondent is supposed to receive notice of their legal rights upon admission to API, a DES, or a DET. When a respondent is placed in a DES or DET, those providers are required to provide respondents this advisement under AS 47.30.725 and the appointment of defense counsel under AS 47.30.705.

- The Alaska Court System form MC-404 explains the rights of respondents held under an emergency detention.
- The form MC-405 explains the rights of respondents who are being held at an evaluation facility.

The MC-305 order requires that respondents at an evaluation facility must be given the MC-405, but does not mention the MC-404.

DHSS asks that the Alaska Court System modify the MC-305 to require that the respondent receive the MC-404 form by all referring facilities. DHSS, particularly the DES/DET coordinator’s office, will encourage all partners to include these notifications, but cannot enforce such change without amendments to the court form and/or state law.

Alternatively, the Alaska Court System could consider combining MC-404 and MC-305 into a single form.

OTHER CONSIDERATIONS:

FUTURE LONG-TERM WORK ON THE BEHAVIORAL HEALTH SYSTEM

MOVING FORWARD WITH PARTNERS²⁵

As a measure of continuous quality improvement of the behavioral health system of care, DHSS will need to engage with hospitals and multiple organizations on a variety of different issues and levels.

DHSS has an immediate focus on:

- Beginning immediately, DHSS will offer Title 47 training upon request to a state agency or community provider/partner. A clinician from DHSS and an attorney from the Department of Law will conduct this training.
- DHSS will make diligent efforts to make tele-psychiatric consultation available to hospitals.
- DHSS will generate “best practices” written materials for distribution to places holding respondents.²⁶
- DHSS will coordinate and continue to work with non-DET hospitals on access to resources on topics such as on trauma informed care, as well as de-escalation techniques.
- DHSS will coordinate with law enforcement and hospitals on patients arriving at hospitals versus DOC facilities, to promote patient care and staff safety at all levels.
- DHSS will work to connect API to the Emergency Department Information Exchange known as EDIE. EDIE is an electronic health information-sharing program, which would allow EDs easier access to patient records. This process has already begun and was presented to the API governance board on December 19, 2019.
- DHSS will continue to explore and improve communication with referring hospitals related to readmission, but at minimum will ensure API’s admission and screening officers are available for clinical consultation to hospitals if a patient presents within 48 hours of discharge from API.
- DHSS will continue to work with its partners across the state to support a full continuum of care including crisis stabilization.
- DHSS will amend/update its Division of Behavioral Health DES/DET manual.
- DHSS will assist in improving reimbursement options for facilities that provide emergency psychiatric care including working on the hospital presumptive eligibility process (Medicaid eligibility).
- DHSS will continue to reimburse facilities for emergency department boarding up to 120 hours through June 30, 2020 (which extends reimbursement beyond the current rule of 24 hours).

