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 6, 2021
Time:	8:30 AM
Location:	online via webinar and teleconference
Teleconference:	(844) 740-1264 / Meeting Number: 177 591 8585 # / Attendee Number: # https://alaskamentalhealthtrust.org/
Trustees:	Verné Boerner (Chair), Rhonda Boyles, Chris Cooke, Annette Gwalthney-Jones, Anita Halterman, Ken McCarty, John Sturgeon

Wednesday, January 6, 2021

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Page No.

12:45	**COVID-19 Impacts - Beneficiaries & the Organizations Serving Them** • Lizette Stiehr, Executive Director - Alaska Association on Developmental Disabilities • Tom Chard, Chief Executive Officer - Alaska Behavioral Health Association • Marianne Mills, Board Chair - AgeNet	74
1:30	**Fetal Alcohol Spectrum Disorder (FASD)** • Michael Baldwin, Trust Senior Evaluation & Planning Officer • Jeanne Gerhardt-Cyrus, FASD Advocate	87
2:30	**Break**	
2:45	**Staying Connected and Safe through Assistive Technology** • Kelda Barstad, Trust Program Officer • Mystie Rail, Executive Director – Assistive Technology of Alaska	
3:30	**Adjourn**	

Additional Documents

- Link – Trust Microenterprise Grants Video / KTVF
- Link – Trust History Video

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Future Meeting Dates

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

(Updated – December 2020)

- Program & Planning Committee — January 6, **2021** — (Wed)
- Audit & Risk Committee — January 7, **2021** — (Thu)
- Finance Committee — January 7, **2021** — (Thu)
- Resource Mgt Committee — January 7, **2021** — (Thu)
- Full Board of Trustee — January 27-28, **2021** — (Wed, Thu) – TBD

- Audit & Risk Committee — April 21, **2021** — (Wed)
- Finance Committee — April 21, **2021** — (Wed)
- Resource Mgt Committee — April 21, **2021** — (Wed)
- Program & Planning Committee — April 21, **2021** — (Wed)
- Full Board of Trustee — May 26, **2021** — (Wed) – TBD

- Program & Planning Committee — July 27-28, **2021** — (Tue, Wed)
- Audit & Risk Committee — July 29, **2021** — (Thu)
- Resource Mgt Committee — July 29, **2021** — (Thu)
- Finance Committee — July 29, **2021** — (Thu)
- Full Board of Trustee — August 25-26, **2021** — (Wed, Thu) – Anchorage

- Audit & Risk Committee (tentative) — October 20, **2021** — (Wed)
- Finance Committee (tentative) — October 20, **2021** — (Wed)
- Resource Mgt Committee (tentative) — October 20, **2021** — (Wed)
- Program & Planning Committee (tentative) — October 21, **2021** — (Thu)
- Full Board of Trustee — November 17-18, **2021** — (Wed, Thu) – Anchorage

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Future Meeting Dates

Statutory Advisory Boards

(Updated – December 2020)

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

- Executive Committee – monthly via teleconference (Third Wednesday of the Month)

Governor's Council on Disabilities and Special Education

- February 1-2, 2021 – via zoom

Alaska Commission on Aging

- February 17-18, 2021 – via zoom

ALASKA MENTAL HEALTH TRUST AUTHORITY

PROGRAM & PLANNING COMMITTEE MEETING
October 22, 2020
8:45 a.m.
WebEx Videoconference/Teleconference

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

Trustees Present:
Verne' Boerner, Chair
Rhonda Boyles
Chris Cooke
Ken McCarty
John Sturgeon
Annette Gwalthney-Jones
Anita Halterman

Trust Staff Present:
Mike Abbott
Steve Williams
Carol Howarth
Miri Smith-Coolidge
Kelda Barstad
Luke Lind
Michael Baldwin
Katie Baldwin-Johnson
Jimael Johnson
Valette Keller
Allison Biastock
Kat Roch
Katie Vachris
Travis Welch
Carrie Predeger
Eric Boyer

Also participating:
Beverly Schoonover; Kristin Vandagriff; Becky Carpenter; Sheila Harris; Laura Brooks; John Lee; LaTesia Guinn; Wade Bryson; Scott Ciambor; Gus Marx; Wayne Jensen; Jeannette Lacey; Dr. Heidi Brocious; Mandy Cole; Laraine Derr; Joan O'Keefe; Maria Lovishchuk; Mark Marlow; Brandi Burchett; Christopher Constant; Jon Cochrane; Christine Sheehan; Tommy Glanton; Jason Hahn; Clinton Lasley; Scott York; Sherri von Wolfe.

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PROCEEDINGS

CALL TO ORDER

CHAIR BOERNER called the meeting to order and welcomed Annette Gwalthney-Jones, the newest trustee. She looked forward to working with her and thanked her for dedicating her time, energy and knowledge to the Trust.

TRUSTEE GWALTHNEY-JONES stated that it was an honor to be here.

CHAIR BOERNER moved to the roll call. With all the trustees present, she asked for any announcements. There being none, she asked for a motion to approve the agenda.

APPROVAL OF AGENDA

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

After a roll-call vote, the MOTION was approved. (Trustee Boerner, yes; Trustee Boyles, yes; Trustee Gwalthney-Jones, yes; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Halterman, yes; Trustee Cooke, yes.)

ETHICS DISCLOSURES

CHAIR BOERNER asked for any ethics disclosures. Hearing none, she moved to the approval of the minutes. She asked for a motion for the July 28 and 29, 2020, meeting.

APPROVAL OF MINUTES

MOTION: A motion to approve the July 28 and 29, 2020, minutes was made by TRUSTEE COOKE; seconded by TRUSTEE STURGEON.

CHAIR BOERNER asked for any edits, corrections or revisions. There being none, she called the vote.

After a roll-call vote, the MOTION was approved. (Trustee Boerner, yes; Trustee Boyles, yes; Trustee Gwalthney-Jones, yes; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Halterman, yes; Trustee Cooke, yes.)

CHAIR BOERNER moved to the first order of business, which was a Department of Corrections update. She recognized Travis Welch.

DEPARTMENT OF CORRECTIONS UPDATE

MR. WELCH introduced Laura Brooks, the current division operations manager for the Department of Corrections, Health and Rehabilitation Services. She has over 20 years working for DOC and is a licensed psychological associate. He talked about her background and stated that her presentation was to provide an update on the expansion remodel of the women's mental health unit at Hiland Mountain, which the Trust and DOC have partnered to effectuate. He thanked Ms. Brooks and the mental health team at DOC for their advocacy and the services they provide to Trust beneficiaries.

MS. BROOKS thanked Mr. Welch for the introduction. She stated that we came a really long way in those 22 years, and we recognize that there is still a long way to go. She began with a

COVID update and gave a background of how the response plan was developed. She continued that the greatest COVID threat to any congregate setting is people coming into that setting who had been out in the community. From the very beginning of the pandemic, outside access to the public was shut down and every employee was screened every single day. Every single offender who walked in the door at booking, at arrest was tested. Then they are quarantined for 14 days because of the infectious period of the illness. Due to the asymptomatics of COVID-19, it was anticipated that more positives would be identified through that process. She added that tests at intake continue and also many of the offenders are tested before going to outside medical procedures, before being transferred to a CBC or housing placements in the community. She stated that more than 7,000 COVID-19 tests have been done on the inmate population, and it is moving right along. She then talked about the challenges in protecting their population from the virus, recognizing that it is a highly vulnerable population. They were taught about the importance of the basics: increased sanitation, given more soap, hand sanitizer, which is usually a no-no because it is alcohol-based. She stated that the biggest threat comes from the outside, the staff and contractors. Programming groups were suspended; community-based services were affected; and all in-person trainings were canceled. She added that travel restrictions out to the rural communities also impacted access to some of the treatment providers. She went into more detail of what was done to protect the inmate population, giving a general idea of the programming that was set up for the inmates in the interim. She also responded to the questions that were asked. She moved on to a background of how this unit came to be. It began when the very first women's psychiatric unit out at Hiland was created. Half of the segregation unit at Hiland Mountain was taken, and this space was created for women with severe psychiatric problems; the acute psychiatric treatment unit for those that are the most ill, those that are acutely suicidal, floridly psychotic, those in the system. It is a really small place which has been in place for 20-plus years. She explained that there is a disparity between men and women's mental health treatment. There is a huge concern in the increased number of mentally ill females that have to be held in segregation. They have to be held outside of Anchorage as they wait for space to open in this unit. She stated that expanding and growing this is into the eighth year of trying to get this project built. There is also real concern about female offenders who experience acute withdrawal because there is no women's infirmary. They are actually placed in a cell in the men's infirmary at the Anchorage correctional complex. She continued that, with the Trust's help, a plan to remodel an existing area at Hiland Mountain to meet the increasing needs of these women was developed. The hope is to be able to provide a much more therapeutic environment and more bed space and an area for dedicated detox for women. They are really looking at developing an integrated treatment model and added that there is a large number of female beneficiaries in the system. This mental health unit will be joined together with a women's infirmary and the medical clinic. She added that this unit will bring together medical/mental health staff and allow the sharing of resources and creating a truly integrated model of care without, at this point, needing more staff. She stated that staff is very excited about this, which will provide a nice, healthy work space because this work is very difficult with the high-needs, high-risk population. This will also give them the opportunity to work together as a team. She shared pictures of where construction is at this point and explained where the different spaces and rooms will be. She added that all is on schedule and patient occupation is expected to be March or April of 2021. She stated that they are beyond grateful for the Trust support of this project, the $2.24 million that is going toward this project, and also the support and advocacy that the Trust provided when additional funds were requested -- which is making this project happen. She looked forward to having it occupied and having the trustees out to see what all the eight years has finally led to.

CHAIR BOERNER thanked Ms. Brooks for providing the background and asked for any questions.

TRUSTEE COOKE remembered the tour of the Hiland facility and stated a follow-up tour would be a good thing to see the transformation.

A discussion ensued on the subject.

CHAIR BOERNER thanked Ms. Brooks for her presentation and called a break.

(Break.)

CHAIR BOERNER moved to the Alaska Psychiatric Institute update with Clinton Lasley and Scott York. She asked Ms. Baldwin-Johnson to provide the introduction.

ALASKA PSYCHIATRIC INSTITUTE UPDATE

MS. BALDWIN-JOHNSON introduced Clinton Lasley, deputy commissioner over Family Community & Integrated Services within the Department of Health and Social Services. She continued that Scott York, chief operating officer over the Alaska Psychiatric Institute, API, which is the only state-operated psychiatric hospital in Alaska, is also present. Mr. York started his role as CEO of API earlier in May and comes to Alaska from North Carolina with more than 35 years of experience in administration and as a CEO over psychiatric hospitals, adolescent treatment facilities, and behavioral health organizations.

MR. LASLEY thanked the Trust for the invitation to provide a presentation which will give a bit of an overview of API and the progress the Division made over the past year. He stated that there was some reorganization this past year, and we have moved API into what is now called Family, Community & Integrated Services which now encompasses four divisions. He continued that it is all of the frontline and direct-service providers, 24-hour facilities which would be the Division of Juvenile Justice, Alaska Pioneer Homes and the six homes across the state, the Alaska Psychiatric Institute and also provides oversight over the Office of Children's Services and the crucial work that was done across the state. He moved to an update of some of the work that was done specifically with API; the DES/DET coordinator position that was created in July; the census dashboard and a view of what the current census and occupancy is at the hospital; the Wellpath contract, what led to it and the eventual decision to transition out of that. DES/DET coordinator stands for the designated evaluation and stabilization and the designated evaluation and treatment facility. There are four DET facilities across the state and the point of this was to have one centralized point of contact for placement of Title 47 recipients. Ashley Christopherson was moved into that role exclusively starting July 1. She files daily status reports with the courts across the state and tracks all of the Title 47 recipients and placements in the DET facilities. He moved to the dashboard, which is backup. In 2018, the Joint Commission threatened to revoke API's accreditation, and we were on provisional license at the facility. In 2019, we brought Wellpath in, which provided immediate support to the hospitals. Improvements in positions were made, and the contract ended in June 2020. He asked Scott York to continue.

MR. YORK shared some of the key roles that were filled that helped to get some things squared

away and figured out at API. He stated that some of the treatment plans were not individualized per patient and are now very individualized. He continued his overview and the key points that had to get in line as part of the corrective actions. He talked about the COVID impacts and adjustments to operations. The goal was to do what could be done to keep the current patient population and staff safe. The idea was to increase the capacity, and we are doing a lot of things to ensure everyone's safety. Visitation continues via videoconferencing and is done as much as possible. He added that the only time any kind of visitation is allowed is when an assisted living facility needs to interview a patient. They are required to wear the same PPE that is used within the facility, masks and eye covering. He talked about the screening and the testing when admissions come in and that process. He moved to the future of API and talked about the increased bed capacity of 60 and the pressure on staff and the learning curve. The clinical programming in the rehab department is not a solid program, and the team has been figuring it out. He added that it is improving with good reports from the team.

CHAIR BOERNER thanked Mr. York and stated that Ms. Baldwin-Johnson had a clarifying question.

MS. BALDWIN-JOHNSON asked if Mr. York would briefly describe the difference between the forensic and civil populations served at API. She also highlighted the partnership the Trust has with DHSS and API, and that the Trust has a nonvoting seat on the API governance board and she currently represents the Trust in that capacity. She stated that the DET/DES coordinating position currently filled by Ashley Christopherson is also supported with Trust funds. All positive steps forward.

MR. YORK stated that the Trust has helped and is in the process of assisting with some items needed due to the COVID situation. He moved to the difference between forensic and civil. Civil is patients that have not committed a crime, but are considered a danger to self, others, or considered gravely disabled. Forensic are folks that have committed a crime and have been sent to API for restoration treatment to help them understand the Court System and how it works.

CHAIR BOERNER thanked Mr. York and Mr. Lasley and called a break.

(Break.)

SENIOR AND DISABILITIES SERVICES UPDATE

CHAIR BOERNER welcomed everyone back and stated that the next presentation is the Senior and Disabilities Services update. She asked Kelda Barstad to provide the introduction.

MS. BARSTAD introduced Al Wall, the Deputy Commissioner of Medicaid and Health Policy for the Department of Health and Social Services and then introduced John Lee, the director of Senior and Disabilities Services. She stated that the Trust is a proud partner with Senior and Disabilities Services to implement home- and community-based services across Alaska to support Trust beneficiaries and fellow Alaskans. She turned the meeting over to both.

DEPUTY COMMISSIONER WALL took a minute to introduce John and specifically said thank you to the Trust for the partnership over the years. He stated that the Department is extremely busy with COVID with a lot of efforts with the facilities and Medicaid to make sure there is accessibility to health care during the pandemic. He continued that the 1135 Waiver, the

Appendix K, all of the regulatory changes or waivers were handled through the Department and continue to monitor that situation going forward. He stated that it was a big year for Senior and Disability Services which Mr. Lee will talk about.

MR. LEE thanked the Trust for the invitation to speak and stated that he has been director for about 14 interesting months. He has a great team and relies on them and on the partnership from the Trust. He began with the process of renewing four of the five waivers which are renewed on a five-year cycle with CMS, Center for Medicare and Medicaid Services, which is a big project. Each waiver has 200-plus pages to them, and we are undergoing a lot of work right now. They are getting ready to post the waivers for the public comment period and expect to be submitting the renewals to CMS around the end of February next year. Then, CMS has a 90-day window to do the approvals. There are not many issues with the public comment anticipated and CMS approving the waivers. He then talked about some of the amendments and the public comment periods.

MR. LEE continued that they have contracted with a company called WellSky to build a system called Harmony. It is an electronic system that allows managing the entire life cycle of an individual as services and supports are built around them. He continued that Harmony incorporated and captured the health information about the individual and allows an effective management of the entire life cycle of an individual's programs and supports. He added that this has been effective. The last aspect of the contract was to bring the care coordinators into the system, which is exciting. He then talked about electronic visit verification, EVV, a federal requirement from a law called the 21st Century Cures Act which mandated states to adopt electronic visit verifications. The deadline for this is the end of this year and Ohio is the only state that has a certified system. Every other state is struggling to get this implemented. He moved to COVID and stated that one of the first focuses was applying for the flexibilities to be able to operate under the pandemic with some flexibilities to be able to make sure that services were being provided.

