Trust
Alaska Mental Health Trust Authority

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

MEETING AGENDA

Meeting: Program & Planning Committee
Date: January 3, 2020
Time: 11:30 AM
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (844) 740-1264 / Meeting Number: 800 302 957 # / Attendee Number: #
http://thetrust.webex.com
Trustees: Verné Boerner (Chair), Chris Cooke, Laraine Derr, Anita Halterman, Ken McCarty, Mary Jane Michael, John Sturgeon

Friday, January 3, 2020

		Page No.
11:30	**Call to order (Verné Boerner, Chair)** Announcements / Approve agenda / Ethics Disclosure Approval of Minutes: July 31, 2019	4
11:35	**CEO Update** • Joint Advocacy / FY21 Governor's Budget Analysis	
12:00	**Porcupine Building / CHOICES / Web** • Aaron O'Quinn, Program Related Investments Manager • Katie Baldwin, Senior Program Officer	
12:30	**Catered Lunch**	
1:00	**COMP Plan Update** • Leah Van Kirk, DHSS Program Coordinator II • Rebecca Topol, DHSS Research Analyst IV • Autumn Vea, Evaluation & Planning Officer • Michael Baldwin, Senior Evaluation & Planning Officer	15
1:30	**Crisis Now Update**	
2:30	**Break**	
2:45	**Budget Approvals** • FY20 Change of Intent • FY21 Budget Amendments	33 34
3:30	**FY21 Developing Areas of Investment**	38
4:15	**Adjourn**	

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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**	(Fr1)
• 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

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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)

ALASKA MENTAL HEALTH TRUST AUTHORITY

PROGRAM & PLANNING COMMITTEE MEETING

July 31, 2019
8:30 a.m.

Taken at:
3745 Community Park Loop, Suite 120
Anchorage, Alaska

Trustees Present:
Chris Cooke, Chair
Mary Jane Michael
Laraine Derr
Paula Easley
Verne' Boerner
John Sturgeon
Ken McCarty

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

Also participating:
Denise Daniello (via Speakerphone); Corrine O'Neil; Beverly Schoonover (via Speakerphone); Anita Halterman; Lisa Cauble; Anne Applegate; Jill Ramsey; Dan Gummo; Ann Farris; Valerie Word-Thompson; Mary Elizabeth Rider; Bradley Grigg (via Speakerphone); Gennifer Moreau-Johnson (via Speakerphone).

PROCEEDINGS

CALL TO ORDER

CHAIR COOKE called the meeting to order and called the roll. All trustees were present. He asked for any announcements, and recognized Mr. Abbott.

MR. ABBOTT ceded the floor to Paula Easley.

TRUSTEE EASLEY stated that she had resigned from the Trust, and introduced Anita Halterman as her replacement.

MS. HALTERMAN stated that she was honored to be serving among all of the trustees, and looked forward to being on the board.

CHAIR COOKE appreciated Trustee Easley's many years of dedicated service, not only to the Trust, but to all of Alaska. He added that he looked forward to working with her replacement. He asked Mr. Abbott where the board stands as far as the vacancy.

MR. ABBOTT replied that Trustee Easley had submitted her resignation a bit ago, and it will be effective at the end of the day tomorrow. Trustee Easley will continue to serve as a trustee through the committee meetings and the Special Board Meeting, after which her resignation becomes effective. He stated that he was notified by the Governor's office that Anita Halterman has been appointed as a replacement. He explained that because it is a midterm appointment, Ms. Halterman can begin her service immediately. She is still subject to confirmation, but will be allowed to participate as a full-fledged trustee unless she fails to be confirmed by the Legislature prior to the end of the next regular session of the Legislature. He added that this term expires in 2023.

CHAIR COOKE welcomed Ms. Halterman aboard, and asked for any other announcements.

TRUSTEE MICHAEL thanked Trustee Boerner and Katie Baldwin-Johnson for going to Girdwood for Senator Stevens' day.

CHAIR COOKE moved to the agenda, and stated that the only subject of committee consideration is the budget for next year. He asked for any changes or adjustments to the agenda. There being none, the agenda stood as approved.

ETHICS DISCLOSURES

There were no ethics disclosures.

APPROVAL OF MINUTES (April 18, 2019)

MOTION: A motion to approve the minutes of April 18, 2019, was made by TRUSTEE McCARTY; seconded by TRUSTEE MICHAEL.

There being no objection, the MOTION was approved.

CEO UPDATE

MR. ABBOTT gave an update of what is going on in Juneau and how that may influence the Trust. The Legislature took action in some cases with super majorities and other cases with

simple majorities to send two different bills to the Governor's desk that address the four major outstanding issues facing the State. He stated that each of the bills is fully voted on, as opposed to about six weeks ago when the capital budget went to the Governor without the super majority that was necessary for some of the actions. He continued that transmittal to the Governor is expected soon, and then the Governor will have either 15 or 20 days in order to make decisions on vetoes and then send those back to the Legislature for potential consideration of overrides on any vetoes. He added that he had not heard anything from the Governor's office related to timing. He asked for any questions.

TRUSTEE STURGEON asked if any vetoes were overridden.

MR. ABBOT replied that the Legislature took a couple of different veto-override votes which were unsuccessful.

TRUSTEE BOERNER asked for more detail as to the items that the Governor did veto with regards to the Mental Health Budget, and where they stood.

MR. ABBOTT stated that no Trust funds were affected by the recent action. The Trust funds that were in the budget were not vetoed by the Governor and, as a result, have been enacted. He talked about the two areas with the most significant impact as a result of the Governor's vetoes. One of those two areas was housing and homelessness funds that would have been appropriated to AHFC and then distributed to a variety of housing programs around the state; approximately $10 million of General Funds. He added that the second was behavioral health grants and other Medicaid funding. The Governor reduced the amount of the behavioral health grants that were initially appropriated by the Legislature by about 6 or $8 million. He stated that there is a significant disagreement between the Administration and the Legislature as to how much money should be appropriated for Medicaid. The Legislature appropriated more than what the Administration requested. He continued that the Governor, through administrative actions, can reduce the reimbursement rate to providers, can eliminate a service such as adult dental. Those changes do not require legislative approval. The Legislature can and did appropriate money necessary to fund adult dental in their budget. He added that the Governor can still eliminate the service level, and then the money will simply not be spent.

CHAIR COOKE thanked Mr. Abbott and moved to the budget recommendations presentation. He recognized Steve Williams.

BUDGET RECOMMENDATIONS PRESENTATION

MR. WILLIAMS stated that staff would work through the FY21 budget presentation with the program officers assigned to their focus areas. He added that this presentation is for the trustees to hear what the budget is, how it was developed, what is in there, how it relates to what staff does in terms of policy and direct service programming to improve the lives of the beneficiaries. He added that there is no official action being requested of the committee today. He began by highlighting the budget planning process and stated that the budget recommendations that are made fall within the State Mental Health Budget Bill, which is separate from the State Operating Budget Bill.

TRUSTEE STURGEON asked about the impact the Trust recommendations have to the Administration and the legislators.

MR. ABBOTT replied that one of the primary statutory responsibilities of the Trust is to recommend how the State should spend its money, in addition to making the decisions about how the Trust spends its own money. He explained this in greater detail.

MS. BARSTAD stated that she is the Trust program officer for the focus areas of housing and long-term services and supports. She began with housing and explained that the goal is so that beneficiaries can access safe and affordable housing with appropriate supports to maintain their tenancy. The result is pretty direct, and we want the beneficiaries to maintain safe and stable housing. She continued that there are a lot of challenges because there is an exceptional demand for affordable housing with not enough units to meet that demand. She added that is across the state, across populations, and not just for the beneficiaries. The beneficiaries are impacted by waitlists and lack of access to that housing. She stated that in rural Alaska, that demand is further impacted by a lack of housing stock. There simply are not enough physical buildings for people to occupy; never mind rental assistance or other programs that are designed to make that housing affordable. She continued that the Trust, AHFC, the Department of Health and Social Services, Department of Corrections, and other agencies work together to leverage the Trust funding to create residential and support services. There are waitlists because of a huge demand for homeless services. She stated that the FY2020 budget process has revealed the fragility of that emergency shelter and transitional housing network. There are many agencies where the funding is patchworked together, which impacts the services greatly. The funds that are provided by the State are critical to keep open emergency shelters, access to food, as well as rapid rehousing and permanent supportive housing. She added that, looking at some of the solutions to the housing issues for beneficiaries, there is a disproportionate number of beneficiaries that are homeless. She explained this focus area in more detail. She stated that there is a false assumption that by not having these programs the costs will decrease. However, by doing nothing, a huge expense in other areas are being imposed. She continued that the basic homeless assistance program provides funding to 36 different agencies statewide, which includes a variety of different programs, primarily emergency shelters, but also some rapid rehousing funds. The special needs housing grant focuses more on permanent supportive housing and some rapid rehousing programs, and that funds 14 agencies that served over 281 households. These two programs alone impacted 13,000 individuals in fiscal year ’18.

TRUSTEE DERR commented on Forget-Me-Not and the research that was done. It is managed by the Glory Hole in Juneau. The emergency room staff donated $10,000 to the program after the study came out. It was financially rewarding for the city, and the impact on the people in the emergency room was so tremendous that the money was donated because it made their lives so much easier.