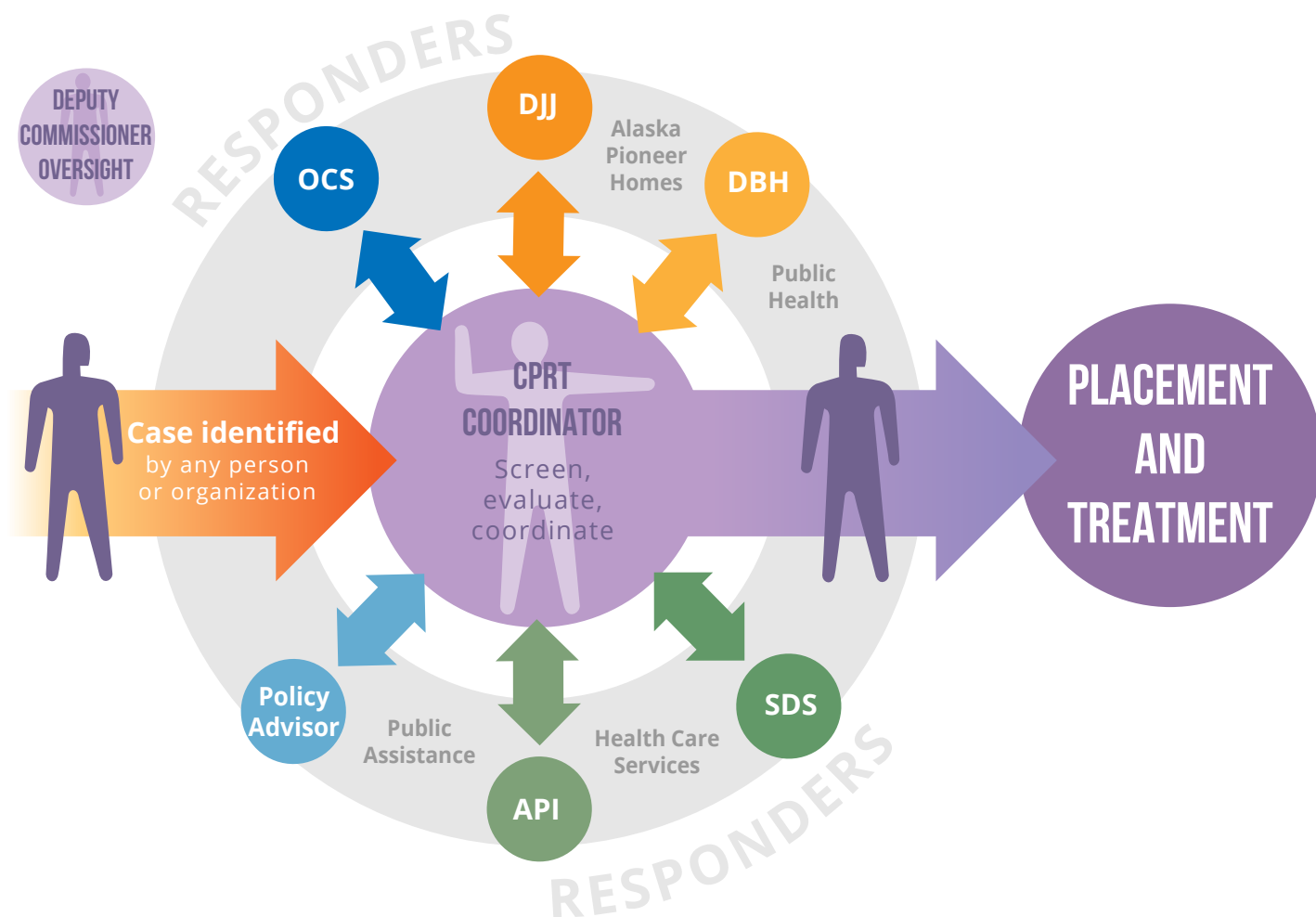
25. This includes: ASHNHA, current DES/DET facilities, the Trust, the Disability Law Center, state employee unions, community behavioral health providers, DOC, local police and Alaska State Troopers, the Alaska Legislature, and the Centers for Medicare and Medicaid Services.

26. See Appendix B: SMART Emergency Department Medical Clearance Form.

OTHER CONSIDERATIONS: (CONT.)

FUTURE LONG-TERM WORK ON THE BEHAVIORAL HEALTH SYSTEM

DHSS CRISIS PLACEMENT RESPONSE TEAM



- DHSS has established a Crisis Placement Response Team (CPRT), which is activated when it is notified of an individual who has exhausted community placement resources and needs intervention and assistance with discharge planning. Providers can choose to reduce the likelihood of a petition by proactively contacting DHSS for technical assistance of the CPRT in emergencies.
- DHSS will create a standing multi-disciplinary workgroup, which will meet on a regular basis to discuss system issues, patient care, staff safety, and discharge planning. This team shall consist of senior officials from Division of Senior and Disability Services, Office of Public Advocacy (OPA)/ Public Guardian, Public Defender Agency, Alaska Psychiatric Institute, Division of Health Care Services, Division of Behavioral Health, and the Department of Corrections.