CHAIR BOERNER stated that public health emergency is slated to end for the state declaration in November and how important it is to have that declaration in place. Given the flexibilities that it allows for increasing access through Telehealth throughout the state and particularly in rural Alaska. The hope is that the Governor will consider extending that declaration, given the importance and the increase in cases across the state.

MR. LEE talked about the Alaska Commission on Aging and stated that it is currently without an executive director. Lesley Thompson has stepped into that role and kept ACOA going forward and is doing a great job. He stated that Michelle Rogers was hired with the additional funding provided for the rural specialists She made a huge impact and is focused on working in rural Alaska. He continued going through some of the fundings that were provided by the Trust that brought success in managing through the pandemic. He thanked all again.

CHAIR BOERNER thanked both, and called for a break.

(Lunch break.)

CHAIR BOERNER welcomed everyone back and asked Mr. Abbott to provide a brief overview of the approvals. She asked staff to look at how the public health emergency that is slated to

lapse in November will impact the beneficiaries if it does lapse.

APPROVALS
AKEELA, INC.

MR. ABBOTT stated that he will follow up with the trustees in a few days with information related to the state of emergency and its expiration in November. He was also grateful for the chance to introduce the topic of six opportunities for the Trust to make important impacts in four different communities around Alaska, serving Trust beneficiaries in different ways. He continued that four of the projects that funding is recommended for will need a complementary budget amendment to be addressed in November in order to be executed. He added that if the trustees approve the grants today and the subsequent budget items next month, then the unallocated funds for the current year would drop to approximately a million dollars. Two of the six grant requests, Akeela House and the United Social Service project, have funds ready to be used for these purposes already allocated inside the FY21 budget that was adopted more than a year ago. He recommended reading the first motion into the record before the discussion.

CHAIR BOERNER asked for the motion.

> **MOTION:** A motion that the Program & Planning Committee approve a $300,000 FY21 Authority Grant to Akeela, Inc. for an expansion of substance abuse treatment beds in their Akeela House facility. These funds will come from the FY21 Substance Abuse Prevention and Treatment Access budget line was made by TRUSTEE COOKE; seconded by TRUSTEE STURGEON.

CHAIR BOERNER asked Eric Boyer for an overview.

MR. BOYER stated that his goal was to give an overview of the project and added that there are three staff from Akeela House on the call available to answer specific technical questions. He explained that Akeela House, Inc. has been providing behavioral health treatment services in Alaska since 1974. It is a longstanding organization that provides inpatient and outpatient services in 18 communities around the state. Anchorage and Ketchikan actually offer inpatient substance use treatment beds and are asking for funds to increase bed capacity. The second block of that money would go toward the infrastructure, the remodeling, the rooms, the safety procedures, planning, and the approvals.

CHAIR BOERNER asked if any of the guests have anything they would like to briefly add.

MS. BURCHETT stated that they are very passionate about being able to make sure that every Alaskan that is wrestling with SUD symptomologies have the services they desperately need.

MR. CONSTANT added that this started as soon as the 1115 program was a whisper. Akeela House originally had 40 beds; and the IMD exclusion required that they have only 16 beds, which put a lockdown on the facility. They were one of the first substance use providing organization, under the 1115 waiver, and are happy to keep pushing that forward.

CHAIR BOERNER asked for any other questions regarding the motion. There being none, she called the vote.

After a roll-call vote, the MOTION was approved. (Trustee Boerner, yes; Trustee Boyles, yes; Trustee Gwalthney-Jones, yes; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Halterman, yes; Trustee Cooke, yes.)

MR. CONSTANT thanked the trustees for making life better for the Trust beneficiaries.

CHAIR BOERNER thanked Mr. Constant and appreciated the work being done. Next is the Juneau Cooperative Christian Ministry.

JUNEAU COOPERATIVE CHRISTIAN MINISTRY

MOTION: A motion that the committee approve $200,000 FY21 Housing & Long-Term Services & Supports focus area allocation to the Juneau Cooperative Christian Ministry for the New Glory Hall project. This grant is approved pending the approval of an amended FY21 budget at the November board of trustees meeting was made by TRUSTEE COOKE; seconded by TRUSTEE STURGEON.

CHAIR BOERNER asked Kelda Barstad to provide an overview.

MS. BARSTAD stated that this request is for the Glory Hall which is an emergency shelter. It is a soup kitchen as well as a resource center for individuals who are homeless in Juneau. She continued that the Glory Hall has been operating since 1982 and provides thousands of meals and safe shelter nights to the community. It provides transportation assistance, laundry, showers, social service referrals, housing searches, and other needs-based assistance. With the onset of COVID, the current location is untenable. They are able to serve a mere fraction of their previous capacity, which was already not adequate for the area. She added that the shelter serves single individuals and a variety of Trust beneficiaries, primarily those who experience a mental illness, addiction, traumatic brain injury and intellectual or developmental disability, although people with Alzheimer's disease or related dementias would not be excluded. They are just not commonly served at the shelter. The shelter serves a large percentage of Trust beneficiaries. It also provides an important service within the continuum of care for homeless services that it will continue to provide in a new location. She added that there has been a lot of progress with this project which is a new construction. She stated that the Glory Hall will be located in a social service hub in Juneau next to the United Human Services building. It will create an 11,000-square-foot, two-story building with a capacity of up to 100 with 40 individual emergency shelter spaces for private space available to people that need that space. She continued that this request is specifically for the capital funding for new construction. It already has its operating funds in place which include a mix of the Department of Health and Social Services community initiative matching grant funds, the basic homeless assistance program, and emergency solutions grants administered by Alaska Housing Finance Corporation, private foundation funds, and City and Borough of Juneau funds. The organization also does private fundraising and obtains funds through individual contribution. She stated that on the line is Maria Lovishchuk, executive director of the Glory Hall; Wade Bryson, City and Borough of Juneau Assembly/Chair of the mayor's task force on homelessness; Scott Ciambor, City and Borough chief housing and homeless officer; Gus Marks, chair of the Juneau Coalition to End Homelessness; Wayne Jensen, project architect; Jeannette, director of case management at Bartlett Regional Hospital; Dr. Heidi Brocious, Professor at the University of Alaska; and Mandy Cole, executive director at AWARE.

CHAIR BOERNER opened up to questions from the trustees which involved funding. She

asked Ms. Lovishchuk to respond.

MS. LOVISHCHUK stated that she is the executive director of the Glory Hall and project coordinator for the Juneau Housing First Collaborative. She said that the need for this project is great. She explained that Juneau is currently in the middle of the COVID explosion in the population of individuals experiencing housing and homelessness. There is no possibility in the current building to social-distance for emergency shelter provisions and no provision for day services. She continued that the construction of this new building is being pursued very aggressively, and it will enable service to patrons in the middle of the pandemic as well as when the pandemic is over. She thanked the trustees for their consideration and for all of the support of all of the projects supported in Juneau, including the Glory Hall and the Juneau Housing First Collaborative project.

A detailed discussion ensued on this project.

CHAIR BOERNER asked for any other questions that go toward the proposal and the decision-making process. There being none, she called the vote.

After a roll-call vote, the MOTION was approved. (Trustee Boerner, yes; Trustee Boyles, yes; Trustee Gwalthney-Jones, yes; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Halterman, yes; Trustee Cooke, yes.)

MS. LOVISHCHUK thanked all very much.

CHAIR BOERNER called a break.

(Break.)

CHAIR BOERNER moved ahead to the next approval.

BETHEL WINTER HOUSE

MOTION: A motion to approve a $150,000 FY21 Housing & Long-Term Services & Supports focus area allocation to the Bethel Winter House Renovation project. This grant is approved pending the approval of an amended FY21 budget at the November Board of Trustees meeting was made by TRUSTEE COOKE; seconded by TRUSTEE HALTERMAN.

CHAIR BOERNER asked Kelda Barstad to begin the presentation and introduction of representatives from the Bethel Winter House.

MS. BARSTAD stated that the Bethel Winter House is a homeless shelter in the City of Bethel. Previously this was a grassroots effort on the part of the community. It was run on volunteer hours, donations, and had a leased space that is no longer available to them. She continued that this request is to remodel a building that has recently been transferred by the City of Bethel. It will need renovation to repair and reconfigure for optimal shelter use. With winter approaching, it is imperative to look at how to support this project. It is a shelter capital request for remodeling that serves homeless individuals in the Bethel area. There is no other shelter available in the area, and it just serves single adults. They serve a wide variety of Trust

beneficiaries. The Bethel Winter House was started several years ago after the community lost a series of homeless individuals that died from exposure for not having a warm place to go. This is a critical part of the housing and homeless service continuum of care that provides short-term housing. They also intend to provide meals out of the building. She stated that this project will improve the continuum of care for housing and homeless services, as well as benefit the community overall in being able to provide a formal space for some of the agencies that currently are not operating in a formal business space or need to expand. It adds the benefit of providing a sustainable income for the organization. She introduced Jon Cochrane, the board president of the Bethel Winter House, and LaTesia Guinn, a consultant that helped develop the proposal.

MR. COCHRANE appreciated the Trust taking this matter under consideration and gave a brief history of Winter House, which is in the eighth year of operation. He stated that COVID and CARES Act funding, along with other funders brought together a unique situation with a lot of support from funders and the City of Bethel, which sold the old senior center, a two-story building, to them for a dollar with the accompanying land provided they had the ability to continue providing these services. They also offered to continue funding certain portions of the operation to include some of the utilities in the building as well as possibly leasing some space for continued city use. He continued that the plan is to have a full-time homeless shelter all year round. It would be great to be able to provide services to these people and to partner with local organizations. They are also looking to partner with Bethel Family Clinic for Behavioral Health Services in the local SQAC to do some case management under the Medicaid 1115 Waiver. He added there is almost $2 million in funding secured and committed. The Trust funding would help to get that to the $2.6 million that will make this structure a reality. He thanked all.

CHAIR BOERNER asked for questions.

TRUSTEE COOKE welcomed Ms. Guinn to the meeting and stated that this project proposal is needed and is a great response to a grassroots community effort that started entirely with volunteers addressing a local need and helping the beneficiaries in response to that need.

CHAIR BOERNER thanked Trustee Cooke and recognized, for the record, that Trustee Boyle had to leave and was excused for the remainder of the meeting. She also stated appreciation to the Bethel Winter House for their activities and efforts.

TRUSTEE HALTERMAN also thanked them for what they do.

CHAIR BOERNER asked for any other questions. There being none, she called the vote.

> *After a roll-call vote, the MOTION was approved. (Trustee Boerner, excused; Trustee Boyles, yes; Trustee Gwalthney-Jones, yes; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Halterman, yes; Trustee Cooke, yes.)*

SEAVIEW COMMUNITY SERVICES

CHAIR BOERNER stated the next proposal is SeaView Community Services and asked for the motion.

MOTION: A motion that the committee approve a $150,000 FY21 Housing & Long-Term Services & Supports focus area allocation to SeaView Community Services for the Recovery Housing Expansion Project. This grant is approved pending the approval of an amended FY21 budget at the November board of trustees meeting was made by TRUSTEE COOKE; seconded by TRUSTEE HALTERMAN.

CHAIR BOERNE recognized Kelda Barstad for the overview.

MS. BARSTAD stated that this project is the Recovery Housing Expansion Project through SeaView Community Services. It will increase the number of recovery housing beds from 10 to 20 and will help SeaView meet its goals of having a robust continuum of care in the Seward area. One of the more significant barriers to accessing treatment is the lack of bed availability. She continued that one way to ensure that people stay on track with this treatment commitment is to have recovery housing available for people who are ready to make a change so that they have supportive sober housing available to them as they begin their path for recovery while waiting for a treatment bed. This recovery housing is also critical post-treatment as a person transitions back into the community, especially longer inpatient stays. That also means they are transitioning back into employment. She added that this is part of a larger project by SeaView, currently a 10-bed recovery housing facility. The request is to assist with the purchase and minimal remodel of a new facility, a bed and breakfast that can be converted into 20 beds of recovery housing. The existing building would then go to sober living, and the proposed property may be evaluated for identifying a couple of those beds for potential inpatient use at a future time. This is a very straightforward project for purchase and minimal remodel in order to ensure that the bed and breakfast is suitable for recovery housing. This will serve 100 percent Trust beneficiaries. She stated that the primary source of the funding would be a loan that SeaView has already been approved for. The cost of the loan is factored into the sustainability plan to be able to maintain these services. She added that Christine Sheehan, the chief executive officer of SeaView and Tommy Glanton, chief clinical officer of SeaView, are also online.

MS. SHEEHAN thanked the trustees for the opportunity and stated her excitement for this chance to expand this program. She explained that the organization is need-based, and that they are looking at the needs and how to address them. She stated that they have been a mental health and substance use disorder treatment agency close to 50 years, and the 1115 Waiver gave a greater opportunity to be able to expand the continuum of care in the community and to really treat the beneficiaries and do much better there. She added that there are 68 people on a waiting list for ten beds, and this is an opportunity to at least double that number of beds and also convert the current facility into a sober-living facility.

MR. GLANTON stated appreciation for the opportunity to share information and added that the need in the community and across Alaska as a whole is very large. He continued that they have experienced a lot of success and are proud of that and are passionate about continuing it.

CHAIR BOERNER asked for comments or questions, and then called the vote.

After a roll-call vote, the MOTION was approved. (Trustee Boerner, yes; Trustee Boyles, excused; Trustee Gwalthney-Jones, yes; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Halterman, yes; Trustee Cooke, yes.)

COVENANT HOUSE ALASKA
CHAIR BOERNER moved to the Covenant House Alaska and asked for a motion.

> **MOTION:** A motion that the Program & Planning Committee approve a $250,000 FY21 Housing & Long-Term Services & Supports focus area allocation to Covenant House Alaska for the Bridge to Success project. This grant is approved pending the approval of an amended FY21 budget at the November Board of Trustees meeting was made by TRUSTEE COOKE; seconded by TRUSTEE STURGEON.

CHAIR BOERNER asked Ms. Barstad to provide the background and introduce the guests.

MS. BARSTAD stated that this proposal is to request funding to support the Bridge to Success program operated by Covenant House Alaska. She explained that it is for transitional housing for homeless youth ages 18 to 24. This project will renovate and expand space at the current Youth Engagement Center in Anchorage. It will create 22 new micro units and provide homeless youth with access to the on-site services that are available through Covenant House Alaska. It includes a wide range of services, including health, behavioral health, employment services, as well as different creative activities and outlets, fitness, and job readiness. She stated that this has been identified as a need by Covenant House of Alaska because they were seeing youth in this age group sometimes age out from their shelter care into Brother Francis or another adult shelter. In order to prevent that, this will create a transitional housing program where youth can stay for a few years to be able to get on their feet, get established, get through schooling or training, get established in a job, and really be able to provide that support through a very transitional period in life. That extra support is valuable for homeless youth who may not have family or friends to consistently rely on to meet those needs. She added that this is part of a larger project for Covenant House Alaska to implement their new strategic plan. This request is just for the transitional housing piece. She stated that the outcomes from the program are substantial, with 90 percent of youth exiting this Bridge to Success program and entering into permanent housing at the end of the transitional housing. She introduced Jason Hahn, the interim chief operating officer of Covenant House Alaska.

CHAIR BOERNER asked if he had anything to add.

MR. HAHN replied that it sounded really good and was very well covered.

CHAIR BOERNER stated appreciation that this provides services for those exiting, in many cases, or are involved with the foster care system. There is a large gap for those that age out of the foster care system, and this provides a critical need resource. She asked for any further comment or questions from the trustees, and then she called the vote.

> *After a roll-call vote, the MOTION was approved. (Trustee Boerner, yes; Trustee Boyles, excused; Trustee Gwalthney-Jones, yes; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Halterman, yes; Trustee Cooke, yes.)*

UNITED HUMAN SERVICES, SOUTHEAST COMMUNITY SERVICES CENTER
CHAIR BOERNER asked for a motion.