MS. BARSTAD commented that brought up the point of some of the secondary effects of bringing people out of crisis into a stable environment. She moved to long-term services and supports and stated it is more complex and covers a lot of territory. Beneficiaries are able to access effective and flexible person-directed long-term services and supports. That is the goal for this portion of the focus area. The challenges are because there is a general lack of capacity and funding. Long-term services and supports covers folks from young babies up to hospice care. It is every age, every category of beneficiary; and the aging population will peak in 2020. She added that there is a workforce shortage, and there has not been a lot of long-term planning to address that bubble. There are also budget concerns with the provider reduction rates, and we do not know the extent of how that will affect the availability of providers.

A short discussion ensued on case managers and how the 1115 waiver will impact it.

MS. MOREAU-JOHNSON, director of the Division of Behavioral Health, gave a detailed update on the 1115 waiver being approved for the substance use disorder portion. She expected the claims to come through for 1115 SUD services within the week.

MS. BARSTAD stated that there have been some great successes and significant impacts for the beneficiaries. The IDD Systems Change, DD Vision, has done amazing systems work in gathering together people who experience intellectual and developmental disabilities, providers, and State System employees to figure out the vision and future of this particular system of care.

CHAIR COOKE thanked Ms. Barstad and moved to the next focus area segment.

MR. WILLIAMS stated that Jimael Johnson would present the beneficiary employment and engagement focus area.

MS. JOHNSON stated that she is a program officer for the beneficiary employment and engagement focus area in one of her areas. She noted that the overall goal of the focus area is to increase the opportunities and outcomes for the beneficiaries to engage in integrated and competitive employment, as well as opportunities for meaningful engagement. The end that is hoped for is increased recovery wellness through those strategies. She added that there are many resources posted on the website for anyone who would like more in-depth information on the background, the data. She stated that there are persistent disparities between the beneficiaries and the general population related to employment outcomes. The beneficiaries are consistently underemployed and under-engaged in the communities. She continued that there are some consistent themes around challenges, and some of the solutions identified by the stakeholders are consistent with the data and research in this area. The persistent perceptions and miscommunications that lead to the stigma and the related effect of stigma continue to be barriers to employment and engagement. She then talked about the concept of peer support services. The challenge here is the lack of understanding of how the peer support goal fits within the current clinical model and delivery of services. She continued her presentation, explaining as she went through the anticipated work happening in FY20 that support some of the recommendations for FY21. She stated that they are in the process of planning an employment conference on October 24th and 25th specifically for Trust beneficiary populations, and encouraged the trustees to attend. It will be two days of great information from some national and local experts, as well as some of the community partners who are having great success doing this work. She continued her presentation with the peer support worker certification project with the Department of Health and Social Services, as well as many other stakeholders. The momentum around professionalizing and credentialing peer supporters has been a national movement with great interest to partners in Alaska. She moved on to some of the key employment strategy that will be in the FY21 budget. She stated that the peer support certification was a recommended ongoing project that will continue to FY21, and will help to ensure a highly qualified and consistently trained workforce for peer support.

CHAIR COOKE stated that the agenda called for a break.

(Break.)

CHAIR COOKE called the meeting back to order and moved to the substance abuse prevention

and treatment area.

MS. BALDWIN-JOHNSON stated the need to think about how to refer to this focus area in terms of how the language is evolving around talking about addiction. The recommendation is to move away from language that is stigmatizing. "Substance abuse" is a term that seems to be moving more in the direction of "substance misuse and addiction." She continued that the role of this focus area is to decrease youth alcohol and substance use, and adult binge-drinking and illicit drug use. There are a lot of partners with a key relationship with the Division of Behavioral Health, who have been very engaged in the work related to behavioral health reform, specifically around the development of the 1115 waiver. She added that the component of the waiver that addressed the SUD portion is a great opportunity to think about how the Trust can help support implementation of those objectives of the waiver, in terms of prioritizing some of the funding as requests are received from organizations working in this area. She continued her presentation talking about some of the challenges that provided a framework for the focus area. She stated that one of the priority strategies is a social norms campaign and education about recovery, to understand the dynamics of addiction, and to hear recovery stories. It is important to reflect on the human aspect of the issue of addiction. She continued that there is a need to ensure that there is access to medication-assisted treatment statewide, which is also a goal and an objective of the 1115 SUD waiver. She added that there are three key strategies. First is the "Partner Initiatives" through Recover Alaska, which is a coalition of partners that includes funders. Another key is advocacy; raising the awareness of the negative impacts of excessive alcohol consumption. Also, advocacy in the legislation of policies that help reduce and target addiction and reduction of alcohol consumption. She moved to access to treatment, which is a broad strategy targeting projects and initiatives that increase, improve, or enhance beneficiary access to appropriate treatment and interventions. She then moved on to crisis system development, which relates to providing and developing the right types of services that need to be in place to help people that are dealing with addiction; those that are more on the acute side of struggling with addiction with substance use being the primary issue. She asked Eric Boyer to continue.

MR. BOYER explained that in the crisis system of care the work has been with the stakeholders really looking at addressing one of the most basic elements of mental health: substance misuse care and how to provide support. The four elements include access, screening and assessment, and appropriate referral to services, which were looked at in terms of what has been successful. He continued that the crisis teams are supporting folks, and the majority of the time the folks are supported out in the community getting the support needed without having to go to the next level. Relationships are being formed.

TRUSTEE MICHAEL asked about the stabilization center.

MS. BALDWIN-JOHNSON noted that that component of care is needed within the continuum. There is a need to define what it looks like in order to determine the best place to start. She continued that it is still potentially part of the conversation, but we are not actively looking for a facility.

MR. ABBOTT added that Southcentral and Providence are actively working with staff on this project, and it is likely that one or both would be the operators of such a facility that would not need our space. He stated that their recommendations are not to buy a building right now. He continued that when the FY21 budget was approved, this section was in the nonfocus area. It has moved inside the budget and put in the substance abuse prevention and treatment focus area.

The other change is that there is a recommended award of $200,000 to Bartlett Memorial Hospital in Juneau because a crisis stabilization facility is being built at their hospital, and the money will contribute to that. He added that this is an area where a difference is expected to be made.

CHAIR COOKE moved to Disability Justice.

MR WELCH stated that he works in the disability justice focus area. Taking this criminal justice system at its most basic is not very effective at meeting the many needs that beneficiaries have when they are engaged in the system, whether as a victim or as an offender. He moved to a sequential intercept model that is used to plan and set up programs that can meet the needs of beneficiaries who find themselves engaged in the criminal justice system at the different intercepts. He highlighted the partnerships in this focus area and pointed out where they are part of the intercept model. He continued that crisis intervention teams are used throughout the country, and they help first responders learn and have the skills to be able to respond to situations where they may be dealing with someone suffering from a mental illness or substance-use disorder. This equips them with the tools to be able to deescalate situations rather than using other means. He continued that it is better for beneficiaries to receive services in an environment where they are not in custody. There are more effective treatments that are also more cost-effective. He highlighted that the Department of Corrections has stated very strongly that they support re-entry services. This is one area that does align with this Administration.

CHAIR COOKE recessed for lunch.

(Lunch break.)

MISSION MOMENT

CHAIR COOKE called the meeting back to order and asked Ms. Barstad to introduce the visitors.

MS. BARSTAD introduced the Alzheimer's Resource of Alaska and stated that the Trust has partnered with this agency for a long time. They provide education and services to the community focusing on individuals who have Alzheimer's disease and related dementias as well as their caregivers and families. She introduced Pam Kelly, executive director, and Ann Farris, education specialist for the organization. She stated that Ms. Farris will do a brief introduction of services and introduce Ms. Thompson who will share her experience.

MS. FARRIS thanks all for the opportunity to give voice to the impact that the Trust has to the Alzheimer's disease and related dementias mini-grant program. She introduces Valerie Word-Thompson, one of the care partners, who will share her story.

MS. WORD-THOMPSON stated that she is a full-time care partner for her husband, Ken Thompson. He was showing signs of cognitive issues and she did not know how to address the issues. She talked about their relationship and how the conversations started changing. After his brother died, he researched medical issues and went to see his primary doctor. That research prepared them for the diagnosis. She continued that she was referred to Alzheimer's of Alaska and attended an anger management group because she was very angry with Ken. She did not understand that the behavior he was presenting was his new normal, and he was not malicious toward her. Alzheimer's of Alaska was very helpful. Both of them attended the ABCs of

Caregiving classes that informed them on many issues dealing with Alzheimer's disease. It was at this time she learned about the mini-grants, which are funds for individuals dealing with Alzheimer's disease. These funds were utilized to assist with Ken's quality of life by having him interact with others outside the home. The first grant was for a membership with the Anchorage Senior Center; another grant was for a tablet which allowed Ken to play games and watch YouTube; another grant was for a PureFlix yearly membership. She added that the official diagnosis was the beginning of 2017, and described her thoughts when something was happening and different. The real communication started after his brother died.

CHAIR COOKE thanked her for her testimony.

TRUSTEE MICHAEL stated appreciation for her story which was so articulate and heartfelt.

MR. ABBOTT also thanked her and asked if she had any suggestions for how the program can be improved.

MS. WORD-THOMPSON replied that in speaking with her therapist, which is something that care partners need, she was asked if care partners get any grants. And in hearing no, she stated that maybe she should ask the powers that be. She added that some type of relief is needed.

CHAIR COOKE asked if the folks from the association had any comments or questions.

MS. KELLER, the executive director of Alzheimer's Resource of Alaska, stated that she is gracious to the Trust for the support received that has been longstanding and in a variety of forms. She continued that workforce development has been part of the efforts in the attempts to help educate individuals that provide the direct supports to understand that simply speaking louder or more slowly or addressing an individual as though they were a toddler is not the way to enhance well-being and improve quality of life; but there were some evidence-based approaches to take that might impact and achieve that outcome. She added that some of the Trust support has allowed building capacity to do that. It has also been beneficial in building out the care coordination program that is allowing Medicaid waivers to flourish in this state. One of the underlying themes is that it is really important for the individuals served to continue fostering and feeling a sense of the community in all the areas of the state where the virtual presence of the Alzheimer's Resource of Alaska has been established.