OTHER CONSIDERATIONS: (CONT.)

FUTURE LONG-TERM WORK ON THE BEHAVIORAL HEALTH SYSTEM

WORKING WITH PARTNERS TO EXPLORE TIMELY IMPLEMENTATION OF NEW PROGRAMS IN THE CRISIS NOW MODEL

IMPROVED STATEWIDE CALL CENTER

A key component of any good system of care is having good data and care coordination, which can be achieved by implementing a statewide call center. Under this plan, call centers have the potential to stabilize a majority of crisis situations without an emergency department visit or other intervention, connect patients to next-day appointments as well as connect hospitals to available inpatient beds. As explained above, Alaska has the Careline call system, but there is room to implement a more robust call center. Key components of a robust call center include:

- Crisis services 24/7.
- Connect patients to either urgent physical appointments or tele-health services.
- Connect different levels of care for bed availability, such as moving a patient from an emergency department to an inpatient bed.
- Unified IT platform that connects different data sources and allows data analytics.

Key components of an Alaska²⁷ specific model would also include:

- A hub and spoke model to support regional care models.
- Culturally-aware care.

DHSS supports working with different stakeholders to streamline these services to a more integrated complete call center model (e.g., Crisis Now).

MOBILE CRISIS TEAMS

Secondary to the statewide call center is the development of mobile crisis teams that consist of two-person teams (a licensed clinician and a peer support person) who offer assessment, outreach and support where people are in crisis – they go to the person, rather than the person coming to them. This could also include some Global Positioning System (GPS) functionality so that the mobile teams will know where to go and who needs assistance. These teams will have required response times and will include medical support as necessary. These services would be 24/7, and would be a bridge to higher level of support, including referral and transportation (if appropriate) to a crisis stabilization and/or hospitalization facility. It is important to note that this option is

27. Currently, parts of what could be considered for a statewide call system are in place or being built including: Alaska State Troopers central call line, Alaska Care Line, 1115 contract for the Administrative Services Organization (ASO), DHSS contract with "Open beds" for bed availability, 2-1-1, State Health Information Exchange (HIE), and the ASHNHA real-time information exchange for emergency rooms via "Collective" or "EDIE".

OTHER CONSIDERATIONS: (CONT.)

FUTURE LONG-TERM WORK ON THE BEHAVIORAL HEALTH SYSTEM

being implemented under the 1115 Waiver (see below).

DHSS supports working with stakeholders to explore implementation of these services.

CRISIS STABILIZATION

This is a facility-based, short-term service that is located within a community to provide support and observation to persons suffering from a behavioral health event/crisis. These facilities are clinically and medically staffed, and provide a safe and secure location for persons, including those who might otherwise be subject to an *ex parte* order, to stabilize. This is a “no- wrong-door” program, which implements a high-speed observation of the client, evaluation which will lead to engagement and stabilization. This includes a risk assessment, medical and medication evaluation, and substance use disorder (SUD) evaluation. These evaluations will lead to an increase in stabilization and discharge planning to the community for coordinated and long-term services. It is important to note that this option is being implemented under the 1115 Waiver (see below).

DISCHARGE PLANNING ACROSS THE STATE

One of the major issues with capacity is the lack of appropriate options for discharge from API or the DES/DET system or DOC. One of the major components of DHSS efforts to effect change is to develop better options for discharge planning, including how these facilities interact with Adult Protective Services (APS) and the Office of Public Advocacy (OPA).

SUCCESSFULLY IMPLEMENTING THE 1115 WAIVER

As part of a long-term solution, DHSS will make diligent, ongoing efforts to meet with the Trust, coordinate the implementation of this plan with the work on a crisis stabilization center, and

leverage the rollout of the 1115 Waiver - the Substance Use Disorder Treatment and Alaska Behavioral Health Program.