MOTION: As motion that the Program & Planning Committee approve a $150,000 FY21 partnership grant to United Human Services of Southeast Alaska, Inc. for the Southeast Community Services Center was made by TRUSTEE COOKE; seconded by TRUSTEE STURGEON.

CHAIR BOERNER recognized Ms. Barstad.

MS. BARSTAD stated that the Southeast Community Services Center is a collaborative approach to providing services in the Juneau area. It will be adjacent to the Glory Hall and within walking distance to the St. Vincent De Paul Senior Housing, as well as Juneau Youth Services. This project looks at a shared-services approach for facilities so nonprofit agencies can increase the percentage of their budget toward services for beneficiaries and community members. There are a handful of agencies that have committed to long-term leases that include: Alaska Legal Services; Disability Law Center; NAMI Juneau; Big Brothers Big Sisters Juneau; United Way, and the Juneau Suicide Prevention Coalition. Many of those are regular partners with the Trust and serve the beneficiaries. She continued that all categories of beneficiaries will be served in that collaborative set of agencies. She added that this project resulted from a needs assessment that was initiated through the Statewide Independent Living Council. This will create a social services hub when people can save time, money and effort in order to get those basic services as well as other social services that are needed. This is also an Aging and Disability Resource Center that helps navigate people to home- and community-based services throughout the Southeast. She stated that this project has been a long time in the making and definitely has been a journey to put together. There is a widespread excitement about being able to offer this model in Juneau and to offer it to beneficiaries and community members that can benefit from all of these services. She introduced the project managers: Joan O'Keefe, executive director of United Human Services project and also the executive director of Southeast Alaska Independent Living; Sherry von Wolfe, architect; Laraine Derr, member of the Capital Campaign Committee for the United Human Services project.

CHAIR BOERNER invited them to offer any additional statements to the presentation.

MS. O'KEEFE stated that Ms. Barstad did a great job introducing the project, and we are excited about it. She continued that the Trust was part of this movement a decade ago and sponsored the predevelopment work done to form United Human Services. This model has been proved for the last seven years in a different leased facility.

MS. DERR stated that this has been in the works for several years and is a model that everyone should aspire to. It combines those community services in one area and gets rid of all of the administrative services that seem to be duplicated by everyone. She encouraged the trustees to vote for this.

TRUSTEE COOKE appreciated seeing Ms. Derr continuing her involvement in the community and stated that he liked the concept of one-stop shopping for all the services that the beneficiaries can use. He asked if this funding was to complete the design and site development, and then asked how the building will be built.

MS. O'KEEFE replied that they are trying to jump on this site and utility work and added that there is a funding plan for the balance of the project, which she explained.

A short discussion continued.

CHAIR BOERNER lost contact and TRUSTEE COOKE stepped in and asked for further discussion.

MR. WILLIAMS explained that the Chair lost her connection and is trying to get back on.

The discussion continued.

TRUSTEE COOKE called the question.

> *After a roll-call vote, the MOTION was approved. (Trustee Boerner, yes; Trustee Boyles, excused; Trustee Gwalthney-Jones, yes; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Halterman, yes; Trustee Cooke, yes.)*

TRUSTEE COOKE moved to the CEO update.

CEO UPDATE

MR. ABBOTT ceded his time and stated that a weekly update will be sent this weekend, and he can take care of any updates at that time.

TRUSTEE COOKE stated there were additional documents about the Comprehensive Mental Health Program Plan and the Trust development. He asked if anything further was needed on this.

MR. ABBOTT replied that those were informational items. He added that the budget document was submitted a few days before the September 15th deadline, and we have had conversations with OMB and the Governor's office related to it.

A brief discussion on the budget ensued.

TRUSTEE COOKE turned the meeting back to Chair Boerner who returned online.

CHAIR BOERNER stated that she believed the last proposal was approved by the board and asked to put in her vote as a yes. She opened the floor to trustee comments.

TRUSTEE COMMENTS

TRUSTEE COOKE stated that the trustee comment section of the meeting agenda was added a couple of years ago for the opportunity for the trustees to make comments or requests. He thanked staff for all the work done and stated that a lot of material was covered. He reminded trustees about the need for a Finance Committee Chair and would appreciate recommendations or any interest. He also stressed the need to get all the materials ahead of the meetings instead of the night before. He thanked everyone for a great, well-run meeting and appreciated seeing Ms. Derr again.

TRUSTEE GWALTHNEY-JONES stated her excitement with her first real session and that it was great to see organizations that she had worked for and how they evolved. She talked about

her experience of the meeting and her thoughts and agreements on much of the information shared. She asked if recidivism was ever talked about through the programs. She also asked if the board had ever been confronted with a situation where they had to say no.

CHAIR BOERNER replied yes, but it was not common because there is a full vetting process. She added that staff is amazing at going though and putting the Trust priorities forward.

TRUSTEE HALTERMAN echoed a lot of the statements that were already made. She thanked Mike, Steve, the staff, Wyn, and all the chairs of all the committees. It is good to get the perspective of staff, and she appreciated the amount of time that it takes to pull together a good, full meeting. She thanked all for their hard work.

TRUSTEE STURGEON thanked Mr. Abbott and the staff for an outstanding job and appreciated putting the packets together and getting everything in on time. It makes the trustees' jobs much easier. He cautioned the trustees on the progressive evaluations of a big project that starts out with a bit of money for initial explorations and then can be like going down a slide of a lot of spending, which is very difficult to reel in or jump off of. Each step is very important and is something that would not hurt reviewing before the next meeting. Staff does a great job, but it will be kind of progressive and more money will be spent than before. He added that he learned a lot and thanked all.

TRUSTEE COOKE added that the bylaws require that the board evaluate the CEO every year, and this is the time of year to do that. He alerted all that he would be sending a letter and some materials. He asked to schedule an executive session during the upcoming Board meeting in November, and the evaluation can be done then. He also thanked everyone.

CHAIR BOERNER thanked all. She added that there were two additional documents in the packet, the Comp Plan update and, in response to discussion in the last Program & Planning Committee on the FY2022 General Fund and Mental Health Recommendations. After reviewing, if there are any questions, please send to her and Mr. Williams.

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

After a roll-call vote, the MOTION was approved. (Trustee Boerner, yes; Trustee Boyles, excused; Trustee Gwalthney-Jones, yes; Trustee McCarty, excused; Trustee Sturgeon, yes; Trustee Halterman, yes; Trustee Cooke, yes.)

(Program & Planning Committee adjourned at 3:45 p.m.)

Trust
Alaska Mental Health Trust Authority

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

MEMO

To: Verné Boerner, Chair, Program and Planning Committee
Through: Mike Abbott, Chief Executive Officer
From: Steve Williams, Chief Operating Officer
Date: December 22, 2020
Re: FY22 Mental Health Budget Bill analysis

On December 11th Governor Dunleavy submitted his FY22 Proposed budget, which by state law must be submitted on or before the 15th of December. Trust staff have reviewed the Governor's Proposed FY22 budget and compared his budget to the board of trustee's approved FY22 budget recommendations. As was noted by staff at the August 2020 board meeting, the set of FY22 General Fund/Mental Health (GF/MH) budget recommendations were sensitive to the State's fiscal situation, but also considered the needs of beneficiaries. These were reflected in the budget as either a maintenance of effort or a modest expansion of existing services in the budget.

Inclusive in the approved FY22 budget, were recommendations for $12,397.5 of State General Fund/Mental Health dollars for 17 projects and $8,111.0 of Mental Health Trust Authority Authorized Receipts (MHTAAR) to partner on 15 of the 17 projects. The Governor's Proposed FY22 budget contains the following:

1) **all** board of trustee approved FY22 Mental Health Trust Authority Authorized Receipts (MHTAAR) funds ($16,683.7);
2) the inclusion of the board of trustee approved $1,000.0 of GF/MH recommendation for the *Coordinated Community Transportation* project;
3) the removal of the remainder of board of trustee approved FY22 GF/MH recommendations ($11,397.5);
4) the proposed use of $4,297.5 in Mental Health Trust Budget Reserves to replace specific board of trustee approved FY22 GF/MH budget recommendations, these funds were not included in the board of trustees approved FY22 budget; and,
5) the proposed use of an additional $6,000.0 of Mental Health Trust Budget Reserves to fund Client Support Services at API, a project/service not included in the board of trustees approved FY22 budget.

The Governor's proposed use of Mental Health Trust Budget Reserves to fund State services was not discussed with staff prior to the release of the Governor's Proposed FY22 budget nor has the board of trustees approved the use of Mental Health Trust Budget Reserves for their requested purpose.

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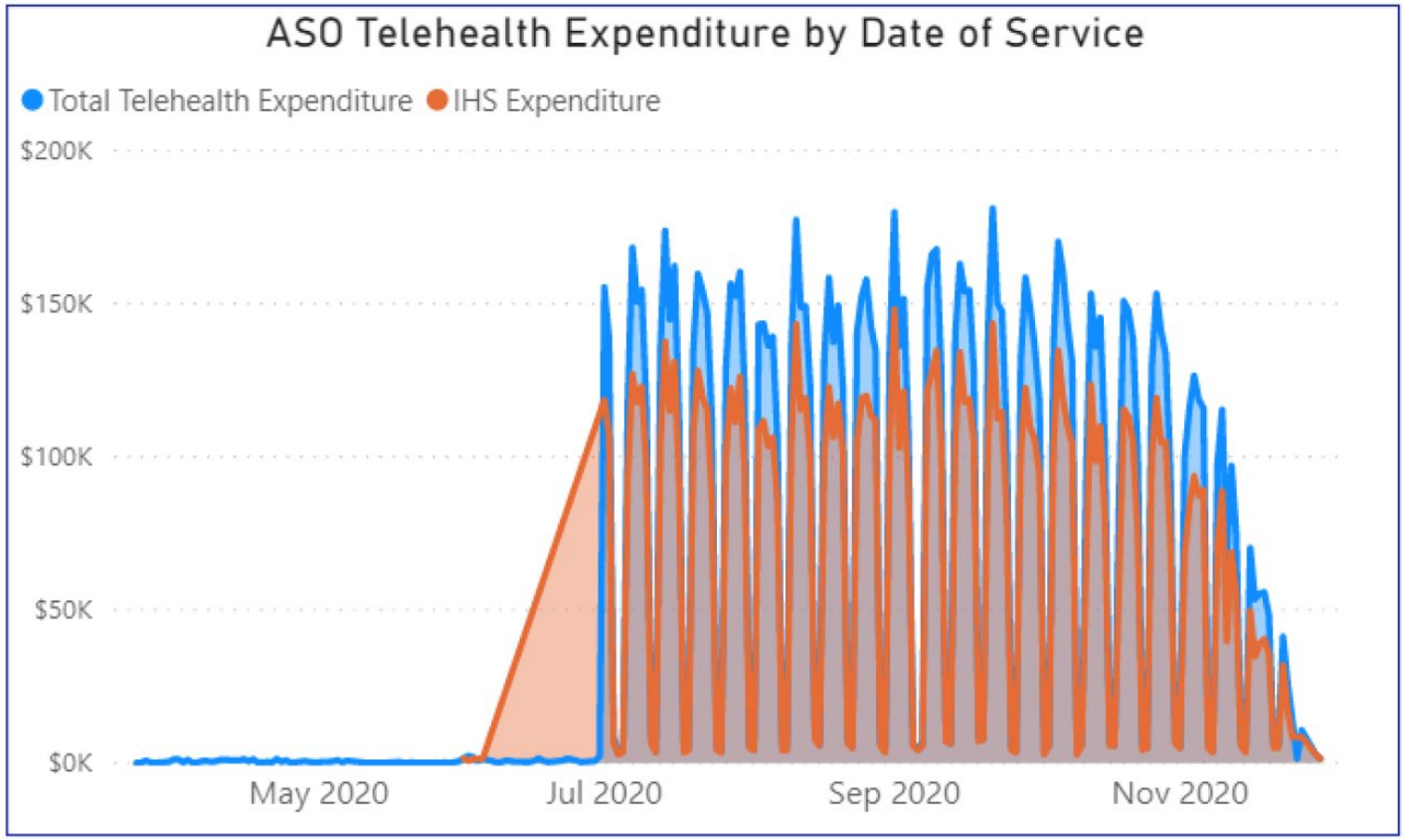
Below are the FY22 **budget differences** between the trustees approved FY22 budget recommendations and the Governor's Proposed FY22 budget released on December 14th.

	B	C	D	E	F	G	H	I	J	K
18	$0									
19	***Breakdown by Budget Line***									
20										
21	**Operatring Projects**									
22										
23		***Trustee Approved FY22 Recommendations***					***Governor FY22 Proposed***			
24	**Project**	**Department**	**MHTAAR (1092)**	**GF/MH (1037)**	**Other/AHFC Dividend (1139)**		**MHTAAR (1092)**	**GF/MH (1037)**	**MH Trust Reserves (1268)***	**Other/AHFC Dividend (1139)**
26	Holistic Defense	DOA	$ 86.0	$ 86.0	$ -		$ 86.0	$ -	$ 86.0	$ -
27	Holistic Defense (Alaska Legal Services)	DCCED	$ -	$ 180.0	$ -		$ -	$ -	$ 180.0	$ -
30	Alaska Autism Resource Center	DEED	$ 50.0	$ 50.0	$ -		$ 50.0	$ -	$ 50.0	$ -
32	Peer Support Certification	DHSS	$ 130.0	$ 20.0	$ -		$ 130.0	$ -	$ 20.0	$ -
37	Zero Suicide	DHSS	$ 71.5	$ 53.5	$ -		$ 71.5	$ -	$ 53.5	$ -
42	Comprehensive Program Planning Position	DHSS	$ 75.0	$ 75.0	$ -		$ 75.0	$ -	$ 75.0	$ -
43	Beneficiary Mental Health Status Data Collection	DHSS	$ 45.0	$ 45.0	$ -		$ 45.0	$ -	$ 45.0	$ -
45	Aging & Disability Resource Centers	DHSS	$ 300.0	$ 250.0	$ -		$ 300.0	$ -	$ 250.0	$ -
48	IT Application/Telehealth Service System	DHSS	$ 38.1	$ 63.0	$ -		$ 38.1	$ -	$ 63.0	$ -
63	Alaska Training Cooperative	UAA	$ 885.6	$ 100.0	$ -		$ 885.6	$ -	$ 100.0	$ -
67	Alaska Justice Information Center	UAA	$ 225.0	$ 225.0	$ -		$ 225.0	$ -	$ 225.0	$ -
68	Support Client Services at Alaska Psychtric Institute	DHSS	$ -	$ -	$ -		$ -	$ -	$ 6,000.0	$ -
75		**Totals**	**$ 6,161.0**	**$ 1,147.5**	**$ -**		**$ 6,161.0**	**$ -**	**$ 7,147.5**	**$ -**
76										
77	**Captial Projects**									
78										
79		***Trustee Approved FY22 Recommendations***					***Governor FY22 Proposed***			
80	**Project**	**Department**	**MHTAAR (1092)**	**GF/MH (1037)**	**Other/AHFC Dividend (1139)**		**MHTAAR (1092)**	**GF/MH (1037)**	**MH Trust Reserves (1268)**	**Other/AHFC Dividend (1139)**
81	Deferred Maintenance	DHSS	$ 250.0	$ 250.0	$ -		$ 250.0	$ -	$ 250.0	$ -
82	Medical Appliances and Assistive Tech	DHSS	$ -	$ 500.0	$ -		$ -	$ -	$ 500.0	$ -
83	Special Needs Housing Grant	DOR/AHFC	$ 200.0	$ 5,750.0	$ 1,750.0		$ 200.0	$ -	$ 1,500.0	$ 1,750.0
84	Housing Assistance Program	DOR/AHFC	$ 950.0	$ 2,850.0	$ 6,350.0		$ 950.0	$ -	$ -	$ 6,350.0
85	Home Modifications	DHSS	$ 250.0	$ 900.0	$ -		$ 250.0	$ -	$ 900.0	$ -
86		**Totals**	**$ 1,650.0**	**$ 10,250.0**	**$ 8,100.0**		**$ 1,650.0**	**$ -**	**$ 3,150.0**	**$ 8,100.0**
87										
88	*** None of the funding increments in Column J "MH Trust Budget Reserves (1268)" were approved recommendations by the board of trustees.**									
89										

Behavioral Health and Telehealth

To promote and protect the health and well-being of Alaskans.