TRUSTEE EASLEY asked if they are seeing an increase in the number of people coming in for services.

MS. KELLER replied that there was a 12-percent increase in the number of people serviced for this last fiscal year. She stated that is a profound indicator that the growing need has not been oversold.

MR. ABBOTT stated that next on the agenda is departure for the Pioneer Home. The meeting will reconvene at 3:00 o'clock.

(Lunch and Trustees' on-site visit to the Pioneer Home.)

CHAIR COOKE stated that some of the advisory board folks are on-line and asked to be moved to the first part of the afternoon session. He asked who was present from the advisory boards.

MS. DANIELLO stated that she is Denise Daniello from the Alaska Commission on Aging.

MS. SCHOONOVER stated that she is Beverly Schoonover, acting director of the Alaska Mental Health Board of Alcohol and the Advisory Board on Alcohol and Drug Abuse.

MS. APPLEGATE stated that she is Anne Applegate with the Governor's Council on Disabilities and Special Education. She began and explained the community transportation funding. She noted the importance of transportation for accessing all of the other programs and opportunities that exist for community engagement, for employment, for having a meaningful social life. The State provides services in the home and community, but there is no access to those services without accessible transportation being readily available. She added that there are small communities that do not have accessible vans, which is one of the things provided in this grant. She stated that there is a lot of information on the Department of Transportation's great website.

TRUSTEE MICHAEL asked about the status for this year in terms of vetoes.

MS. APPLEGATE replied, in terms of vetoes, that money from the GF is gone completely, but we are assuming there is status quo until we know otherwise.

CHAIR COOKE recognized Denise Daniello.

MS. DANIELLO began with deferred maintenance and essential program equipment. She explained that both are capital programs that are administered by the Department of Health and Social Services, Financial Management Services Facility Section. The deferred maintenance is an important program for organizations with facilities serving at least one of the Trust beneficiary populations. The funds are important because facilities have a tendency to develop repair needs over time, and this program helps to address those needs. She stated that the maximum grant for deferred maintenance is $50,000, with a 10 percent match that can be made in cash or in kind. She continued that last year there was a total of $607,947 awarded, and 35 agencies applied for the funds. It was only enough to fund 13 requests. She stated that the joint recommendation from the Board, the Council and the Commission is $250,000 MHTAAR and $250,000 GF/MH for deferred maintenance, and to be offered every year per the trustees' recommendation from last year. The deferred maintenance program has been a longstanding program for many years and continues to be very important.

CHAIR COOKE recognized Beverly Schoonover.

MS. SCHOONOVER noted the assistive technology request. She gave a brief summary, and stated that it was a $500,000 request for both fiscal years '20, '21. The funding would be used to expand access to medical appliances and assistive technology. The goal of this money is to improve the daily life, functioning, safety, and independence of Trust beneficiaries in their homes.

CHAIR COOKE asked for any questions for the advisory board folks, and then moved back to the discussion of FY Trust budget recommendations.

MR. BOYER talked about workforce and provided some information and a couple of examples

of its impact; how it helps the beneficiaries; and how it related to the budget. He added that he has a lot of data on the impact with the workforce initiatives, and would be glad to share it at some point.

MR. WILLIAMS moved into the last large category of Trust funding and the nonfocus area allocations. He asked Jimael Johnson to continue.

MS. JOHNSON stated that the topic of prevention and early childhood intervention has been brought forward to the trustees several times over the past few years. This is an area of emerging work for the Trust, and there was a recognition that the early years and prevention of disability is a priority for the Trust. There has been a realization that early childhood experiences, particularly traumatic events, have a true long-term effect on individual health, as well as population health and mental health. She continued that there is a correlation between disability, all of the beneficiary categories and early childhood trauma. The goal of this emerging area for the Trust would be to support programs that are serving young children, and also promote resiliency, prevent and address trauma, and also to provide access to the early intervention services that are most effective. She talked about the challenges around early childhood systems and the threat of funding cuts to many of the early childhood services that are established that impact beneficiary groups, including Head Start. She stated that data analysis is critically important to understanding the system and the impacts that different interventions will have on families and supports. On the solutions side, the stakeholders state that this is an area that the Trust should be involved with; the work is very important, and there is a need to continue to increase that investment. She continued that the information of pediatric primary care in behavioral health is identified as cost-effective and a destigmatizing way to serve children in a more natural environment, potentially a pediatric practice. Identifying this strategy allows being responsive to communities and demands from the population, as well as interest from the stakeholders and practice partners in developing an integrated practice.

MR. ABBOTT explained that the request in this item is to essentially create an allocation for this purpose that meets the description in the budget, and then we would work to propose actual spending from that. This has been an underserved part of the portfolio in the past, and the recommendation is proposing to grow it.

MS. JOHNSON summarized the final category of the budget and talked about policy support around the 1115 waiver as an essential piece of infrastructure to help support families and young children.

MR. WILLIAMS talked about the FY19 partnership grant program to show how, if approved, the FY21 budget would be used. He moved to the dental grants and stated that staff will be paying attention to what happens with the Medicaid dental program and how that impacts the beneficiaries.

TRUSTEE BOERNER stated, for the record, that if the adult dental Medicaid program goes away, there is no way that the Trust can supplant that because it requires the State match, as well as being part of the State program in order to receive those lost Federal funds, which are upwards of $18 million.

MR. ABBOTT moved to the mini-grant program which target critical health and safety needs. Individual beneficiaries can receive up to $2500 once a year through the mini-grant

program. He then outlined the next steps between now and the board meeting in August. He moved to the agenda item, which is the request for an approval. He stated there would be hesitancy in recommending big changes to the FY21 program based on the significant changes in FY20.

MR. WILLIAMS added that this is being done in consultation with the advisory boards and with the key stakeholders.

CHAIR COOKE asked for a motion.

> **MOTION:** A motion to approve a $200,000 FY20 Authority Grant to Bartlett Regional Hospital for the Crisis Stabilization Center project. These funds will come from the FY20 Emergency Psychiatric Services Assistance budget line -- was made by TRUSTEE DERR; seconded by TRUSTEE BOERNER.

MR. BOYER gave a synopsis of the proposal and introduced Bradley Grigg, the chief behavioral health officer at Bartlett Regional Hospital.

MR. GRIGG thanked the trustees for the opportunity to have a dialogue about this project. He stated that, as of August 14th, the proposals for the design of the facility are due, and anticipated is a minimum of four proposals coming from a combination of local architects. By the third week of August, the architectural firm awarded the project will design the facility and manage the project for the firm. He continued that, from that point, there will be a big transition process as this project will be on campus, and the current outpatient clinic will be torn down. He described how this project is moving forward and the benefits it will bring to the community.

CHAIR COOKE thanked Mr. Grigg for his presentation. He stated that this project sounded like something that the Trust ought to be involved with to build the capacity to support local efforts, combined with other funders to make an important project like this happen. He moved to the motion on the table and asked for any objection.

There being no objection, the MOTION was approved.

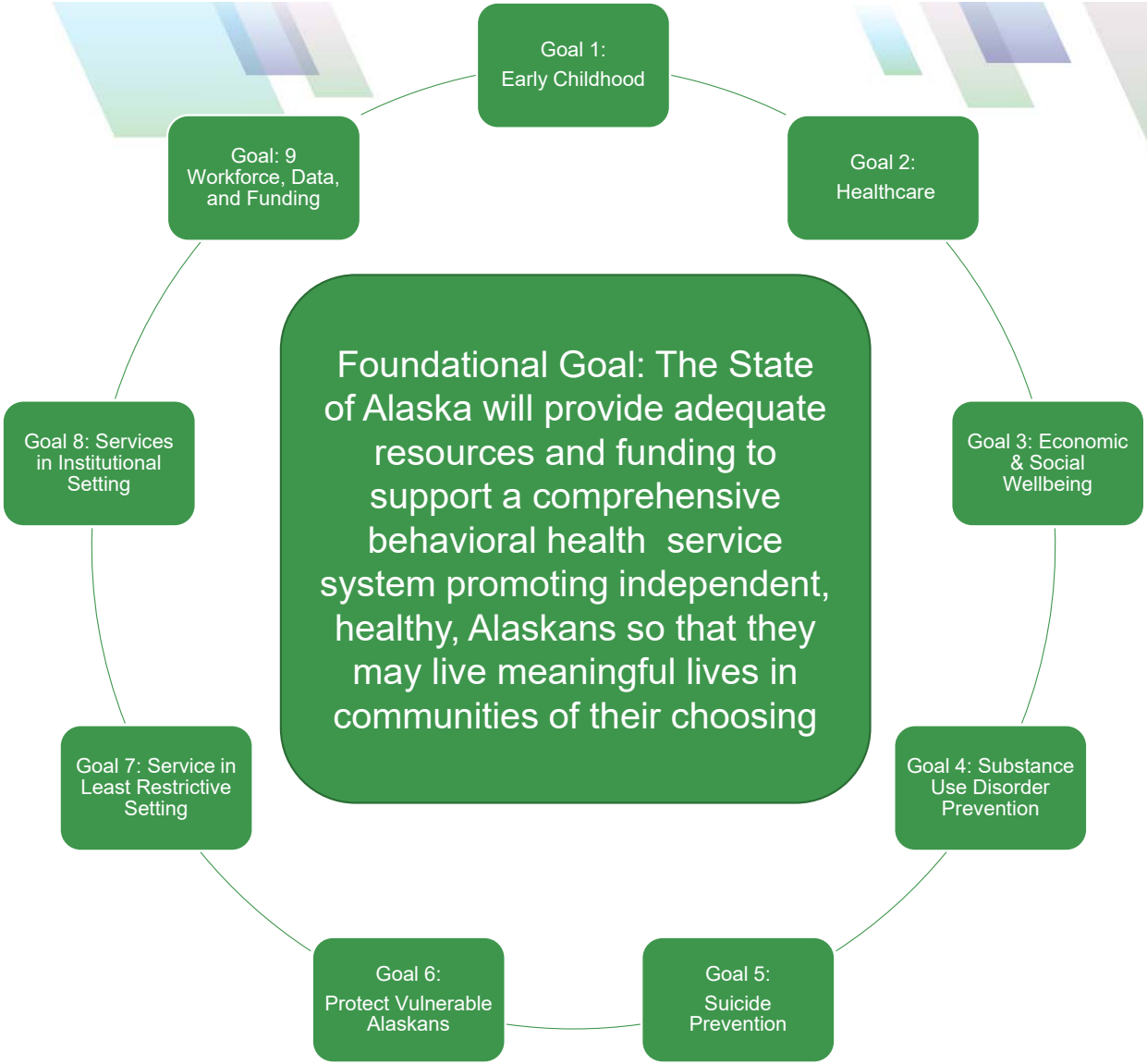
CHAIR COOKE moved to trustee comments and waived his time. There being no further business, he adjourned the Program & Planning Committee meeting.