LEGISLATIVE AND APPROPRIATION ITEMS

In order to implement this plan, the Governor will submit the following appropriations as part of the FY 2021 budget for legislative consideration. In addition, DHSS has discussed possible financial partnership with the Trust on some of these items. This plan is subject to revision and to legislative appropriation.

Proposed Appropriations:

1. Positions and Contractors:
 - a. DES/DET coordinator Position housed in Commissioner’s Office.
 - b. Adult Protective Services III position housed in Division of Senior & Disabilities Services (SDS).
 - c. Provider agreements for Mental Health Professionals (MHP).
 - d. Fund Crisis Placement Provider Agreements for placement of civil psychiatric patients.
2. General Fund (GF) funding for services
 - a. No additional reductions in FY 2021 for state funded behavioral health grant programs. These grants fund services that are not yet reimbursable under the 1115 waiver or Medicaid.
 - b. Provide DES/DET administrative grants to assist in offsetting the cost of operating these programs on behalf of DHSS.
 - c. Medicaid Disproportionate Share Hospital (DSH) funding.
 - d. Increased DET Secure Transport.

OTHER CONSIDERATIONS: (CONT.)

FUTURE LONG-TERM WORK ON THE BEHAVIORAL HEALTH SYSTEM

DHSS will continue to work on behavioral health systems improvements that will have potential future year fiscal impacts or statutory changes including:

1. Full Operation of API.
2. Implementation of Crisis Now Model.
3. Federal and State Statutory or Regulatory Changes:
 - a. Contingent upon continued federal funding, DHSS will amend DSH regulations as allowed per the federal program rules to improve ability for more facilities to apply for and be eligible for DSH.
 - b. Continue to seek federal waiver of Institutions for Mental Disease (IMD) exclusion. DHSS is engaged in these discussions through our 1115 waiver negotiations.
 - c. Continue annual evaluations of state statutes and regulations to amend/update/improve the Title 47 system of care.

APPENDIX A:

PSYCHIATRIC EMERGENCY SERVICES (PES) AGENCIES

PROVIDER NAME	CITY
Akeela, Inc. - GCHS	Ketchikan
Aleutian Pribilof Islands Association	Anchorage
Bristol Bay Area Health Corporation	Dillingham
Central Peninsula General Hospital	Kenai/Soldotna
Copper River Native Association	Copper Center
Cordova Community Medical Clinic - SA	Cordova
Eastern Aleutian Tribes	Anchorage
Fairbanks Community Mental Health Services	Fairbanks
JAMHI Health & Wellness	Juneau
Juneau Youth Services	Juneau
Maniilaq Association	Kotzebue
Mat-Su Health Services, Inc.	Palmer/Wasilla
North Slope Borough	Utqiagvik
Norton Sound Health Corporation	Nome
Petersburg Mental Health Services	Petersburg
Providence Crisis Recovery Center	Anchorage
Providence Kodiak Island Counseling Center	Kodiak
Providence Valdez Counseling Center	Valdez
Railbelt Mental Health & Addictions	Nenana
Seaview Community Services	Seward
Sitka Counseling and Prevention Services	Sitka
South Peninsula Behavioral Health Services, Inc.	Homer
Southeast Regional Health Consortium	Sitka
Southeast Regional Health Consortium – LCCS	Haines
Southeast Regional Health Consortium – AKICS	Wrangell
Southcentral Foundation	Anchorage
Southcentral Foundation	McGrath
Tanana Chiefs Conference, Inc.	Fairbanks
Tanana Chiefs Conference, Inc.	Interior region
Yukon-Kuskokwim Health Corporation	Bethel

APPENDIX B:

SMART FORM



SMART Emergency Dept. Medical Clearance Form Psychiatric Inpatient

	No*	Yes	Time (Cleared or N/A)
Suspect new onset psychiatric condition?	1		
Medical conditions that require screening?	2		
Abnormal	3		
Vital signs?			
Temp: greater than 38.0°C (100.4°F)			
HR: less than 50 or greater than 110			
BP: less than 100 systolic or greater than 180/110 (2 consecutive readings 15 min apart)			
RR: less than 8 or greater than 22			
O ₂ : less than 95% on room air			
Mental status?			
Cannot answer name, month/year and location (minimum A/O x 3)			
If clinically intoxicated, HII score 4 or more? (next page)			
Physical exam (unclothed)?			
Risky presentation?	4		
Age less than 12 or greater than 55			
Possibility of ingestion (screen all suicidal patients)			
Eating disorders			
Potential for alcohol withdrawal (daily use equal to or greater than 2 weeks)			
Ill-appearing, significant injury, prolonged struggle or "found down"			
Therapeutic levels needed?	5		
Phenytoin			
Valproic acid			
Lithium			
Digoxin			
Warfarin (INR)			
Notes			

A/Ox3 = Alert and oriented x 3 (person, place, time) • FSBS = Finger stick blood sugar • HII score = H-Impairment index score
INR = International normalized ration • O₂ Sat = blood oxygen saturation

***SMART Total:** If ALL five SMART categories are checked "NO" then the patient is considered medically cleared and no testing is indicated. If ANY category is checked "YES" then appropriate testing and/or documentation of rationale must be reflected in the medical record and time resolved must be documented above.

Date: _____ Time: _____ Completed by: _____

Print

_____, MD/DO
Signature

Visit the <http://smartmedicalclearance.org> website for research, references, frequently asked questions and more about the SMART Medical Clearance form.

1 of 2

APPENDIX B:

SMART FORM - PAGE 2



SMART Emergency Dept. Medical Clearance Form Psychiatric Inpatient

Notes*

Other considerations for **all patients**

Patient age.....
 Current location.....
 When patient arrived at facility.....
 When patient was placed on hold (MC-105).....
 When MC-100 was filed.....
 Is the patient likely to stabilize in the next 48 hours?.....
 Has the patient needed emergency psychotropic medication? Is so, when and was it voluntary?.....
 Has patient needed physical restraints? If so, when was last use?.....
 Does patient require medical equipment (wheelchair, walking, oxygen, etc.)
 Communicable infectious disease (lice, scabies etc.).....
 Other clinical conditions not listed.....

*Documentation of rationale must be reflected in the medical record.

Hospital-Specific Clinical Admission Criteria

Alaska Psychiatric Institute

API is a free-standing psychiatric care facility with a limited ability to care for acute medical conditions and has no on-site imaging or laboratory services. API cannot take patients who need IV therapy, negative pressure isolation, cardiac or fetal monitoring, acute dialysis (home dialysis can be accommodated), or daily physical therapy. API can take patients with mobility problems including those with prostheses, in wheelchairs, and who need assistance with mobility and some activities of daily living (ADLs), but not those who require a "total assist" level of care.

Bartlett Regional Hospital

Criteria is pending review by Bartlett Regional Hospital.

Fairbanks Memorial Hospital

Criteria is pending review by Fairbanks Memorial Hospital.

Mat-Su Regional Hospital

Criteria is pending review by Mat-Su Regional Hospital.

Visit the <http://smartmedicalclearance.org> website for research, references, frequently asked questions and more about the SMART Medical Clearance form.

2 of 2

Finance Committee Report / Update

To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Sarah Morrison, Acting Chief Financial Officer
Date: January 21, 2020
Re: Finance Committee Report

REQUESTED MOTION #1:

The Finance Committee recommends that the full board of trustees authorize the transfer of \$23,056,600 from the Alaska Permanent Fund Budget Reserve accounts to the Mental Health Settlement Income Account to finance the FY 2020 base disbursement payout calculation. The CFO may fulfill this motion with one lump sum or multiple transfers.

REQUESTED MOTION #2a:

The Finance Committee recommends the full board of trustees approve setting a target level for Trust Authority Development Account funds at \$2.4 Million.