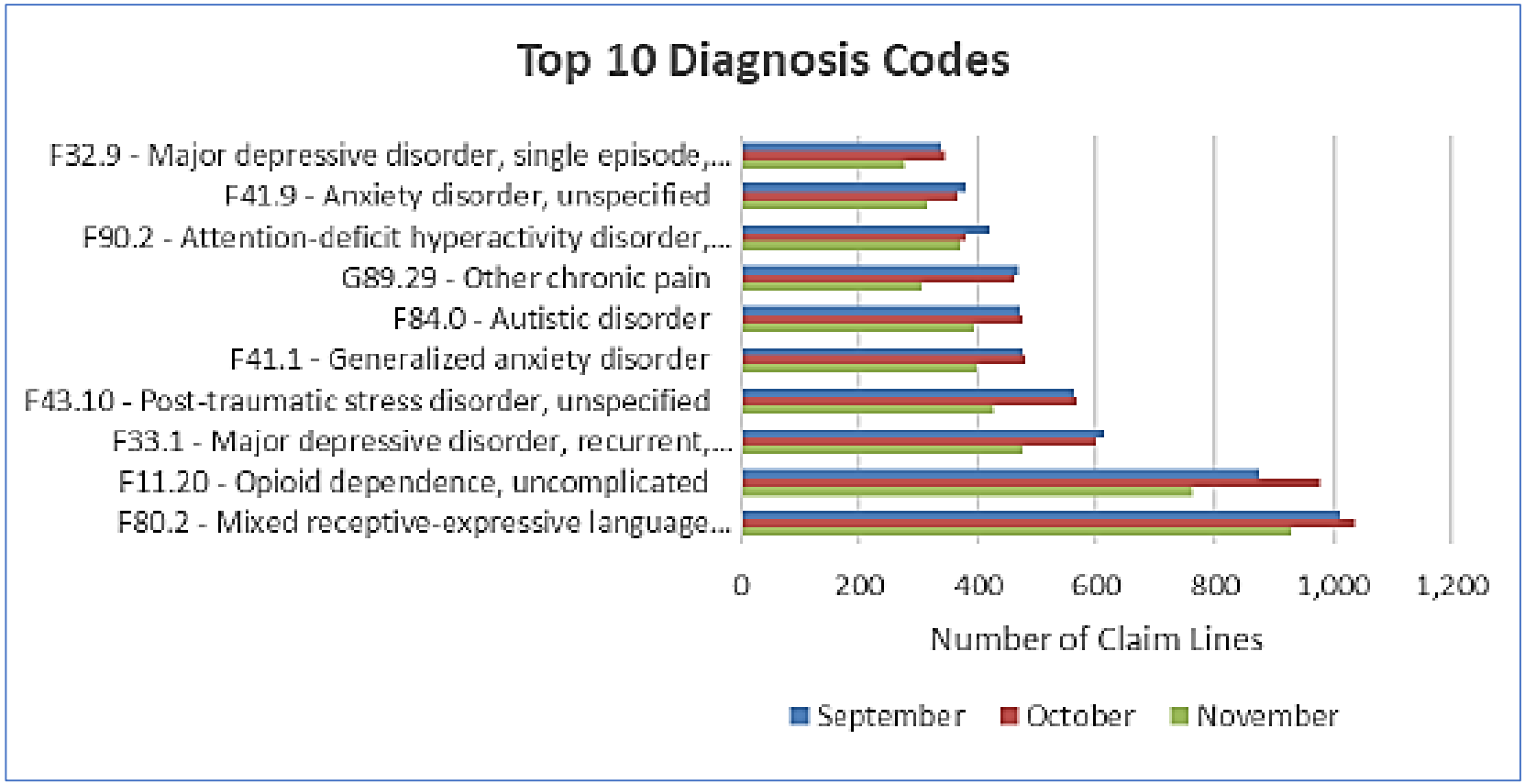
ASO Telehealth Expenditures by Date



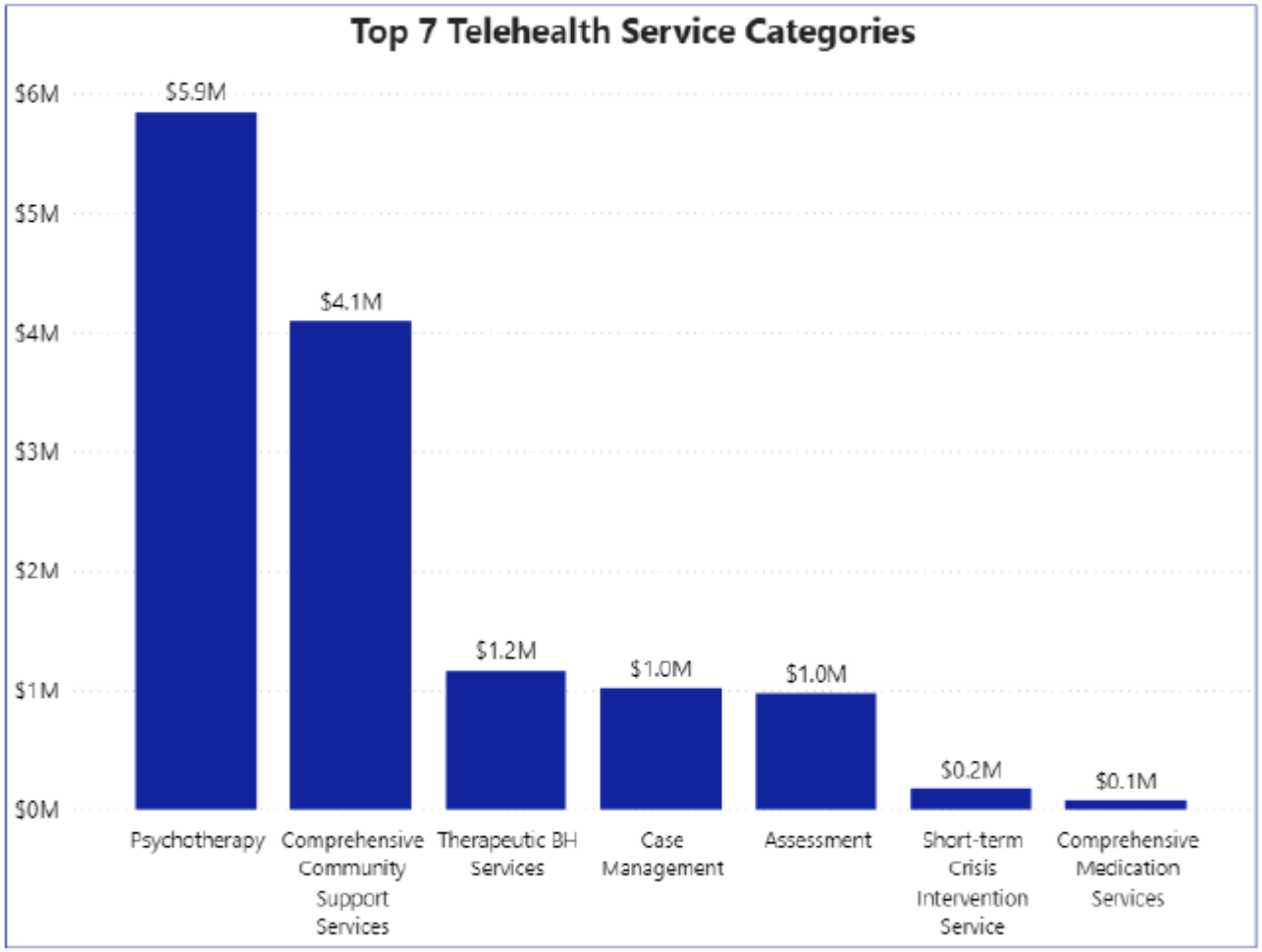
Cumulative Telehealth Expenditure 2/1/20 – Present: **$13,838,524.33**
Cumulative IHS Telehealth Expenditure 2/1/20 – Present: **$10,687,082.25**

Public Health Emergency declared on March 11, 2020

Top 10 Diagnosis Codes



Top 7 Telehealth Service Categories



Top 7 1115 Telehealth Service Breakout

Top 7 1115 Telehealth Service Breakout

Procedure Code+	Service Description	Total Paid Claims	Total Service Units
H0035 V1	Partial Hospitalization	$59,000.00	122
H0015 HQV1	Intensive Outpatient ASAM 2.1 - Group	$51,533.85	5121
H0015 V1	Intensive Outpatient ASAM 2.1 - Individual	$22,647.20	758
H2021 V1	Community & Recovery Support Services - Individual	$19,292.54	900
H2021 HQV1	Community & Recovery Support Services - Group	$16,578.75	2643
H0047 V1	SUD Care Coordination	$15,900.00	53
H0007 HBHQV1	Outpatient Services ASAM 1.0 - Group (Adult)	$14,676.63	1741
Top 7 Total	**-**	**$199,628.97**	**11338**

1115 Grand Total	**-**	**$212,061.83**	**11668**

Top 7 SPS Telehealth Breakout

Top 7 SPS Telehealth Breakout

Procedure Code+	Service Description	Total Paid Claims	Total Service Units
H2015	Comprehensive Community Support Services - Individual	$2498,766.58	15540
90837	Psychotherapy, Individual - 60 min	$2,121,214.86	8405
H2015 HQ	Comprehensive Community Support Services - Group	$1,600,789.89	29238
90832	Psychotherapy, Individual - 30 min	$1,564,680.50	4960
90834	Psychotherapy, Individual - 45 min	$1,428,640.21	4256
T1016	Case Management	$1,022,780.18	10956
H2019	Therapeutic BH Services - Individual	$999,371.58	21380
Top 7 Total	**-**	**$11,236,243.80**	**94735**
SPS Grand Total	**-**	**$13,626,462.50**	**113914**

Health Care Services Update

To promote and protect the health and well-being of Alaskans.

Department Update

To promote and protect the health and well-being of Alaskans.

Department of Health and Social Services

Office of the Commissioner

Finance & Management Services (FMS)

Division of Health Care Services

Division of Public Assistance

Division of Behavioral Health

Division of Senior & Disabilities Services

Division of Public Health

Office of Children's Services

Alaska Pioneer Homes

Division of Juvenile Justice

Alaska Psychiatric Institute

Department of Health
Commissioner's Office & FMS
Division of Health Care Services
Division of Public Assistance
Division of Behavioral Health
Division of Senior & Disabilities Services
Division of Public Health

Department of Family & Community Services
Commissioner's Office & FMS
Office of Children's Services
Alaska Pioneer Homes
Division of Juvenile Justice
Alaska Psychiatric Institute

IMPLEMENTING A BEHAVIORAL HEALTH CRISIS SYSTEM OF CARE

Katie Baldwin-Johnson
Eric Boyer
Travis Welch

January 6, 2021
Alaska Mental Health Trust Authority
Program and Planning Committee

Trust
Alaska Mental Health Trust Authority

CRISIS NOW

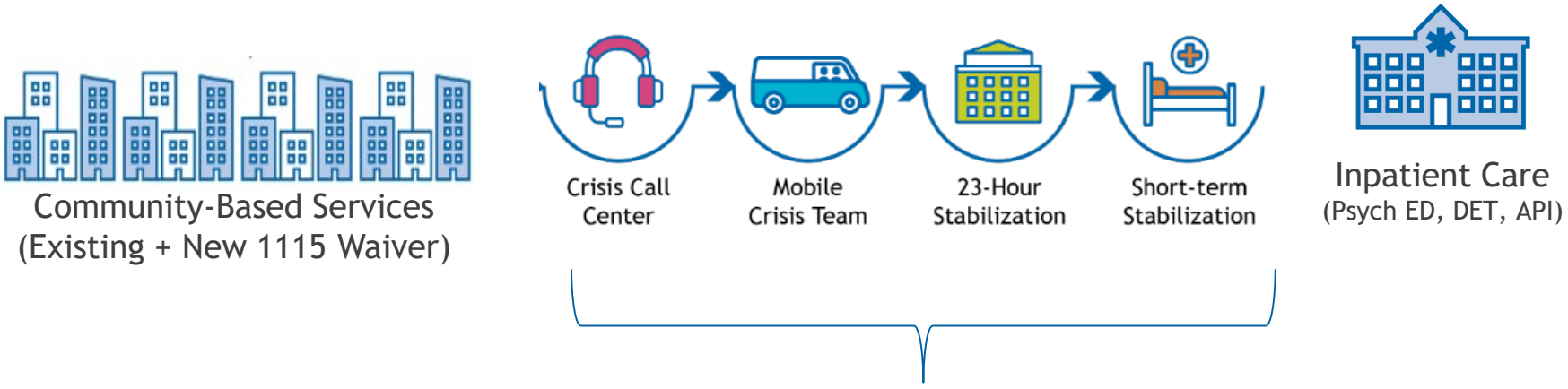
Project Updates

1. Project Overview
2. Systems Teams Updates
3. Community progress
    1. Anchorage
    2. Mat-Su Valley
    3. Fairbanks
4. Phased Implementation
5. Next Steps

Partnership, Collaboration, and Expertise

State of AK (13)	Local Gov't (10)	Nonprofit (43)	Tribal (11)
Mental Health Trust; Alaska Mental Health Board & Advisory Board on Alcoholism and Drug Addiction; State Suicide Prevention Council; Department of Health and Social Services; Alaska State Troopers; Department of Corrections; Department of Labor; Department of Law; Alaska Court System; Alaska Training	Anchorage Police Department; Anchorage Fire Department; Municipality of Anchorage; Mat-Su Police Department; Palmer Police Department; Mat-Su Fire Department; Matcom Dispatch; Fairbanks Police Department; Fairbanks Fire Department; City of Fairbanks	Mat-Su Health Foundation; Rasmuson Foundation; Mat-Su Regional; Providence; Alaska Regional; CHOICES; Akeela; Alaska Family Services; Alaska Youth and Family Network; Daybreak; Connect Mat-Su; Denali Family Services; Health TIE; Interior Alaska Center for Non-Violent Living; NAMI; LINKS Resource Center; HUMS; My House; Set Free Alaska; Sunshine Clinic; True North Recovery; Covenant House; North Star Behavioral Health; Arc of Anchorage; Anchorage Coalition to end Homelessness; Anchorage Neighborhood Health Center; ASHNHA; Assets, Inc.; AWAIC; Beans's Café; Catholic Social Services; The Web; Volunteers America; True North Psychology; Turning Point; Fairbanks Hospital Foundation; Fairbanks Memorial Hospital; Fairbanks Rescue Mission; Fairbanks	South Central Foundation; Cook Inlet Tribal Council; Chickaloon Native Village; Knik Tribal Council; Fairbanks Native Association; Alaska Native Tribal Health Consortium; Native Village of Eklutna; Tanana Chief's Conference; Norton Sound Health Corporation; Maniilaq Association; Yukon-Kuskokwim Health

Crisis Now services bridge the gap between community-based and inpatient care.



Adding acute intervention services reduces cycling.
Connection to appropriate community services at any point.

Alaska Crisis Now Consultation Report: Recommendations + Workplan

1. Establish crisis system accountability
2. Establish performance expectations + metrics
3. Align policy, regulation and funding streams
4. Identify collaborative funding
5. Grow Alaska's behavioral health workforce
6. Adapt Crisis Now Model services for use in rural Alaska
7. Establish a crisis call center with "Care Traffic Control" services
8. Establish mobile crisis teams in Anchorage, Mat-Su and Fairbanks
9. Establish behavioral health crisis stabilization centers in Anchorage, Mat-Su and Fairbanks
10. Explore cost offsets and reinvestment opportunities
11. Ensure coordination of care with the tribal health system
12. Ensure commercial insurance parity
13. Use the Crisis Now Model to divert individuals from jails and emergency departments

Project Team Structure

Recommendation 1: System accountability

Coordinate and Connect to Care

Data Management

Provider Quality and Outcomes

Braided Funding and System Accountability

Recommendation 2: Performance expectations & metrics

Short Term – Reduce interactions with law enforcement and EMS for people in behavioral health crisis

Medium Term – Increase number of people receiving appropriate crisis response, short- and long-term treatment for behavioral health issues.