(Program & Planning Committee meeting adjourned at 4:50 p.m.)

Strengthening the System:

Alaska's Comprehensive Integrated Mental Health Program Plan, 2020-2024

LIFESPAN: from the prenatal period through end of life



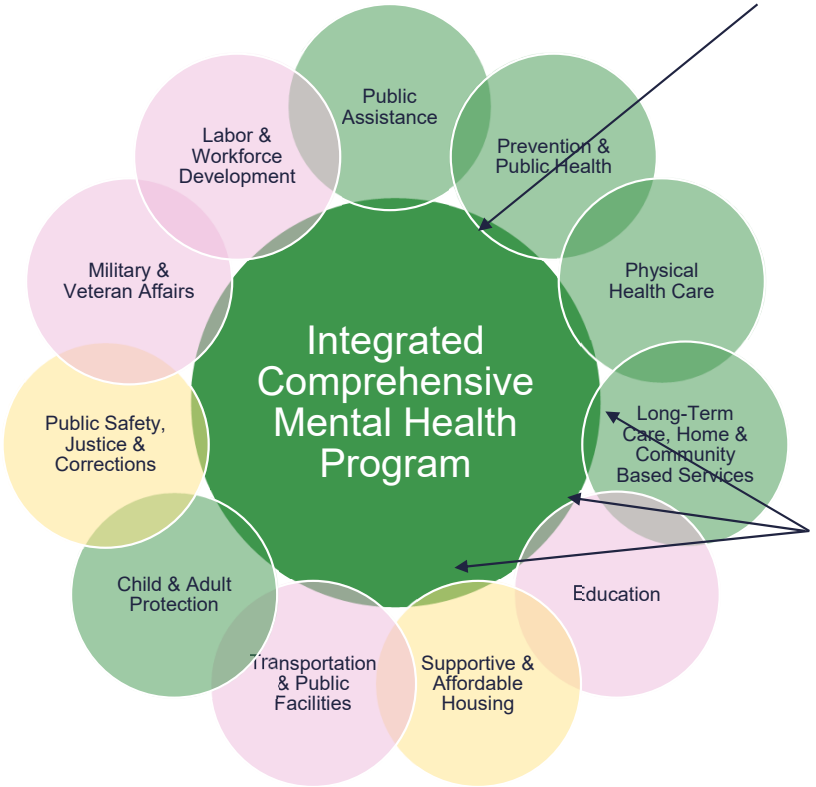
The plan can be found here: http://dhss.alaska.gov/Commissioner/Pages/MentalHealth/default.aspx

Addendum to the 2018 Comp Plan MOA

- Updated the MOA in November 2019 to include:
  - Progress report for the previous activities and deliverables
  - Updated the timeline for 2020 to include:
    - 1st draft of Implementation Action Plan due late January 2020
    - Final Implementation Action Plan due April 2020
    - 1st draft of Scorecard indicators due April 2020
    - Final Scorecard indicators July 2020
    - Scorecard template August 2020
  - Authorized by the new administration

Action Planning w/ DHSS Divisions

COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN



"Core": Programs supported with funds from the Mental Health Budget or State operating and capital funds clearly allocated to advance the Comprehensive Mental Health Program

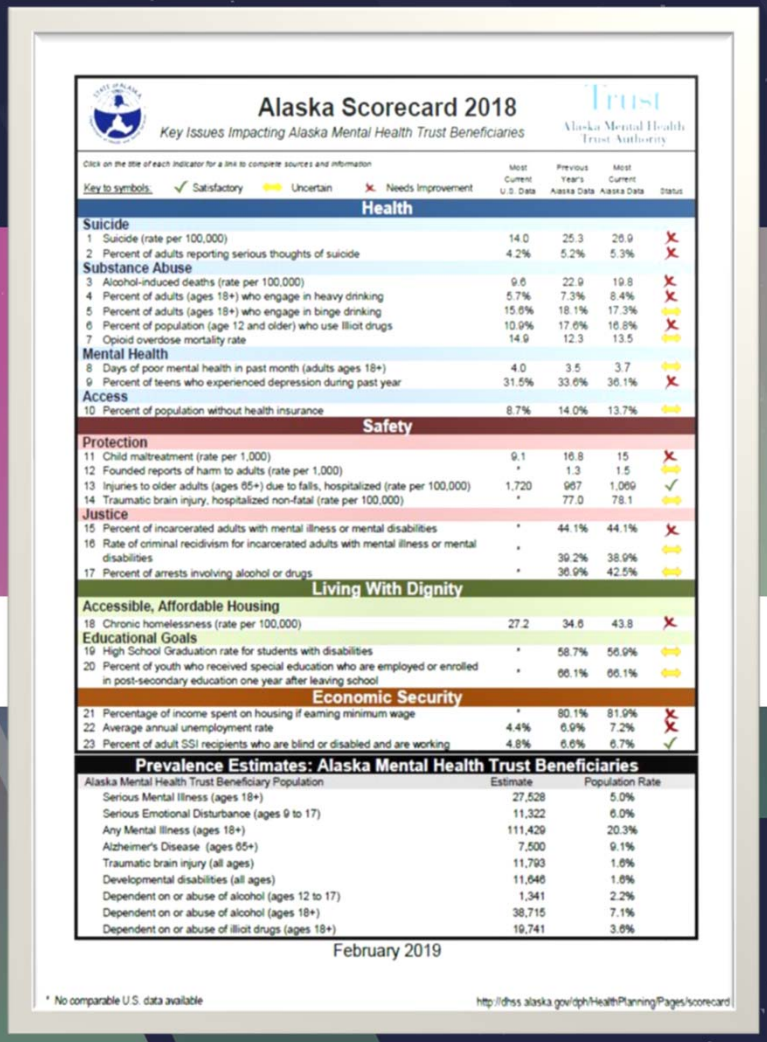
Integrated: Areas of Mission Overlap & Shared Responsibility

Goal 5- Suicide Prevention
Individuals, families, communities, and governments take ownership to prevent suicides and self-harm in Alaska.

5.1 Objective: Coordinate prevention efforts to ensure that Alaskans have access to a comprehensive suicide prevention system.

5.2 Objective: Support and improve the system to assist individuals in crisis.

Objective 5.2: Support and improve the system to assist individuals in crisis.		
Strategies	Tactics	Responsible Agency
a. Maintain effective Careline Alaska services to all Alaskans in crisis.	• Continue to fund the Careline at appropriate staffing levels according to their accreditation through the American Association of Suicidology. • Evaluate Careline data to determine service needs of Alaskan's. • Assess the impacts of a possible 3-digit number (988) for mental health emergencies and implications regarding staffing and call volume.	
b. Provide public education on mental health and suicide.	• Support funding for Youth and Adult Mental Health First Aid, or other evidence based programs that are applicable to the needs of ~~for all~~ emergency responders, law enforcement, emergency room staff, direct service professionals, criminal justice staff, schools, and tribal providers. • Support the Department of Education and Early Development's efforts in developing and utilizing eLearning classroom lessons for students, including "Navigating Transitions: Promoting Wellness to Prevent Suicide Grades 5-12" • Support the Department of Education and Early Development's efforts to deliver and sustain the Suicide Awareness Prevention & Postvention Training delivered in eLearning format statewide to educators and any person requesting to complete the training.	
c. Ensure Alaskans who encounter the continuum of care are universally screened for behavioral health conditions and suicidal ideation.	• Implement the Zero Suicide framework, training and technical assistance to primary care and behavioral health providers utilizing an evidence based screening tool that screens for behavioral health conditions and suicidal ideation.	
d. Develop a continuum of community-based crisis intervention services to support beneficiaries in community settings whenever possible.	• Implement new services through the 1115 Behavioral Health Medicaid Waiver to provide for enhanced crisis intervention services. • Utilize the Administrative Services Organization to develop and maintain a program for growing regional provider capacity and support.	