REQUESTED MOTION #2b:

The Finance Committee recommends the full board of trustees authorize the Chief Financial Officer to transfer TADA funds that exceed the target level to the Mental Health Trust Fund for investment.

REQUESTED MOTION #3:

The Finance Committee recommends that the full board of trustees determine that there is no money in the Mental Health Trust Settlement Income Account not needed to meet the necessary expenses of the state's integrated comprehensive mental health program.

Meeting Summary:

There has been one meeting of the Finance Committee since the last board report, occurring on January 3, 2020. The meeting was attended by trustees Mary Jane Michael (acting chair), Vernè Boerner, Christopher Cooke, Anita Halterman, and Ken McCarty. Trustee Laraine Derr (chair) participated via teleconference. John Sturgeon had an excused absence.

The January 3, 2019 Finance Committee addressed five items:

Financial Dashboard and Revenue Update: The Committee reviewed the dashboards provided and provided feedback and suggestions to staff.

FY 2020 Payout Memo: The Committee reviewed the request for distributing money out of the investment portfolio to fund the current year budget. The Committee moved to recommend approval of the FY 2020 Payout by the full board.

TADA Transfer Request: The staff presented an update on the current status, expected growth as well as existing commitments for the Trust Authority Development Account (TADA) funds. The Committee moved to recommend that the full board set a target level for the TADA funds as well as authorize the Chief Financial Officer to transfer TADA funds to the Mental Health Trust Fund for investment that exceed the target level.

AS 37.14.041(b) Compliance: Staff provided trustees with background on Mental Health Trust statute AS 37.14.041(b) and recommended that the full board of trustees state on the record that there are no funds in the Mental Health Trust Settlement Income Account that are not required to meet the necessary expenses of the state's integrated comprehensive mental health program. After discussion, the Committee requested additional research be done on this topic and that time be made available for additional discussion at the upcoming January full board meeting. There is a separate memo provided for this item.

Inflation Proofing Discussion: Staff presented historical background on previous policy requirements and strategies regarding inflation proofing the Mental Health Trust Fund. This item was for discussion purposes only and did not require official action. After discussion, the Committee requested that additional work be done on this topic and that time be made available for additional discussion at the upcoming April finance committee meeting.

The Finance Committee concluded at approximately 11:23 am. The next scheduled meeting of the Finance Committee is ***April 22, 2020***.

MEMO

To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Sarah Morrison, Acting Chief Financial Officer
Date: January 22, 2020
Re: AS 37.14.041 (b) Compliance

REQUESTED MOTION:

The full board of trustees determines that there is no money in the Mental Health Trust Settlement Income Account not needed to meet the necessary expenses of the state's integrated comprehensive mental health program.

Background

AS 37.14.041 (b) states that, 'if money in the mental health trust settlement income account is not needed to meet the necessary expenses of the state's integrated comprehensive mental health program, the authority shall transfer the money to the unrestricted general fund for expenditure through legislative appropriation for other public purposes.' The purpose of this memo is to delineate the status of Trust assets in relation to the Trust's current and future expectations regarding the state's comprehensive mental health program and to make explicit a finding by trustees that surplus assets are not available for transfer to the unrestricted general fund. This adds transparency to the existing budget process, which was implicitly based on such a finding historically, and takes a step to reduce statutory risk.

The Trust has a statutory obligation to consider the needs of both current and future beneficiaries. As the number of beneficiaries and cost of services increases over time, it is necessary that the trust anticipates cost increases and maximizes the ability to meet those needs. As a result of this forward-looking structure, the Trust must maintain adequate spendable assets for meeting current needs while also potentially accumulating excess funds to meet increased needs in future years. In addition to these basic expenditure requirements, the Trust is required to maintain substantial reserves based on recommendations made by Callan.

Almost all of the funds in the Mental Health Trust Authority Settlement Income Account are held in two subaccounts: Trust Reserves and Trust Operating Accounts.