Long Term – Improved safety and wellbeing for all

Recommendation 3: Align policy, regulation and funding streams

Alaska Statute Title 47

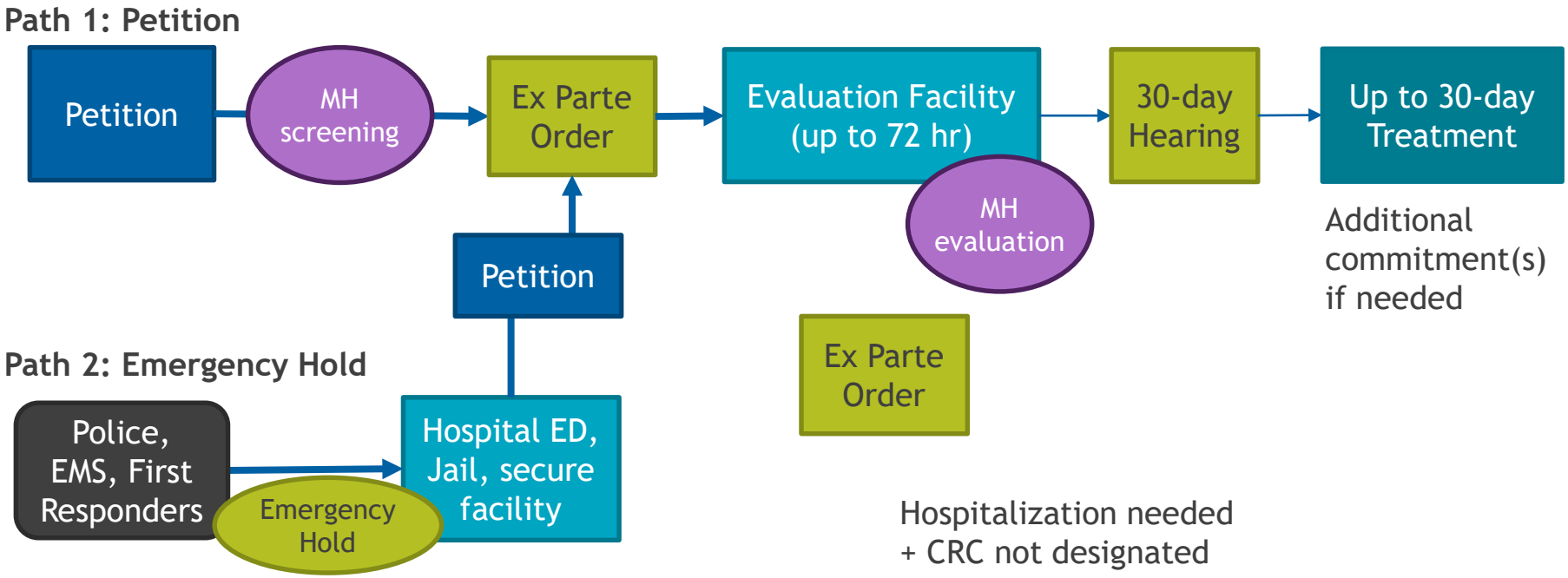
Facility licensure standards

Accountability

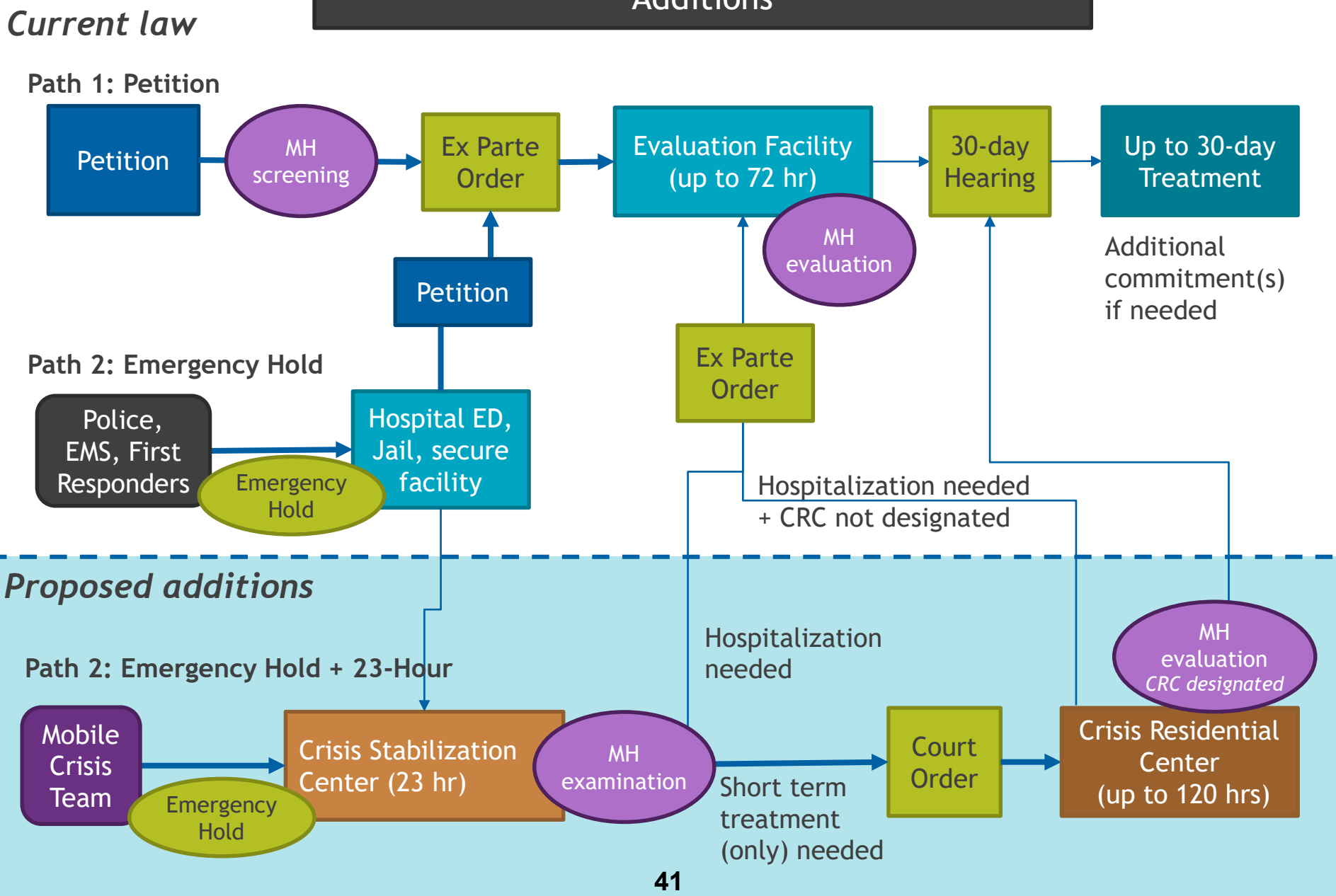
Policies/Regulations

Involuntary Commitment Process

Current law



Involuntary Commitment Process with Proposed Additions



Recommendation 4: Identify Collaborative Funding

Fundraising Workgroup

- Municipal/Borough
- Foundations

Trust funds allocated

- FY21 $2.6 million
- FY22 $4.5 million
- FY23 $4.5 million

FY21 Activities

- Community planning – 4 communities/1 region
- Phase 1: Enhanced Crisis Call volume capacity;
  Mobile team launch
- Operator Planning/Capital Grants
- Evaluation structure/data
- Crisis consultation expertise
- Beneficiary/Consumer Engagement

Recommendation 5: Grow Alaska's behavioral health workforce

- Peer Support Professional Certification, January 2021
- SHARP 3, January 2021
- Training Partners (Basic and Advanced)
- Health TIE/Technology

Recommendation 6: Adapt Crisis Now Model services for use in rural Alaska

- Western Alaska -Bethel, Nome, Kotzebue
- Ketchikan
- Juneau
- Technology/innovation

Recommendation 7: Establish Crisis Call Center(s) with Care Traffic Control Connectivity

Identify tech solutions

Identify funding sources

MOUs and data sharing agreements between call center, emergency services dispatch, and other crisis and community-based services

Tech Solutions Overview

- Interviewed multiple vendors in Sept. & Oct.
- Each offer key piece(s) of care traffic control
- Unknowns:
  - Total cost for each platform
  - Integration and coordination with existing system

Community Updates

Anchorage

- Alcohol tax funds ($1.5 million) for mobile crisis response start-up and operation within Anchorage Fire Department (Phase 1)
- Organizations considering 23-hour and short-term stabilization
- Community planning & steering committee formation

Mat-Su

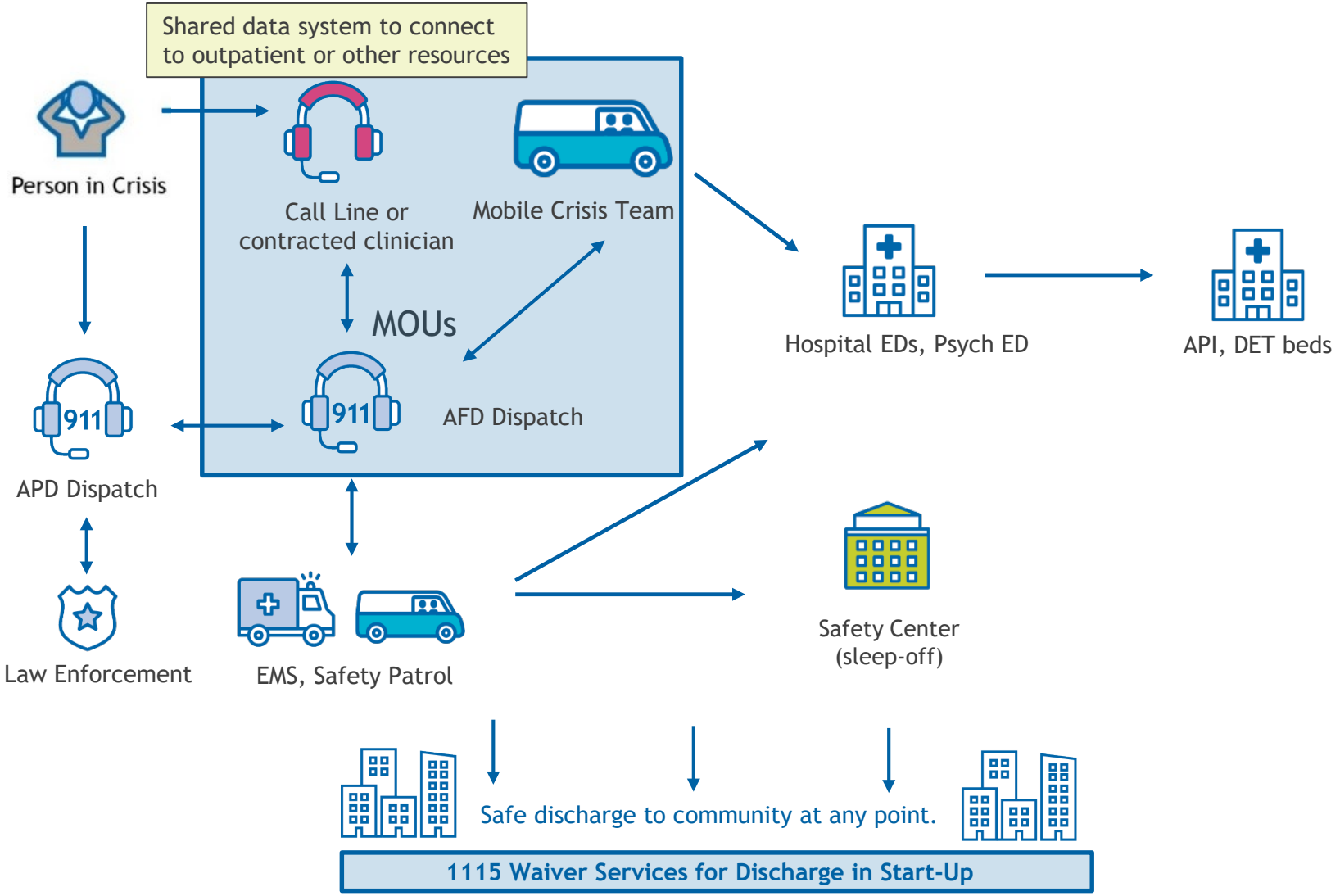
- Interested providers identified
- Organizations considering 23-hour stabilization
- Mat-Su Regional
- Community planning & steering committee formation

Fairbanks

- Seeking grant funding to launch mobile crisis co-response
- Partnership between behavioral health and peer support
- Organizations considering 23-hour stabilization launch
- Community planning & steering committee formation

Phase 1:
ANCHORAGE

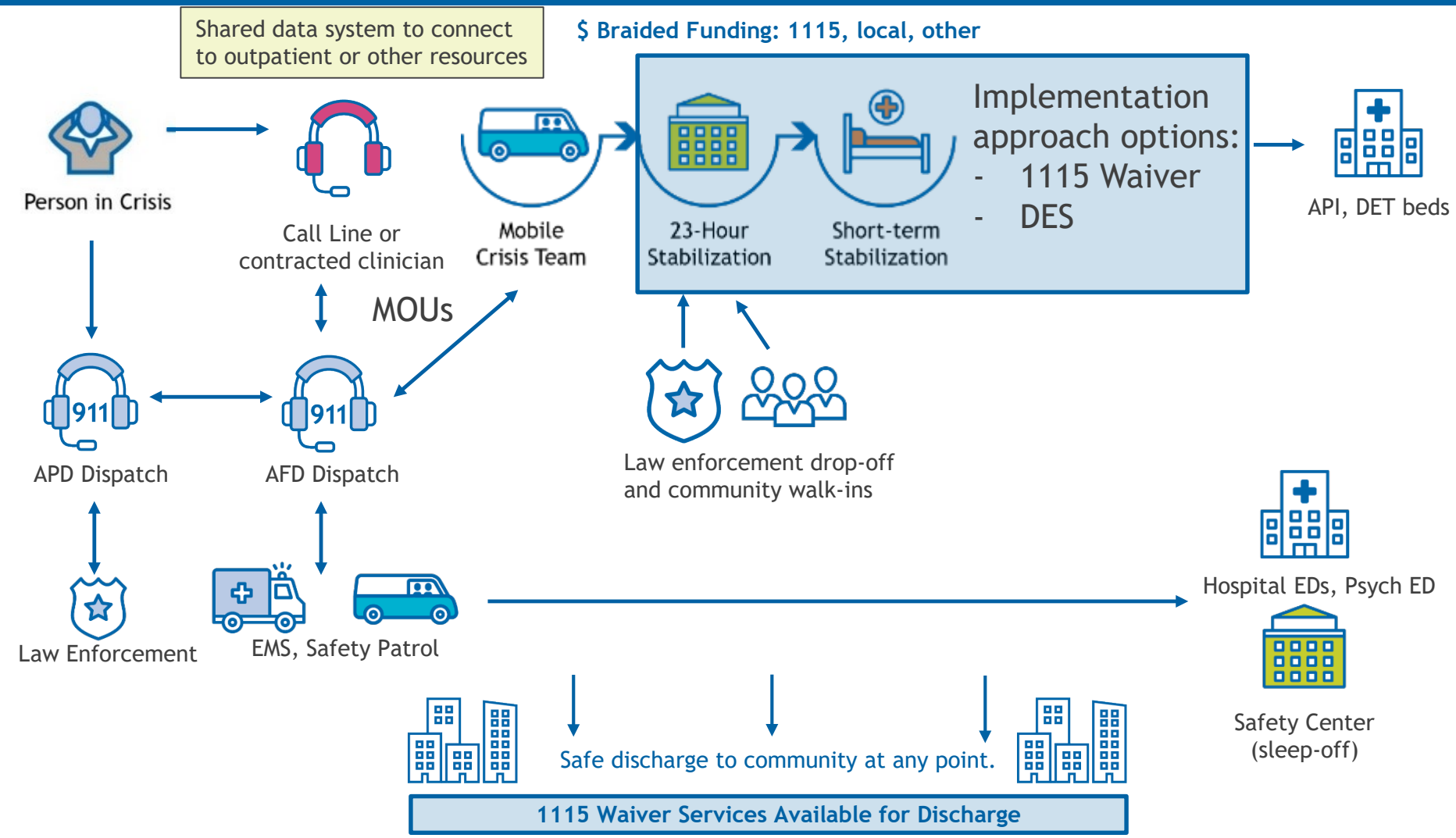
Enhance existing dispatch and mobile response; add Crisis Call Line connectivity