Alaska Scorecard 2018

Key Issues Impacting Alaska Mental Health Trust Beneficiaries

Trust — Alaska Mental Health Trust Authority

Click on the title of each indicator for a link to complete sources and information

Key to symbols: ✓ Satisfactory ⇔ Uncertain ✗ Needs Improvement

		Most Current U.S. Data	Previous Year's Alaska Data	Most Current Alaska Data	Status
Health					
Suicide					
1	Suicide (rate per 100,000)	14.0	25.3	26.9	✗
2	Percent of adults reporting serious thoughts of suicide	4.2%	5.2%	5.3%	✗
Substance Abuse					
3	Alcohol-induced deaths (rate per 100,000)	9.6	22.9	19.8	✗
4	Percent of adults (ages 18+) who engage in heavy drinking	5.7%	7.3%	8.4%	✗
5	Percent of adults (ages 18+) who engage in binge drinking	15.6%	18.1%	17.3%	⇔
6	Percent of population (age 12 and older) who use Illicit drugs	10.9%	17.6%	16.8%	✗
7	Opioid overdose mortality rate	14.9	12.3	13.5	⇔
Mental Health					
8	Days of poor mental health in past month (adults ages 18+)	4.0	3.5	3.7	⇔
9	Percent of teens who experienced depression during past year	31.5%	33.6%	36.1%	✗
Access					
10	Percent of population without health insurance	8.7%	14.0%	13.7%	⇔
Safety					
Protection					
11	Child maltreatment (rate per 1,000)	9.1	16.8	15	✗
12	Founded reports of harm to adults (rate per 1,000)	*	1.3	1.5	⇔
13	Injuries to older adults (ages 65+) due to falls, hospitalized (rate per 100,000)	1,720	967	1,069	✓
14	Traumatic brain injury, hospitalized non-fatal (rate per 100,000)	*	77.0	78.1	⇔
Justice					
15	Percent of incarcerated adults with mental illness or mental disabilities	*	44.1%	44.1%	✗
16	Rate of criminal recidivism for incarcerated adults with mental illness or mental disabilities	*	39.2%	38.9%	⇔
17	Percent of arrests involving alcohol or drugs	*	36.9%	42.5%	⇔
Living With Dignity					
Accessible, Affordable Housing					
18	Chronic homelessness (rate per 100,000)	27.2	34.6	43.8	✗
Educational Goals					
19	High School Graduation rate for students with disabilities	*	58.7%	56.9%	⇔
20	Percent of youth who received special education who are employed or enrolled in post-secondary education one year after leaving school	*	66.1%	66.1%	⇔
Economic Security					
21	Percentage of income spent on housing if earning minimum wage	*	80.1%	81.9%	✗
22	Average annual unemployment rate	4.4%	6.9%	7.2%	✗
23	Percent of adult SSI recipients who are blind or disabled and are working	4.8%	6.6%	6.7%	✓

Prevalence Estimates: Alaska Mental Health Trust Beneficiaries

Alaska Mental Health Trust Beneficiary Population	Estimate	Population Rate
Serious Mental Illness (ages 18+)	27,528	5.0%
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Developmental disabilities (all ages)	11,646	1.6%
Dependent on or abuse of alcohol (ages 12 to 17)	1,341	2.2%
Dependent on or abuse of alcohol (ages 18+)	38,715	7.1%
Dependent on or abuse of illicit drugs (ages 18+)	19,741	3.6%

February 2019

* No comparable U.S. data available

http://dhss.alaska.gov/dph/HealthPlanning/Pages/scorecard

Alaska Scorecard 2019

Outcomes and Monitoring

http://dhss.alaska.gov/Commissioner/Documents/MentalHealth/resources.pdf

Alaska Scorecard 2019

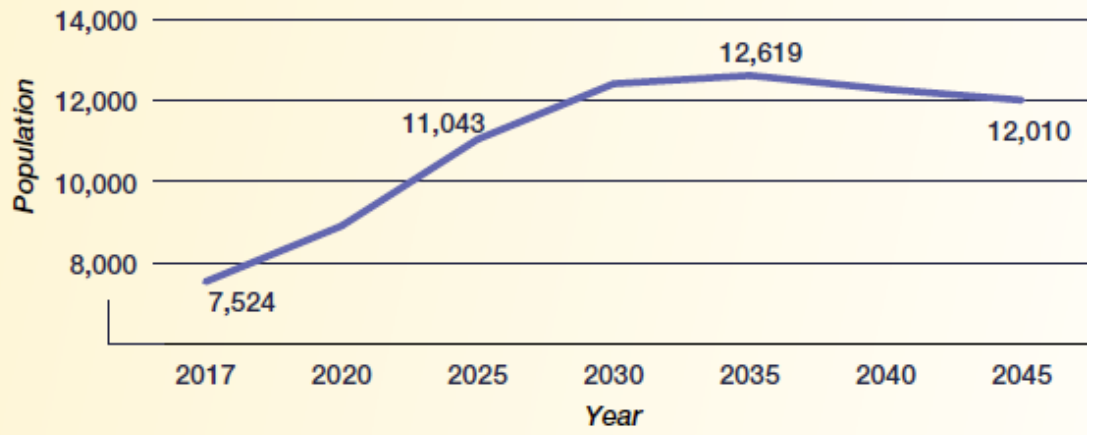
- Was developed to track and monitor the previous Comp Plan- Moving Forward.
- Has been in existence since 2007.
- 2019 version is published to DHSS website in February of 2020.
- There are total of 12 Scorecards available on DHSS website which measures the same indicators over the last 10+ years.
- The Trust funds the Division of Public Health to develop and maintain this Scorecard on an annual basis

Value of the Scorecard

- Focuses on beneficiary related health and social determinants of health vs. indicators related to all Alaskans or national averages
- Looking at the same indicators over expanded periods of time allows us to see how programs have made a + or – impact on the lives of beneficiaries
- Most data sources are updated annually and after the data is published it's about one year in retrospection.

Prevalence Estimates

Figure 13: Population Projection: Number of Alaskans with Alzheimer's Disease

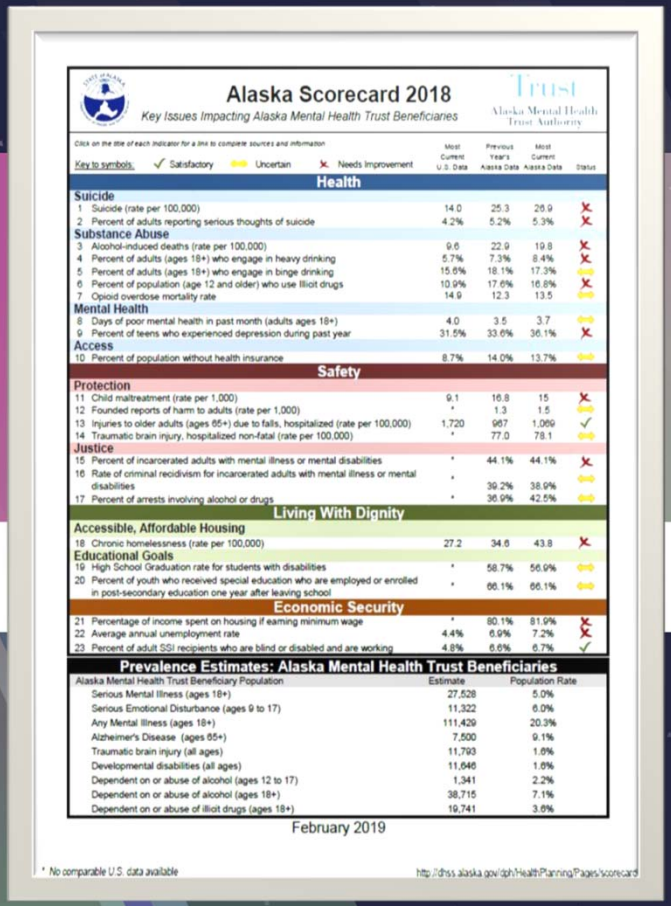


Sources

Department of Labor and Workforce Development: Alaska Population Projections 2017 to 2045
http://live.laborstats.alaska.gov/pop/projections.cfm

Prevalence Estimates: Trust Beneficiaries are from the 2018 Alaska Scorecard
http://dhss.alaska.gov/dph/HealthPlanning/Documents/scorecard/2018_MHT_Scorecard_full.pdf

Prevalence estimates allows the Trust and DHSS to use data to better predict where beneficiary needs may increase or decrease in advance so resources can be allocated accordingly



Alaska Scorecard 2018

Key Issues Impacting Alaska Mental Health Trust Beneficiaries

Trust — Alaska Mental Health Trust Authority

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8	Days of poor mental health in past month (adults ages 18+)	4.0	3.5	3.7	⟺
9	Percent of teens who experienced depression during past year	31.5%	33.6%	36.1%	✗
Access					
10	Percent of population without health insurance	8.7%	14.0%	13.7%	⟺
Safety					
Protection					
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Accessible, Affordable Housing					
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Educational Goals					
19	High School Graduation rate for students with disabilities	*	58.7%	56.9%	⟺
20	Percent of youth who received special education who are employed or enrolled in post-secondary education one year after leaving school	*	66.1%	66.1%	⟺
Economic Security					
21	Percentage of income spent on housing if earning minimum wage	*	80.1%	81.9%	✗
22	Average annual unemployment rate	4.4%	6.9%	7.2%	✗
23	Percent of adult SSI recipients who are blind or disabled and are working	4.8%	6.6%	6.7%	✓

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Alaska Scorecard 2020

Outcomes and Monitoring

http://dhss.alaska.gov/Commissioner/Documents/MentalHealth/resources.pdf

Benefits of alignment w/ new Comp Plan

- Using data to make decisions so there is collective impact
- Updating the Scorecard's usefulness to today's needs and desired outcomes
- The new Comp Plan has an emphasis on prevention and early childhood intervention
  - There is currently no single indicator to empathize progress in this area. Through the Scorecard/ Comp Plan can leverage partnerships and bring SME's together to select a common indicator

Alaska Scorecard 2020

- Anticipate the 1st draft to be available in April 2020
- Final anticipated to post to DHSS website in February of 2021
- A workgroup is in the process of revising the indicators to align with the anticipated outcomes of Strengthening the System
- Workgroup includes DHSS public health & commissioner's office, Advisory Boards, Trust, and will likely include additional subject matter experts together to decide on a common indicator(s) as needed or necessary

Thank You!