Legal Concerns

The Trust Authority has engaged the Attorney General's office (AG) seeking interpretation of and guidance on AS 37.14.041 (b). The AG recommends taking affirmative action finding that no excess funds exist. This does not completely eliminate the possibility that the statute could be invoked, but does minimize the risk of such an occurrence. The key consideration for the board in making a determination regarding excess funds is that the needs of the integrated comprehensive mental health program of the state and its beneficiaries supports the retention of the assets at the

trust, rather than transferring the assets to the treasury. It is advised that trustees take this action annually, preferably contemporaneous with approval of the budget.

Trust Reserves

The purpose of these reserves is to smooth out income to ensure funding support for the Comprehensive Integrated Mental Health Program (“Comp Plan”) for years when investment earnings are poor and ensure that the effects of market volatility are adequately mitigated. Reserves are maintained at the Alaska Permanent Fund Corporation (APFC) and at the Department of Revenue (DOR). The Trust also leaves some level of funds unobligated in order to accommodate the needs of beneficiaries that arise after the budget is approved. Trust reserves as of June 30, 2019 are as follows:

Reserves – APFC:	\$75,865,700
Reserves – DOR:	<u>\$50,048,100</u>
Total Reserves:	\$125,913,800

Trust Operating Accounts

Funds in the operating accounts are funds that have been obligated, but not yet spent for a prior year purpose or are anticipated to be used for a current year purpose. As of June 30, 2019, the operating account balance was \$43,134,900.

Programmatic Responsibilities

The Trust, under AS 47.30.011(b), is responsible for ensuring the Department of Health and Social Services (Department) “prepares, and periodically revises and amends, a plan for an integrated comprehensive mental health program” (AS 47.30.660). The integrated comprehensive mental health program as defined by AS 47.30.056(i).”

The Department released its updated Comprehensive Integrated Mental Health Program Plan *Strengthening the System* in July 2019. The foundational goal of the plan is “the State of Alaska will provide adequate resources and funding to support a comprehensive behavioral health service system promoting independent, healthy, Alaskans so that they may live meaningful lives in the communities of their choosing.”¹ It contains nine goals with recommendations for “systemic and proactive reform, practice informed programming, integrated local and traditional knowledge and fiscal service improvements.”² Designed to be a high-level and living document, the plan will assist with “guiding resource allocation decisions in the development of services, workforce, and facilities to meet the needs of Trust beneficiaries.”³

The Trust has been and remains committed to deploying resources (financial and staff) to ensure there is a sustained effort to implement, evaluate, revise as needed and update the plan over time. However, the Trust recognizes its limited spendable income is not enough, nor is it the Trust’s responsibility, to fund, implement and sustain the services identified in the plan. That is the responsibility of the Department.

¹ <http://dhss.alaska.gov/Commissioner/Pages/MentalHealth/default.aspx>, pg. 4

² <http://dhss.alaska.gov/Commissioner/Pages/MentalHealth/default.aspx>, pg. 4

³ <http://dhss.alaska.gov/Commissioner/Pages/MentalHealth/default.aspx>, pg. 2

Financial Planning

The Trust is a perpetual trust and must ensure that (1) resources exist throughout the current fiscal year to meet unanticipated beneficiary needs, (2) adequate assets are available for future beneficiary needs and (3) protect against value loss of its cash and non-cash assets. In order to facilitate this, the Trust must apply smoothing mechanisms to expenditures and the use of financial resources. Per the Asset Management Policy Statement, a four-year average of financial resources is utilized to ensure that market volatility does not diminish the ability of the Trust to maintain a steady spending pattern over time.

Conclusion

The trust must ensure that resources exist throughout the current fiscal year to meet beneficiary needs as they arise. Additionally, the Trust must ensure that adequate assets are available in future years to smooth fund availability should earnings diminish. The trust does not have assets above what is necessary to meet the current and projected needs of beneficiaries. No funds are available for transfer to the general fund.