Funding Coordination, Contract Management, System Oversight + Performance Management **(LOCAL)**

Phase 2: *Crisis Now* 23-hour + short term stabilization available

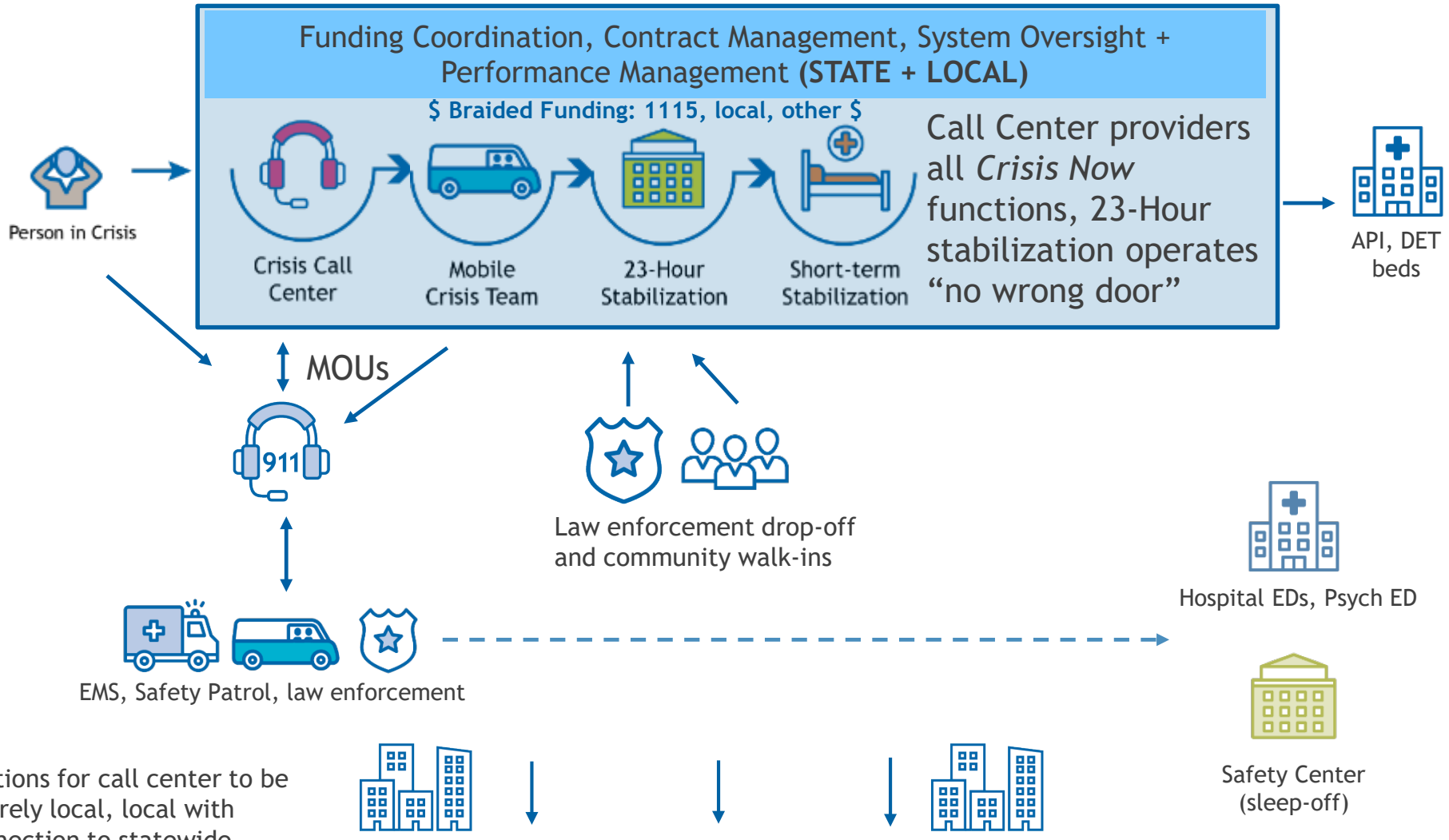
ANCHORAGE



Funding Coordination, Contract Management, System Oversight + Performance Management **(LOCAL)**

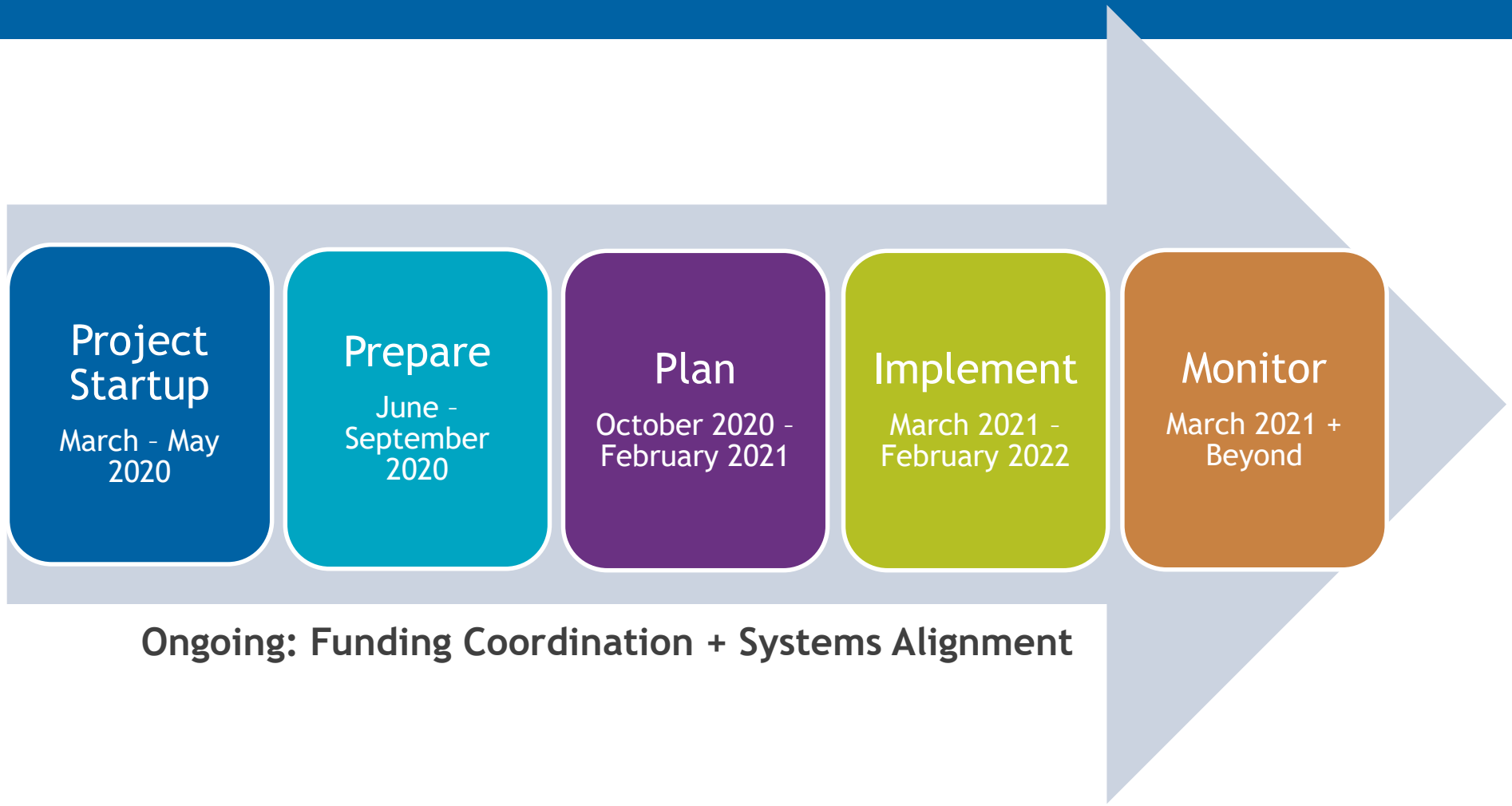
Phase 3: ANCHORAGE

Full Care Traffic Control connectivity at call center*; *Crisis Now* 23-hour "no wrong door" + short term stabilization available



*Options for call center to be entirely local, local with connection to statewide resource during certain hours, or entirely statewide.

Proposed Schedule



Ongoing: Funding Coordination + Systems Alignment

Next Steps

- Secure agreements between call center and dispatch entities
- Establish local steering groups
- Collaboration with Anchorage Fire Dept. on mobile team launch
- Continue conversations with providers in each community interested in providing crisis services
- Identify capital costs and launch
- Convene funding partners, lawmakers and stakeholders to identify sources for enhanced funding
- Continue conversations with DHSS regarding mechanism for statewide system coordination

Questions?

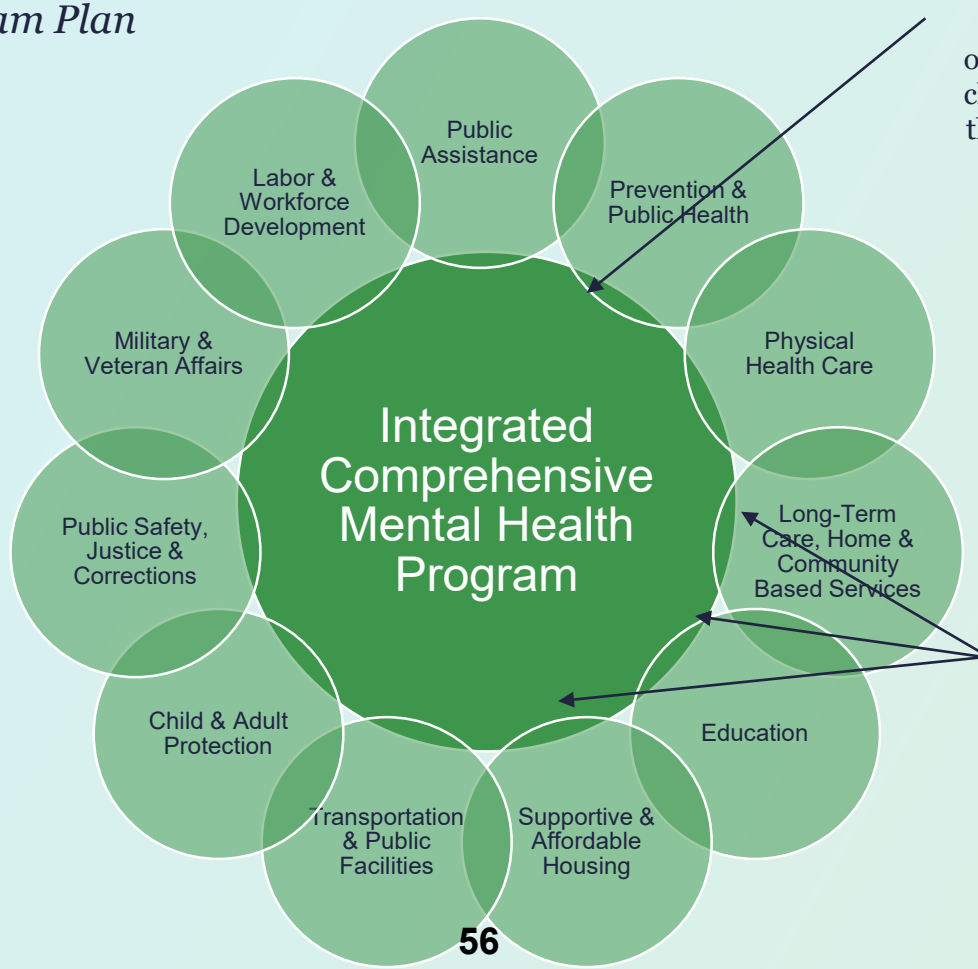
Strengthening the System:

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

Integrated Comprehensive Mental Health Program

State and Tribal plans inform and are informed by the Comprehensive Program Plan

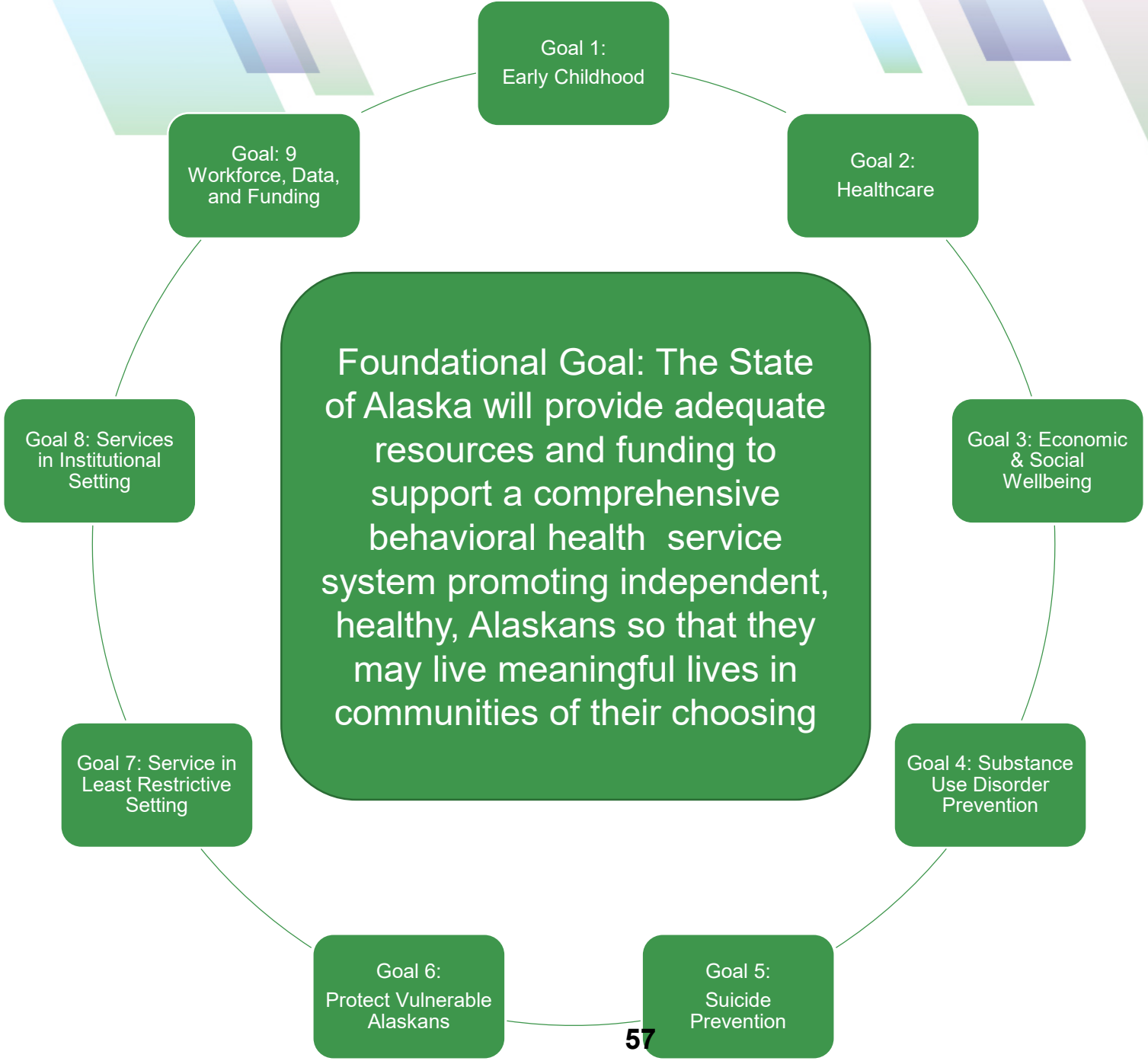
COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN



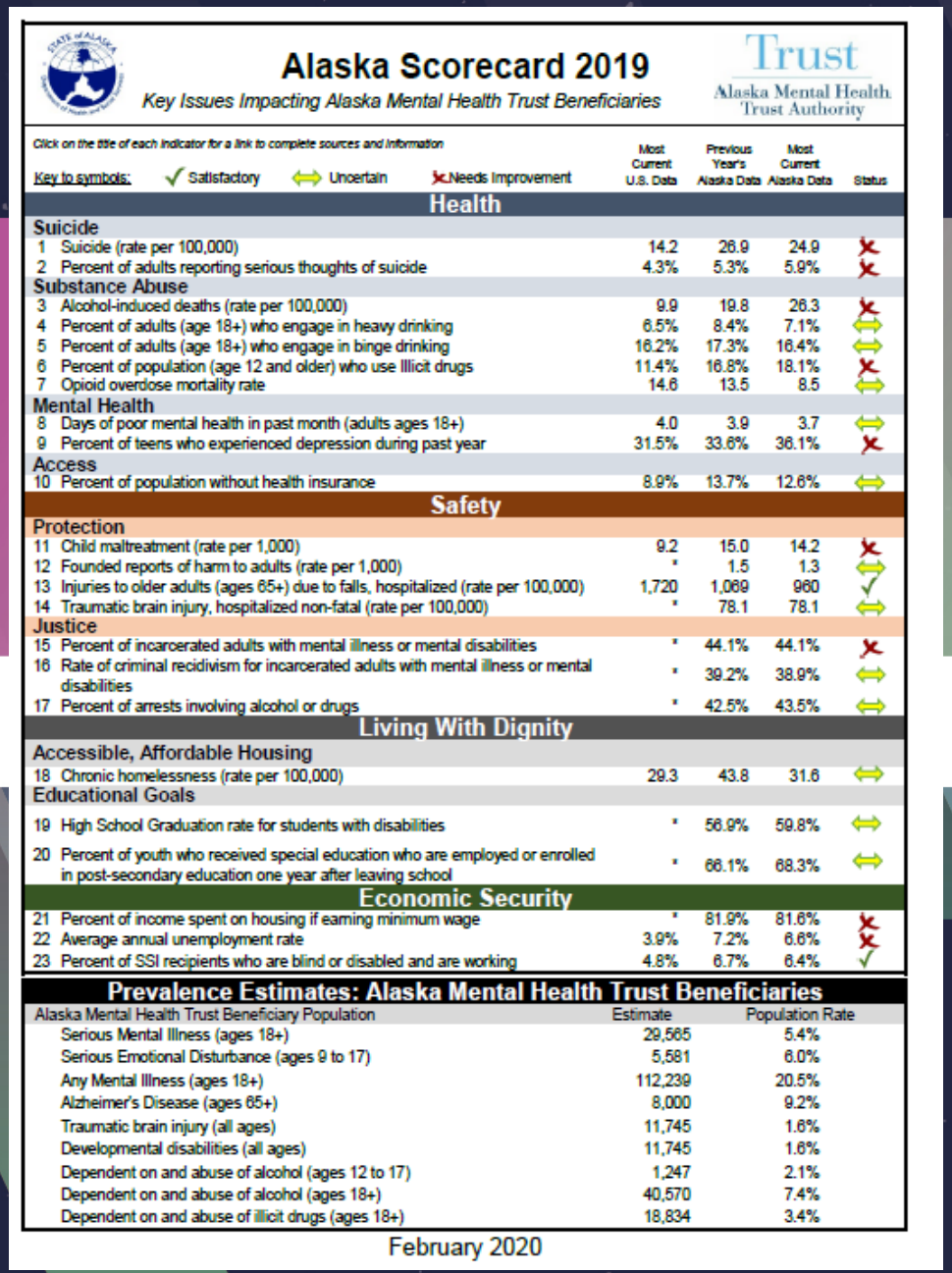
"Core":
Programs supported with funds from the Mental Health Budget or State operating and capital funds clearly allocated to advance the Comprehensive Mental Health Program

Integrated:
Areas of Mission Overlap & Shared Responsibility

LIFESPAN: from the prenatal period through end of life



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



Alaska Scorecard 2019

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)	14.2	26.9	24.9	✗
2	Percent of adults reporting serious thoughts of suicide	4.3%	5.3%	5.9%	✗
Substance Abuse					
3	Alcohol-induced deaths (rate per 100,000)	9.9	19.8	26.3	✗
4	Percent of adults (age 18+) who engage in heavy drinking	6.5%	8.4%	7.1%	⟺
5	Percent of adults (age 18+) who engage in binge drinking	16.2%	17.3%	16.4%	⟺
6	Percent of population (age 12 and older) who use Illicit drugs	11.4%	16.8%	18.1%	✗
7	Opioid overdose mortality rate	14.6	13.5	8.5	⟺
Mental Health					
8	Days of poor mental health in past month (adults ages 18+)	4.0	3.9	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	8.9%	13.7%	12.6%	⟺
Safety					
Protection					
11	Child maltreatment (rate per 1,000)	9.2	15.0	14.2	✗
12	Founded reports of harm to adults (rate per 1,000)	*	1.5	1.3	⟺
13	Injuries to older adults (ages 65+) due to falls, hospitalized (rate per 100,000)	1,720	1,069	960	✓
14	Traumatic brain injury, hospitalized non-fatal (rate per 100,000)	*	78.1	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	*	42.5%	43.5%	⟺
Living With Dignity					
Accessible, Affordable Housing					
18	Chronic homelessness (rate per 100,000)	29.3	43.8	31.6	⟺
Educational Goals					
19	High School Graduation rate for students with disabilities	*	56.9%	59.8%	⟺
20	Percent of youth who received special education who are employed or enrolled in post-secondary education one year after leaving school	*	66.1%	68.3%	⟺
Economic Security					
21	Percent of income spent on housing if earning minimum wage	*	81.9%	81.6%	✗
22	Average annual unemployment rate	3.9%	7.2%	6.6%	✗
23	Percent of SSI recipients who are blind or disabled and are working	4.8%	6.7%	6.4%	✓

Prevalence Estimates: Alaska Mental Health Trust Beneficiaries

Alaska Mental Health Trust Beneficiary Population	Estimate	Population Rate
Serious Mental Illness (ages 18+)	29,565	5.4%
Serious Emotional Disturbance (ages 9 to 17)	5,581	6.0%
Any Mental Illness (ages 18+)	112,239	20.5%
Alzheimer's Disease (ages 65+)	8,000	9.2%
Traumatic brain injury (all ages)	11,745	1.6%
Developmental disabilities (all ages)	11,745	1.6%
Dependent on and abuse of alcohol (ages 12 to 17)	1,247	2.1%
Dependent on and abuse of alcohol (ages 18+)	40,570	7.4%
Dependent on and abuse of illicit drugs (ages 18+)	18,834	3.4%

February 2020

Resources: Alaska Scorecard

Outcomes and Monitoring

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

What is the Alaska Scorecard?

The Alaska Scorecard has been the tool used by many policy makers, advocates, grant writers, Trust staff, etc. to measure the outcomes of the previous Comp Plan, titled *Moving Forward,* from 2007 until 2019.

The scorecard has been updated to reflect the desired outcomes of *Strengthening the System*.

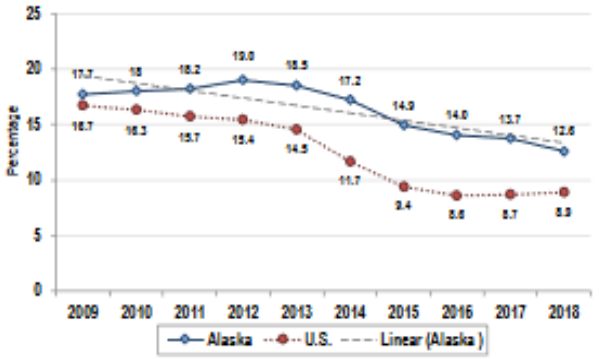
2020 Updated Alaska Scorecard Process

- The primary indicators were vetted by the Comp Plan leadership team.
- Narratives to explain the story behind the population health indicators will be finalized in the coming months.
- The leadership team works with data source contacts to ensure baseline data is timely and reliable.
- Scorecard indicators are formatted using a Results Based Accountability (RBA) format.

Health: Access

10. Population without Health Insurance

Percentage of population not covered by health insurance for the year, Alaska and U.S., 2009 – 2018



Source: U.S. Census Bureau (2018). American Community Survey Tables for Health Insurance Coverage. Table HI-05.[47]

Summary and Explanation:

- In 2018, 12.6% of Alaska's population was counted as uninsured. Alaska's rate was 42% higher than the U.S. rate of 8.9%.
- The U.S. rate has fallen each year since 2009. The Alaska rate has fallen since 2013, but stayed approximately steady from 2016 to 2018.

Other Facts to Know:

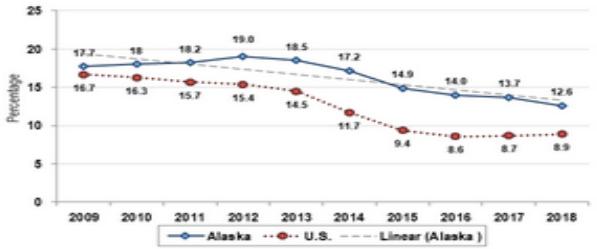
- Uninsured rates decreased between 2013 and 2018 following the introduction of the Affordable Care Act. Among states, Alaska had the fifth highest (behind Texas, Oklahoma, Georgia and Florida) proportion of uninsured population in 2018.[48]
- The Census definition of "uninsured" includes American Indian/Alaska Native (AI/AN) people who may have access to IHS-funded services.[49] If otherwise-uninsured American Indians

[47] Available at https://www.census.gov/data/tables/time-series/demo/health-insurance/sca-hi.2018.html.
[48] U.S. Census Bureau (2018). American Community Survey Tables for Health Insurance Coverage. Table HI-12. Available at: https://www.census.gov/data/tables/time-series/demo/health-insurance/sca-hi.2018.html
[49] U.S. Census Bureau (2018). Current Population Reports, P60-253, Health Insurance Coverage in the United States: 2014. "What is Health Insurance Coverage?" Available at http://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-253.pdf.

Healthcare

Goal 2: Alaskans have Access to Integrated Healthcare Options that Promote Optimal Health, Wellness, and Independence

Indicator: Percentage of population without health insurance in Alaska and U.S., 2009 – 2018



Population: Alaska Statewide

Population Results: *Comp Plan Objective: 2.1:* Alaskans have access to integrated healthcare options that promote optimal health, wellness, and independence healthcare services.

Story behind the baselines (info, research, agenda, "causes"): Without access to and coverage for healthcare services, which include behavioral health in all geographic areas, there is increased risk of Alaska's population having poor physical and mental health outcomes. The Department of Health and Social Services strives to meet the goal of all Alaskans having access to health care services by having 100% of the population with adequate health insurance. In 2018, only 8.9% of Alaskans were uninsured, compared to 12.6% nationally. Even with access to health insurance, barriers continue to exist in receiving services. There are often long wait times for the first appointment for a new patient, and currently, many primary care providers have stopped accepting new patients on Medicare or Medicaid. This wait often leads patients to decide to not access care, seek care in a more expensive setting such as an Emergency Room, or they recover from the acute illness without being examined or provided a diagnosis of illness. Location of services in Alaska also presents as a barrier as air travel is often necessary in order to seek health care. Telehealth appointments can offer a range of necessary services, however barriers such as the type of services offered and limited technology put limits on the telehealth capacity.

Partners:

- Centers for Medicare and Medicaid
- Indian Health Services
- Alaska Primary Care Association
- Alaska Behavioral Health Association
- Alaska Mental Health Trust Authority

What Works? (info, research, "solutions"- include no cost/ low cost ideas)

Alaskans must be healthy if the state is to thrive. When a population is healthy, more people attend work and school, participate in their communities, engage in traditional cultural practices, and care for their families. Uninsured rates decreased between 2013 and 2018 following the introduction of the Affordable Care Act. Among states, Alaska had the fifth highest (behind Texas, Oklahoma, Georgia and Florida) proportion of uninsured population in 2018.[1] In many states across the nation, state health departments have partnered with federally qualified health centers (FQHCs) and rural health clinics (RHCs). Insured or uninsured patients can access these facilities which offer a sliding scale fee to those without health insurance. Here in Alaska, Alaska Primary Care Association has 27 FQHCs and is a strong provider offering medical care, behavioral health treatment, and dental services.

Barriers to Timeline

- Strengthening the System's focus on upstream prevention effort and its emphasis on young children makes it challenging to find established reliable data sources.
- Data timeliness has been an ongoing barrier for new indicators.
- Compiling data from multiple sources slows down the data requests.
- Many of the potential data sources identified are too narrow in scope and focus on the quantity and quality of a specific program or clinical aspect of a specific system.

Population Based vs. Process Driven

Population Accountability focuses on a large population or geographic area, such as all Alaskans, all Trust beneficiaries, all elders in rural Alaska.

Focus on whole populations without regard to whether they are getting services from anyone or not. It is bigger than any one program.

Example - Goal 3: Economic & Social Well-Being

- Population: All Alaskans (statewide population)
- Population result: Trust beneficiaries have strong economic and social well-being
- Indicator: Percentage of rental occupied households that exceed 50 percent of household income dedicated to housing (3.1)

Goal 5 - Suicide Prevention

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

- Indicator: Rate of suicide attempts (rate per 1,000 ED visits).

Goal 5 - Suicide Prevention

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

- Indicator: Rate of suicide (rate per 100,000; age adjusted)
- Indicator: Rate of suicide (rate 15-24 year old)

Goal 7- Services in the Least Restrictive Environment

7.2 Objective: Increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement.

- Indicator: Percentage of Alaskans who meet criteria for an institutional level of care who were served by a home and community-based waiver

Goal 7- Services in the Least Restrictive Environment

7.3 Objective: Reduce the number of Trust beneficiaries entering or becoming involved with Alaska's criminal justice or juvenile justice system

- Indicator: Percentage of all therapeutic court referrals that were diverted from regular court action and admitted to a therapeutic court.
- Indicator: Percentage of all juvenile justice referrals that were diverted from formal court action.

Goal 8- Services in Institutional Settings

8.1 Objective: Establish a standard of care to ensure individuals receive appropriate therapy and supports while residing in psychiatric settings in state or out of state.

- Indicator: Readmission to any psychiatric hospital: 30 days
- Indicator: Percent of discharges for children ages 6-20 and adults age 21+ years hospitalized for treatment of a mental health diagnosis who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner w/in 30 days of discharge

What's Next: Digital Format

- Historically the Alaska Scorecard has been a PDF of 60+ pages. The workgroup is encouraging the use of an interactive, web-based software that aligns with RBA's method of producing minimum paper and modernizes how users can interact with the Scorecard.
- The previous Alaska Scorecard is downloaded about 1500+ times per year.

Comp Plan Position

- The Comp Plan Coordinator position works collaboratively with the Trust to prepare, and periodically revise and amend the Comp Plan.
- The Coordinator will serve as the DHSS lead responsible for alignment of staff and projects within the department, data tracking and evaluation, and full engagement with partners and stakeholders for the most recent plan.
- The Comp Plan position will be posted to workplace Alaska in January.

MOA- Addendum

- The 2018 MOA for the Comp Plan was updated via an addendum in November 2020 in accordance with the *Review of Agreement* provision.

November 2020 *	• Final primary indicators chosen
January 15, 2021*	• Final narrative written for all primary indicators
February 15, 2021*	• Finalize data to include baseline data for each indicator
March 1, 2021*	• Complete the Alaska Scorecard and any corresponding Trust Beneficiary prevalence data
March 15, 2021	• Completed Scorecard is posted to DHSS website
April 30, 2021	• Develop an actionable plan to procure and implement web-based interactive scorecard platform.
May 1, 2021	• Finalize implementation framework and action planning documents • Provide a summary of any changes to indicators, indicator targets, and prevalence data for the next annual update
June 15, 2021	• Convene Comp Plan leadership group to discuss maintenance of effort for the coming years

* Concurrently working to find a suitable web-based interactive scorecard platform.