Alaska Scorecard 2018

Key Issues Impacting Alaska Mental Health Trust Beneficiaries

Trust
Alaska Mental Health Trust Authority

Click on the title of each indicator for a link to complete sources and information

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Health: Suicide

1. Suicide mortality rate per 100,000 population, age-adjusted (2017).[a]
2. Percentage of non-institutionalized adults (18+) reporting serious thoughts of suicide in the past year (2016-2017).[b]

Health: Substance Abuse

3. Alcohol-induced deaths per 100,000 population, age-adjusted. Includes fatalities from alcoholic psychoses, alcohol dependence syndrome, non-dependent abuse of alcohol, alcohol-induced chronic liver disease and cirrhosis, and alcohol poisoning; does not include traumatic injury such as motor vehicle crashes or homicide (Alaska 2017, US 2017).[a]
4. Percentage of adults (18+) who reported heavy drinking in past 30 days; defined as 2+ drinks daily for men or 1+ drinks daily for women (2017).[c]
5. Percentage of adults (18+) who reported binge drinking in past 30 days; defined as drinking 5+ drinks (men) or 4+ drinks (women) on one occasion (2017).[c]
6. Percentage of population age 12 and older who report using illicit drugs in the past month. Used here, "illicit drugs" includes marijuana, hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically (2016-2017).[b]
7. Opioid overdose related deaths per 100,000 population, age-adjusted (Alaska 2017, US 2017).[a]

Health: Mental Health

8. Mean number of days during the previous 30 days for which respondents aged 18+ report that their mental health (including stress, depression, and problems with emotions) was not good (2017).[c]
9. Percentage of students in grades 9-12 who reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during past 12 months (Alaska 2017, U.S. 2017).[d]

Health: Access

10. Percentage of population without health insurance for the entire year (2017).[e]

Safety: Protection

11. Child maltreatment, rate per 1,000 children aged 0-17. (2017).[f]
12. Founded reports of harm, rate per 1,000 adults aged 18+. (FY 2018).[g]
13. Non-fatal injuries due to falls, ages 65+, hospitalized 24 hours or more, rate per 100,000 adults aged 65+ (Alaska 2017, U.S. 2017).[h]
14. Non-fatal traumatic brain injury requiring hospitalization of 24 hours or more, rate per 100,000 population (2017).[h]

Safety: Justice

15. Percentage of incarcerated adults with mental illness or mental disabilities (2012).[i]
16. Statewide criminal recidivism rates for incarcerated adults with mental illness or mental disabilities; defined as re-entry into Alaska Department of Corrections for a new crime occurring within one year of initial date of discharge (2012).[i]
17. Percentage of arrests by Alaska State Troopers or Wildlife Troopers that were flagged as being related to alcohol and/or drugs (2017).[j]

Living With Dignity: Housing

18. Chronically homeless persons, defined as individuals with disabilities who have been continuously homeless for a year or more or who have experienced at least four episodes of homelessness in the past three years, per 100,000 population (2018).[k]

Living With Dignity: Education

19. High school graduation rate for students with disabilities. Statewide cohort graduation rate (2017-2018).[l]
20. Percentage of youth who received special education who are employed and/or enrolled in post-secondary education one year after leaving school (FFY 2018).[m]

Economic Security

21. Percentage of minimum wage income needed to afford fair-market rent of two-bedroom housing in Alaska (2018).[n]
22. Annual unemployment rate, not seasonally adjusted. (2017).[o]
23. Percentage of SSI recipients with blindness or disabilities who are working (2017).[p]

Data Sources

a. Alaska Department of Health and Social Services, Division of Public Health, Health Analytics & Vital Records; U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics.

b. Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health (NSDUH).

c. Alaska Department of Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance System; U.S. Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System.

d. Alaska Department of Health and Social Services, Division of Public Health, Youth Risk Behavior Survey; U.S. Centers for Disease Control and Prevention, Youth Risk Behavior Survey.

e. U.S. Census Bureau, American Community Survey, Tables for Health Insurance Coverage.

f. U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment Report*.

g. Alaska Department of Health and Social Services, Division of Senior and Disabilities Services, Adult Protective Services.

h. Alaska Department of Health and Social Services, Division of Public Health, Alaska Trauma Registry; U.S. Centers for Disease Control and Prevention (CDC), Injury Prevention and Control, Data and Statistics.

i. Hornby Zeller Associates, Inc. (May 2014), *A Study of Trust Beneficiaries in the Alaska Department of Corrections*.

j. Alaska Department of Public Safety, Divisions of Alaska State Troopers and Wildlife Troopers; Alaska Public Safety Information Network (APSIN) case data.

k. U.S. Department of Housing and Urban Development (HUD) Office of Community Planning and Development, *Annual Homeless Assessment Report*.

l. Alaska Department of Education and Early Development, *State Report Cards*.

m. Governor's Council on Disabilities and Special Education; Alaska Department of Education and Early Development, *FFY 2018 Annual Performance Report*.

n. National Low Income Housing Coalition *Out of Reach*.

o. Alaska Department of Labor and Workforce Development, Research and Analysis, Labor Force Data; U.S. Department of Labor, Bureau of Labor Statistics.

p. U.S. Social Security Administration, Office of Retirement and Disability Policy, *SSI Annual Statistical Report*.

Alaska Population Rates: Alaska Department of Labor and Workforce Development, Population Estimates.

Prevalence Data – Sources

Mental Illness. Serious Mental Illness and Any Mental Illness. Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health (NSDUH) (2016-2017) estimates). **Serious Emotional Disturbance.** Alaska Behavioral Health System Assessment (2016).

Alzheimer's Disease. Alzheimer's Association, 2018 Alzheimer's Disease Facts and Figures.

Traumatic Brain Injury. University of Alaska Center for Human Development, *The Alaska Traumatic Brain Injury (TBI) Planning Grant Needs and Resources Assessment, June 2001 – January 2003* and Alaska Brain Injury Network (via e-mail 12/16/11).

Developmental Disabilities. Larson, S.A., Lakin, K.C., Anderson, L. et al. (2001). Prevalence of mental retardation and developmental disabilities: Estimates from the 1994/1995 National Health Interview Survey Disability Supplements. Am J Ment Retard, 106(3), 231-252.

Alcohol dependence/ abuse and Illicit drug dependence/abuse. Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health (NSDUH) (2016-2017)

Key to Scorecard symbols

Alaska vs. U.S. % Difference		Alaska Year-to-Year Trend		Assessment		Status
If	Less than 15%	and	getting better	then	satisfactory	✓
If	Less than 15%	and	getting worse or flat	then	uncertain	⟷
If	Greater than 15% to the positive	and	getting better or flat	then	satisfactory	✓
If	Greater than 15% to the positive	and	getting worse	then	uncertain	⟷
If	Greater than 15% to the negative	and	getting better	then	uncertain	⟷
If	Greater than 15% to the negative	and	getting worse or not clear	then	needs improvement	✗
If	Unacceptably large rate to the negative	then	trend becomes irrelevant	then	needs improvement	✗

How did we determine the status of Scorecard indicators?

The Alaska Department of Health and Social Services, in conjunction with the Trust and the related advisory boards and commission, has produced this Alaska Scorecard annually since 2008.

To determine the status of an indicator, the most current Alaska data are compared to U.S. data to see if there is a difference of more than 15%. Then, the year-to-year Alaska data are examined to see if it shows a clear trend or if it varies so much that a clear trend cannot be determined.

Between 2017 and 2018 the status of 21 of the 22 indicators remained the same; one moved down from "uncertain" to "needs improvement."

Status information by Scorecard indicator

1. **Suicide rate**. The 2017 Alaska rate is 92% higher than the U.S. rate, and the Alaska rate has varied from year-to-year but has generally increased since 2008. The resulting status is "needs improvement." This is the same as last year's Scorecard status.

2. **Serious thoughts of suicide**. The 2016-2017 Alaska rate is 27% higher than the U.S. rate, and the Alaska rate has been slowly increasing. The status is "needs improvement." This is the same as last year's Scorecard status.

3. **Alcohol-induced mortality rate**. The 2017 Alaska rate is 106% higher than the 2017 U.S. rate, and the Alaska data show no clear trend. The status is "needs improvement." This is the same as last year's Scorecard status.

4. **Heavy drinking (adults)**. The 2017 Alaska rate is 47% higher than the U.S. rate, and has been generally increasing since 2008, so the status is "needs improvement." This is a change from last year's Scorecard status of "Uncertain".

5. **Binge drinking (adults)**. The 2017 Alaska rate is 11% higher than the U.S. rate, and the yearly Alaska data show no clear trend, so the status is "uncertain." This is the same as last year's Scorecard status.

6. **Illicit drug use**. The 2016-2017 Alaska rate is 54% higher than the U.S. rate, and the yearly Alaska percentage appears to be increasing, so the status is "needs improvement." This is the same as last year's Scorecard status.

7. **Opioid mortality rate.** The 2017 Alaska rate is 10% lower than the U.S. rate, but the Alaska rate has been increasing, so the status is "uncertain."

8. **Days of poor mental health**. The 2017 Alaska rate is 8% lower than the U.S. rate and the Alaska data show no clear trend, so the status is “uncertain.” This is the same as last year’s Scorecard status.

9. **Teens that experienced depression**. The 2017 Alaska rate is 15% above the U.S. rate and the rate appears to be increasing, so the status is “needs improvement.” This is the same as last year’s Scorecard status.

10. **Population without health insurance**. The 2017 Alaska rate is 58% higher than the U.S. rate; however, the trend appears to be improving. The status is “uncertain.” This is the same as last year’s Scorecard status.

11. **Child maltreatment**. The 2016 Alaska rate is 65% higher than the U.S. rate, and the Alaska data show no clear trend. The status is “needs improvement.” This is the same as last year’s Scorecard status.

12. **Founded reports of harm to adults**. There is not enough information to identify a trend in Alaska data and no comparable U.S. data; the status is “uncertain.” This is the same as last year’s Scorecard status.

13. **Injuries to older adults due to falls**. The 2017 Alaska rate is 38% lower than the 2017 U.S. rate (the latest year of data available), and the data show no clear trend; the status is “satisfactory.” This is the same as last year’s Scorecard status.

14. **Non-fatal traumatic brain injury**. There are limited U.S. data for comparison, and the Alaska rate does not show a clear trend. The status is “uncertain.” This is the same as than last year’s Scorecard status.

15. **Incarcerated adults with mental illness or mental disabilities**. There are not enough Alaska data to identify a trend. However, the consensus is that the rate is unacceptably high, so the status is “needs improvement.” This is the same as last year’s Scorecard status.

16. **Criminal recidivism for incarcerated adults with mental illness or mental disabilities**. There are not enough Alaska data to identify a trend; there are no comparable U.S. data. The status is “uncertain.” This is the same as last year’s Scorecard status.

17. **Arrests involving alcohol or drugs**. The Alaska rate has increased slightly in the last year but has decreased in general over the past six years. However, this may be due to record keeping. There are no U.S. data for comparison. The status is “uncertain.” This is the same as last year’s Scorecard status.

18. **Chronic homelessness**. The 2018 Alaska rate is 61% higher than the U.S. rate, and the Alaska rate appears to be increasing since 2016. The status is “needs improvement.” This is the same as last year’s Scorecard status.

19. **High school graduation rate for students disabilities**. The 2017-2018 rate is very close to the rate in 2016-2017 and has generally increased since 2009-2010. The status is “uncertain.” This is the same as last year’s Scorecard status.

20. **Percentage of youth who received special education and are employed and/or enrolled in post-secondary education**. There is not enough information to identify a trend in Alaska data and no comparable U.S. data; the status is “uncertain.” This is the same as year’s Scorecard status.

21. **Percentage of income spent on housing if earning minimum wage**. The percentage of income spent on housing in Alaska is more than double what is considered affordable, so the status is “needs improvement.” This is the same as last year’s Scorecard status.

22. **Unemployment rate**. The 2017 Alaska rate is 64% higher the U.S. rate and the trend is increasing slightly; the resulting status is “needs improvement.” This is the same as last year’s Scorecard status.

23. **SSI recipients who are blind or disabled and are working**. The 2017 Alaska rate is 40% higher than the U.S. rate; the status is “satisfactory.” This is the same as last year’s Scorecard status.

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MEMO

To: Verné Boerner, Chair - Program and Planning Committee
Through: Mike Abbott, Chief Executive Officer
From: Kelda Barstad, Program Officer
Date: January 3, 2020
Re: Change of Intent – FY20 Rural Home & Community Based Services Coordinator
Amount: $81,000

REQUESTED MOTION:

Recommend that 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.

PROJECT BACKGROUND

Current Project as approved by Trustees
Focus Area: Housing and Long Term Services and Supports
Title: Rural HCBS Coordinator
Department/Component: DHSS/SDS
Fund Type/Year: MHTAAR/FY20
Amount: $81,000

These funds were not included in the final FY20 budget signed by the Governor. Therefore, the Department of Health and Social Services (DHSS) has identified that this position will not be hired in FY20.

STAFF ANALYSIS

A Change of Intent is requested to allowing them to be used for other Housing and Long Term Services and Supports focus area projects. The budget item name is requested to change to HCBS Projects and the funding type change from MHTAAR to Authority grants. While the original intent of the request can no longer be met in FY20, there are new opportunities to act upon that will serve Trust beneficiaries and improve the service system within this timeframe.

Examples of potential projects:

- Complex Behavioral Needs Contract: The work of this contract will contribute to potential solutions to address the needs of Trust beneficiaries who have complex care needs and identify system both through Medicaid funding options and other system recommendations.
- Model description of supporting an assisted living home off road system through fee for service and community contributions.
- Pilot project supporting in-home caregivers with tablets that link families to 24/7 distance support.

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MEMO

To: Verné Boerner, Chair - Program and Planning Committee
Through: Mike Abbott, Chief Executive Officer
From: Steve Williams, Chief Operating Officer
Katie Baldwin-Johnson, Senior Program Officer
Date: January 3, 2020
Re: Amendments to the FY21 Budget

REQUESTED MOTION:

The Program and Planning committee recommend that 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 board of trustees approved the FY21 budget on August 29, 2019 with total spending of $29,268.1. This amount was comprised of $16,228.2 of Mental Health Trust Authority Authorized Receipts (MHTAAR) and $13,039.9 in Trust Authority Grant funds. In addition, the trustees also provided recommendations to the Governor for spending $5,910.7 in General Fund/Mental Health funds and $8,200.0 in Other funds.

Since the approval of the FY21 budget, Trust staff worked closely with several partners to accelerate the implementation of identified projected projects or new projects that would positively impact beneficiary or systems change efforts. There is also a technical change that would add clarity to the intent of approved funding for one project. None of the requested amendments change the total budget amount of Trust funds previously approved by the board of trustees. Below are the requested amendments with additional details regarding each request.

The **blue bolded** titles centered on the page indicate the title of the high-level budget section. Under each budget section, the strategy title is shown in *italics and underlined*. Finally, the bulleted **bold** title is the specific project or activity where the staff recommended amendment occurs.

Other Non-Focus Area Allocations

PREVENTION & EARLY CHILDHOOD INTERVENTION: PROGRAMS SERVING YOUNG CHILDREN PROMOTE RESILIENCY, PREVENT AND ADDRESS TRAUMA, AND PROVIDE ACCESS TO EARLY INTERVENTION SERVICES.

- **Integration of pediatric primary care and behavioral health – $150.0** (pg. 2, row #50)
  Trustees previously approved $150.0 in FY21 Authority Grants funds to support capacity development for pediatric primary care and behavioral health integration in pediatric settings. Integrated care increases access to early intervention for children and families experiencing behavioral health needs, effectively decreasing the need for higher levels of care. This integration strategy has been identified as a Trust priority for several years.

Staff request approval $89.0 of the previously approved $150.0 Authority Grant funds as 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. This project is a five year federal grant allowing Alaska primary care providers access to tele-psychiatric consultation through Seattle Children's Hospital and connection to local resources through Help Me Grow Alaska. The Trust funds will be used as match funding required by the federal grant. The federally funded project was awarded after the FY20-21 budget was developed and is showing positive early results with high satisfaction reported from primary care providers. The funds will be granted to the Department of Health and Social Services, Division of Behavioral Health. Trust staff will work with the Administration and Legislature for this request to be included in the Governor's FY21 Amended Proposed Budget. Provided that the project continues to demonstrate positive outcomes, Trust staff will include MHTAAR funds for the project in the FY22/FY23 budget recommendations to the board of trustees.

The remaining $61.0 of FY21 Authority Grant funds will be used for additional projects (in development) that promote the integration of pediatric primary care and behavioral health treatment for beneficiaries.

- **Improve social determinants of health for families and young children: Peer Support/Parenting Policy, data & programs – $300.0** (pg. 3, row #58)

Trustees previously approved $300.0 in FY21 Authority Grants funds to develop strategies related to social determinants of health to improve the lives of young beneficiaries and their families. Strategies will prioritize data driven, culturally sensitive, and evidence-informed/based practices.

Staff request approval of $96.3 of the previously approved $300.0 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). This position is focused on the development of early childhood mental health and child welfare related work and expands capacity related to data collection and analysis across systems. This work is critical to informing policy development, program investment and responding to inquiries from the Advisory Boards, the Trust and other key stakeholders.

The RAIII position was created and filled after the FY20-21 budget was developed and is demonstrating positive early results. Trust funds will be granted to the Department of Health and Social Services, Division of Behavioral Health and administered by AMHB/ABADA. Trust staff will work with the Administration and Legislature for this request to be included in the Governor's FY21 Amended Proposed Budget. Provided the position continues to demonstrate positive outcomes, Trust staff may include MHTAAR funds for the position in the FY22/FY23 budget recommendations to the board of trustees.

The remaining $203.7 of FY21 Authority Grant funds will be used for additional projects (in development) to support strategies related to social determinants of health to improve the lives of young beneficiaries and their families.

Housing & Long Term Services and Support

BENEFICIARIES HAVE SAFE, STABLE HOUSING WITH TENANCY SUPPORTS

- **Special needs housing grant & Statewide Homeless Coalition Capacity Development (FY2018 – FY2022; MHTAAR Lapses June 30, 2022) – $200.0** (pg. 4, row #18)

  This requested amendment is to change the current budget line item title (see above) to more accurately reflect the title and intent. The recommended new title is "Special Needs Housing Grant".

Beneficiary Employment and Engagement

UTILIZE ONGOING RECOVERY (INCLUDING PEER AND FAMILY) SUPPORTS SERVICES TO REDUCE THE IMPACT OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS

- **Peer Support Certification – $125.0** (pg. 6, row#21)

  Trustees previously approved $125.0 in FY21 Authority Grants funds for this project. Staff request approval to change these funds from FY21 Authority Grants funds to FY21 MHTAAR funds. This project was developed from Trust and state partnership related to workforce development and standardization of Peer Support as a profession and behavioral health service. Peer Support is a foundational recovery-oriented strategy within the Beneficiary Employment and Engagement Focus Area and a critical service highlighted in the 1115 Medicaid Behavioral Health Waiver. Changing the fund designation from Authority Grant to MHTAAR will allow more timely transfer of funds in FY21 to continue work towards a certification body and training for Peer Support workers.

  The funds will be granted to the Department of Health and Social Services, Division of Behavioral Health (DHSS/DBH). Trust staff will work with the Administration and Legislature for this request to be included in the Governor's FY21 Amended Proposed Budget. The development of this certification and training has been collaborative and productive between the DHSS/DBH, the Trust and key stakeholders. Provided the project continues to demonstrate positive outcomes, Trust staff may include MHTAAR funds to continue the efforts of the project in the FY22/FY23 budget recommendations to the board of trustees.

Disability Justice

INCREASED CAPACITY, TRAINING, AND COMPETENCIES

- **Implement CIT Training Courses Anchorage and others – $200.0** (pg. 8, row#13)
  Trustees previously approved $200.0 in FY21 Authority Grant funds for the purpose of supporting *Crisis Intervention Team (CIT)* training to law enforcement officers and other first responders. Since then Trust staff have been working closely with the Alaska State Troopers, Alaska Police Standards Council and local law enforcement departments to expand CIT training and ensure the training adheres to the core elements of the CIT curriculum. To forward those efforts staff request the following approval of the following designations.

1) Staff request approving $80.0 of the previously approved $200.0 Authority Grant funds 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. Trust staff will work with the Administration and Legislature for this request to be included in the Governor's FY21 Amended Proposed Budget.

2) Staff request approving $80.0 of the previously approved $200.0 Authority Grant funds 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). Trust staff will work with the Administration and Legislature for this request to be included in the Governor's FY21 Amended Proposed Budget.

3) The remaining $40.0 of the previously approved FY21 Authority Grant funds will be used for continued support of the Anchorage Police Department's CIT training courses. It will also support the planning and development of additional advanced CIT law enforcement training modules, for those who have already graduated from the basic CIT academy. The CIT working group comprised of representatives from the Trust, Anchorage Police Department, Alaska State Troopers, the Alaska Police Standards Council and the UAA Alaska Justice Information Center (AJiC) are identifying topics and related curriculum for these advanced modules.

REENTRY

- **Reentry special needs housing – $150.0** (pg.9, row #40)
  There are two requested technical amendments related to this project. The first request is to rename the project/activity title to "Reentry transition supports" to avoid confusion with the "Special Needs Housing Grant (FY2018 – FY2022; MHTAAR Lapses June 30, 2022)" project under the Housing and Long Term Services & Supports focus area.

  The second request is to remove AHFC as the Dept/RDU/Component (or recipient) of these funds. This will provide flexibility in granting these funds to identified communities/organizations such as the Anchorage, Fairbanks, Mat-Su, and Juneau reentry coalitions to assist Trust beneficiaries who are reentering society to obtain safe transitional or permanent housing.

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MEMO

To: Verné Boerner, Chair - Program and Planning Committee
Through: Mike Abbott, Chief Executive Officer
From: Katie Baldwin-Johnson, Senior Program Officer
Kelda Barstad, Program Officer
Date: January 3, 2020
Re: FY21 Developing Areas of Investment

BACKGROUND

During the FY21 budget authorization on August 29, 2019, the board of trustees decided to leave approximately $3,500,000 in FY21 funds unobligated for the approval of specific project(s) at a later date.

Described below are two areas of concerted Trust effort to improve Alaska's continuum of care and the lives of Trust beneficiaries: (1) Psychiatric Crisis Continuum of Care and (2) further investment in the Trust's Housing and Homelessness focus area. The descriptions below provide an overview of these efforts and potential Trust investment in future projects. As these efforts and potentially others get identified, defined and are ready for implementation, Trust program staff will bring forward a formal request for funding, likely at the January board of trustee meeting.

STAFF ANALYSIS

Psychiatric Crisis Continuum of Care

The Trust is heavily engaged in looking at ways to improve services for beneficiaries in behavioral health crisis across the state. Not unique to Alaska, we lack critical psychiatric service infrastructure to prevent the over use of law enforcement as the primary crisis responder and use of hospital emergency rooms as the only disposition for care when beds at API are not readily accessible. The Trust is exploring the *Crisis Now* model as a structure for improving core crisis services in some of the larger Alaskan communities as well as exploring ways to improve services in rural Alaska. The following are possible strategies that would further our work in this area:

- Project management and contractual support
  The Trust has benefitted greatly from the contractual expertise of RI International to advise how Alaska may move forward with the *Crisis Now* model. We anticipate successful implementation will require contractual support to provide continued expertise as well as the necessary project management oversight 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.

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- Capital and Operational funding
  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.

- *Crisis Now* Model Components
  If the Trust supports moving forward with implementation of the *Crisis Now* model, there are options for the Trust to invest in capital or operating start-up costs associated with one or more components of the model. The recommended components of a more efficient crisis continuum of care within the context of the *Crisis Now* model includes the following:

  1) Regional or Statewide Crisis Call Center – 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.

  2) Centrally Deployed Mobile Crisis Teams – Two person mobile crisis teams that offers assessment, outreach, and support where people in crisis are; either in the person's home or a location in the community. The crisis call center dispatches these teams when telephonic stabilization is not achieved.

  3) *Crisis Observation and Stabilization Facilities* – Facility-based programs that offer short-term behavioral crisis care for individuals who need greater support and observation. These facilities are staffed with mental health professionals, medical staff including nurses and psychiatry and heavily rely on a professional peer support workforce.

- Rural Alaska crisis system improvements
  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.

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Housing & Homelessness

Housing and Homelessness projects have developed considerable momentum over the past two years. Funders are actively collaborating and committing considerable investments to ending homelessness. Local housing and homeless services networks are evolving to collaborate and prioritize projects necessary end homelessness in their communities. It is important for the Trust to continue to prioritize this work as a majority of homeless individuals are also Trust beneficiaries (all chronically homeless individuals are Trust beneficiaries). With the building momentum, new solutions and additional capacity needs have emerged to successfully house Trust beneficiaries. Following are some examples of these programs.

- Rapid Rehousing
  Rapid re-housing is an intervention, informed by a Housing First approach that is a critical part of a community's effective homeless crisis response system. Rapid re-housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Rapid rehousing programs help families and individuals living on the streets or in emergency shelters solve the practical and immediate challenges to obtaining permanent housing while reducing the amount of time they experience homelessness, avoiding a near-term return to homelessness, and linking to community resources that enable them to achieve housing stability in the long-term.

- Tiny Home Villages
  Tiny Home Villages are groups of small dwellings typically no larger than 500 square feet and are clustered together on a designated lot. The villages that are dedicated as an alternative to homeless who are camping or as transitional housing typically are unplumbed and rely on a main site for access to water and sewer. Often services and employment supports are offered on site and some sites self-govern. Tiny Home Villages are typically used as a safe space to live in until affordable housing becomes available, however these villages are also a mainstream long term housing trend and may offer a permanent option in some communities. Options are being explored in Sitka and Anchorage to meet the needs of individuals who are unable to be housed or sheltered through traditional programs.

- Rural Housing Coordinator developed projects
  The Trustees supported the development of a Rural Housing Coordinator. This position is administered by AHFC, supervised by the Alaska Association of Housing Authorities and based out of Kotzebue. This position is working intensively with a single region to identify local solutions to develop housing, reduce rural overcrowding and address homelessness.

- Flexible funds for homelessness prevention and diversion
  Preventing homelessness, much like preventing injury or illness, not only provides better outcomes for individuals, but is the most effective, efficient, and economical approach to addressing homelessness. The funds are used to prevent eviction, provide short-term intensive case management, fix a car that is needed for employment and meet other critical

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needs to ensure a person can continue their existing tenancy. A 2009 NAEH study explained that programs that offer P&D services with limited financial assistance with or without case management are as successful as more robust housing interventions and can serve up to 16 times the number of clients with the same amount of funding. While Anchorage has received grant funding for these services there are many other parts of the state that do not have funds allocated for homelessness prevention.

- Permanent Supportive Housing (PSH) is a model that combines low-barrier affordable housing, health care, and supportive services to help individuals and families lead more stable lives. PSH typically targets people who are homeless or otherwise unstably housed, experience multiple barriers to housing, and are unable to maintain housing stability without supportive services. PSH can be congregate, like Karluk Manor, or scattered site leasing through private landlords. Both types offer a broad array of supportive housing services that inspire independence and recovery. Examples of services include: employment readiness and training, educational support, financial coaching, basic needs, health care and behavioral health care.