Crisis Continuum of Care

The Scorecard supports the work the Trust does by aiding in date driven decision making.

The scorecard with its new format will help to highlight gaps in the service continuum of care.

It will also guide program officers to direct resources in the areas of the Comp Plan that need significant improvement and or investment.

Thank You!

AADD

Alaska Association on Developmental Disabilities

The Impact of COVID-19

on providers of beneficiaries who experience intellectual and developmental disabilities

Presentation to the Alaska Mental Health Trust

January 6, 2021

WORKFORCE

- Decrease in employee application due to COVID coverage and unemployment
- Quarantining is further limiting available workforce
- Increased overtime adding stress to DSP to cover COVID related absences
- Increased leave to meet family needs for schooling, day care or quarantining
- Quitting to home school or provide child care
- Increased training costs due to compliance with COVID requirements and COVID training itself
- Super creativity required to maintain adequate coverage and delivery of services safely

FISCAL SHORTALL

- Huge losses of revenue (lost services day habilitation, families choosing no services to limit exposure etc.)
- Salary costs for serving those with a diagnosis are 35% to 40% increased
- Increased paid leave (quarantining, supporting family)
- PPE costs
- Cares funding long gone

FATIGUE

- Staff are fatigued
- Administrators are worn out
- Beneficiaries are worn out being isolated
- One provider asked how many suicide calls are you fielding?
- Trying to implement the Shared Vision but limited choices

STATE PROCESSES SLOWED DOWN

- State workers are working from home and bureaucratic processes much slower (licensing, background checks)

QUALITY MONITORING

- Oversight agencies concerned about home reviews
- Care Coordinators not going into homes added to limited oversight

COMMUNITY SUPPORT

- Community support through the wearing of masks is important
- IDD mortality 2 to 3 times higher
- Recognizing a mandate does not mean compliance

Presentation to the Alaska Mental Health Trust

January 6, 2020

THE GOOD NEWS

- Appendix K has allowed flexibilities
- Trust funding has moved the needle on Technology utilization
- The Alaska Community Foundation joined with the Trust to fund a marketing campaign for DSP's
- DSPHire App funded, began with Trust funds

AADD

Alaska Association on Developmental Disabilities

Lizette Stiehr

Executive Director

director@aaddalaska.org

ABHA Presentation to AMHTA

Impact of COVID on Behavioral Health Providers and the People We Serve

Tom Chard, CEO
Alaska Behavioral Health Association (ABHA)

January 6, 2021

ABHA

The Alaska Behavioral Health Association (ABHA) is the trade group representing mental health and drug and alcohol treatment providers throughout the state.

Members include over 70 behavioral health provider organizations from the smallest clinics to the largest healthcare providers in the state.

Learn more at www.alaskabha.org

Impact on provider organizations and on clients/beneficiaries

- State's Emergency Declaration and 1135 waiver
- Telebehavioral Health
- Remote Work
- Access to Services (Inpatient, Residential, and Outpatient)
- Providers are concurrently implementing the 1115 Waiver, Phasing Out State Plan Services, and Starting the ASO
- Direct/Indirect Impact on Behavioral Health
  - AK Epidemiology Section's Survey Results (May 13-28, 2020)
  - KFF Implications of COVID-19 for Mental Health & Substance Use (Aug 21, 2020)

Impact of COVID funding and of the 12/31 spending deadline

- Providers have used a variety of funds in different ways
- Some providers reluctant to take funding that must be used by 12/31
- Concern the funding (and will) won't be there when it's needed

Teamwork and Vaccine!

ABHA recognizes the *incredible* work

<u>that's been done by many, many individuals…</u>

- Federal support (CARES Act Funding, Provider Relief, CMS flexibility…)
- Governor's leadership declaring State of Emergency and recognizing BH is essential
- DHSS' leadership with the 1135 waiver, congregate care funding, and communication
- Dr. Anne Zink's tireless efforts
- DBH's leadership approving regulatory flexibility and communication
- State Legislature's support (extending the emergency and providing funding)
- Trust's emergency support funding
- Boards' ongoing communication of resources and supports
- University of Alaska and Rasmuson PPE support Project

Behavioral Health providers adaptability and commitment to serving

Fetal Alcohol Spectrum Disorders

Michael Baldwin, MS

Program & Planning Committee

January 6, 2021

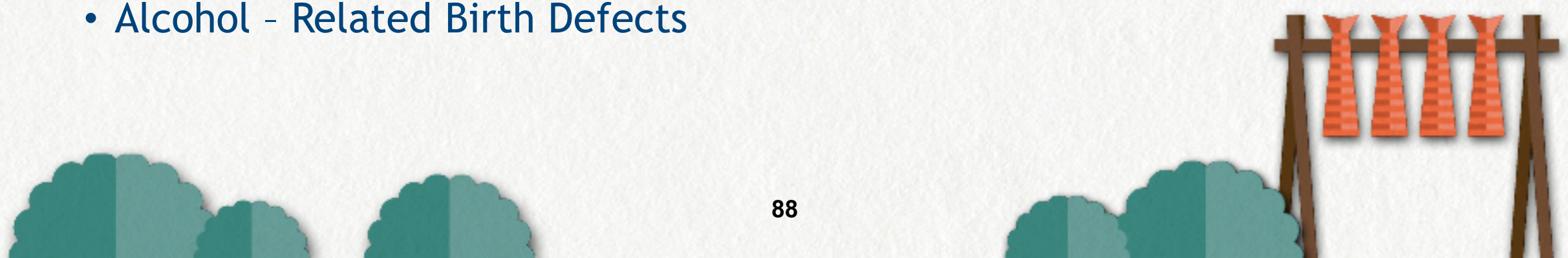
Trust
Alaska Mental Health Trust Authority

What is Fetal Alcohol Spectrum Disorder?

A spectrum of birth defects caused by exposure to alcohol during pregnancy.

Some Terms You May Have Heard:

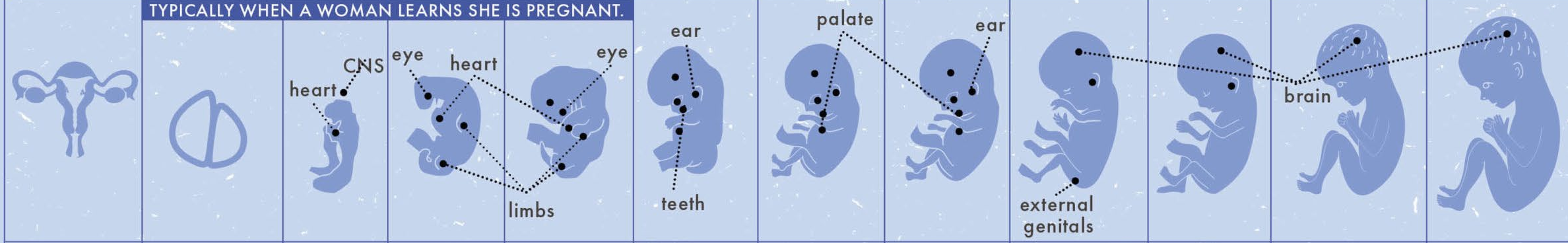
- Fetal Alcohol Syndrome (FAS)
- Partial FAS
- Alcohol – Related Neurodevelopmental Disorder (ARND)
- Alcohol – Related Birth Defects



FETAL DEVELOPMENTAL CHART

THIS CHART SHOWS VULNERABILITY OF THE FETUS TO DEFECTS THROUGHOUT 40 WEEKS OF PREGNANCY.

Last period to conception	Period of ovum	Period of the embryo						Period of the fetus			
Weeks 1-2	**Weeks 3-4**	**Week 5**	**Week 6**	**Week 7**	**Week 8**	**Week 9**	**Week 10**	**Week 11-14**	**Week 18**	**Weeks 22-38**	**Week 40**
	TYPICALLY WHEN A WOMAN LEARNS SHE IS PREGNANT.										
Menses, development of ovum, preparation of uterine lining for fertilized ovum	Period of early embryo development	CENTRAL NERVOUS SYSTEM (CNS) — BRAIN AND SPINAL CORD									
		HEART									
		ARMS/LEGS									
		EYES									
					TEETH						
						PALATE					
							EXTERNAL GENITALS				
		EARS									



PERIOD OF DEVELOPMENT WHEN MAJOR DEFECTS IN BODILY STRUCTURE CAN OCCUR

PERIOD OF DEVELOPMENT WHEN MAJOR FUNCTIONAL DEFECTS AND MINOR STRUCTURAL DEFECTS CAN OCCUR

● **MOST COMMON SITE OF BIRTH DEFECTS**

Adapted from Moore, 1993 and the National Organization on Fetal Alcohol Syndrome (NOFAS) 2009.

*This fetal chart shows the 38 weeks of pregnancy. Since it is difficult to know exactly when conception occurs, medical providers calculate a woman's due date 40 weeks from the start of her last menstrual cycle.

FAS/FASD Prevalence Estimates for Alaska

Category	Prevalence	Population
FAS	0.4%	2,950
Partial FAS	2.8%	20,620
ARND	3.3%	24,300
Total FASD	**6.5%**	**47,860**
Alaska Total Population		736,239

From *Economic Costs of Alcohol Misuse in Alaska, 2019 Update by the McDowell Group*

Source: May PA, Chambers CD, Kalberg WO, et al. Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities. *JAMA*. 2018;319(5):474-482. doi:10.1001/jama.2017.21896. McDowell Group calculations.

Trust Beneficiaries – FASD?

- Developmental Disability
- An individual experiencing an FASD can fall into any of the beneficiary categories:
  - Developmental Disabilities,
  - Mental Illness,
  - Substance Use Disorders,
  - Alzheimer's Disease and Related Dementias, and
  - Traumatic Brain Injury
- What systems are responsible for FASD?

FASD & *Strengthening the System*

- Goal 1 – Early Childhood
  - Objective 1.1: Promote practice-informed, universal screening efforts and early intervention services
  - Strategy C: Provide early intervention for infants born with fetal alcohol spectrum disorders (FASDs) and neonatal abstinence syndrome (NAS) and their caregivers
- Goal 8 – Services in Institutional Settings
  - Objective 8.3: Enhance and expand access to clinical and case management resources for Alaskans who are incarcerated
  - Strategy G: Provide screening for appropriate intervention and accommodation/placement for Alaskans with neurobehavioral disabilities (FASD, Traumatic/Acquired Brain Injury, Alzheimer's Disease & Related Dementia) who are incarcerated.
- Across all Goals

Trust Focus Areas & Priority Areas

- Early Childhood Intervention & Prevention
- Mental Health & Addiction Intervention
- Disability Justice
- Workforce Development
- Housing & Home and Community Based Services
- Stigma

Key Partners & Community Collaboration

- Governors Council on Disabilities and Special Education
  - http://dhss.alaska.gov/gcdse/Pages/committees/fasd/default.aspx
- Alaska Mental Health Board – Alaska FASD Partnership
  - http://dhss.alaska.gov/abada/Pages/fasdPartnership.aspx
- DHSS - Office of Substance Misuse and Prevention, FASD Program
  - http://dhss.alaska.gov/osmap/Pages/fasd.aspx
- Community Partners Across the State
  - Alaska Center for FASD https://alaskacenterforfasd.org/

FASD Efforts in Alaska

- 1970s – 1980s: Bureau of Indian Affairs & Indian Health Service
  - Active Prevention & Prenatal Screening
  - Traveling FASD Diagnostic Clinic
- 1990s: Trust helped fund the original DHSS – Office of FAS
- 2000s: Federal Earmark to Alaska (5 year, $29 million)
  - Prevention, Education, Training, and Advocacy Programming
  - Prevalence & Surveillance
  - Diagnostic Team network
- 2000s: 1115 Demonstration Waiver – FASD & Residential Psychiatric Treatment Centers

FASD Efforts in Alaska

- 2008 – 2015
  - A variety of prevention, education, & advocacy efforts
  - FASD Case Management/Care Coordination project
  - UAA – Arctic Regional FASD Center
  - Governors Council on Disabilities & Special Education – Alaska State Board of Education/Department of Education & Early Development: Special Education Other Health Impairment and FASD
  - Alaska Mental Health Board – Alaska FASD Partnership: FASD as a Mitigating Factor in
- 2015-2020
  - Alaska FASD 5 Year Strategic Plan
  - Governors Council on Disabilities & Special Education
  - Office of Substance Misuse and Prevention
  - Empowering Hope

Trust Support 2015 - 2020

- Provided Technical Assistance funding for the development of the Alaska 5-year FASD Strategic Plan
- *Economic Costs of Alcohol Misuse in Alaska* reports – FASD Chapter
- MHTAAR & Authority Grant Funding
  - Workforce / Capacity Building
    - Disability Justice MHTAAR – Department of Corrections – FASD Education Pilot
    - Curriculum Development
  - Direct Service - Authority Grants
    - Diagnostic Team development in Anchorage, Nome, Mat-Su Borough
    - Family Support Camps in Juneau
  - Conferences & Community Planning – Authority Grants
    - Conference/Community mtgs in Kenai, Juneau, Anchorage, Statewide

Overall FAS and FASD Annual Costs

FAS

$35.4 Million

- **2,950 people** with FAS X **$11,985** for average cost = **$35.4 million**
  - Includes home and residential care, medical equipment, special education, and lost productivity

FASD

$1.0 Billion

- **47,860 people** with FASD X **$21,079** for average cost = **$1.0 billion**
  - Includes medical, education, social services, out-of-pocket costs, and lost productivity

McDowell GROUP

Empowering Hope – FASD Prevention Initiative

WHY SHOULD I WORRY ABOUT ALCOHOL USE IF I AM NOT PREGNANT AND NOT TRYING TO GET PREGNANT?

- If you drink alcohol and do not use contraception (birth control or condoms, for example) when you have sex, you might get pregnant and expose your baby to alcohol before you know you are pregnant.
- Nearly half of all pregnancies in Alaska are unplanned. And many women do not know they are pregnant right away. So, if you are not trying to get pregnant but you are having sex, talk to your medical provider about using contraception consistently.

WHAT CAUSES FASDS?

- Alcohol passes through the mother's blood to her baby through the umbilical cord. When a pregnant woman drinks alcohol, so does her baby.
- Because every pregnancy is different, drinking alcohol may hurt one baby more than another.
- A baby's brain, body and organs are developing throughout pregnancy and can be affected by exposure to alcohol at any time.

TAKE CHARGE OF YOUR HEALTH AND START THE CONVERSATION.

Learn how FASDs impact everyone, even you.

LetsTalkFASDak.org

THIS COULD HAPPEN TO ANY OF US.

Let's Talk

WHAT ARE FASDS?

- Drinking alcohol during pregnancy can cause a range of lifelong physical, behavioral and intellectual disabilities. These are known as fetal alcohol spectrum disorders (FASDs).
- You might have heard of fetal alcohol syndrome (FAS), which is one condition in the FASD spectrum. A baby born with FAS has a small head, weighs less than other babies and has distinctive facial features.
- Some of the behavioral and intellectual disabilities of people with FASDs include:
  - **learning disabilities**
  - **hyperactivity**
  - **difficulty with attention**
  - **speech and language delays**
  - **low IQ**
  - **poor reasoning and judgment skills**
- People born with FASDs can also have problems with their organs, including their heart and kidneys.

Trust
Alaska Mental Health Trust Authority

Information sourced from the Centers for Disease Control and Prevention.

Let's Talk alcohol & pregnancy

Lets Talk FASD AK

Let's Talk FASD AK

- https://letstalkfasdak.org/
- Health Care Provider resources
  - https://letstalkfasdak.org/providers/
- Videos
  - https://letstalkfasdak.org/videos/

Alaska Center for FASD: https://alaskacenterforfasd.org/

Empowering Hope – Systems & Data

- FY20 Alaska FASD Diagnostic Team Data Analysis, Policy & Prevention Recommendations

- FY21 Alaska FASD Systems Data Development
  - Systems of Care for Individuals and Caregivers Experiencing FASD
  - FASD and the Criminal Justice System
  - FASD and the Education System

- Strategic Planning: Policy, Advocacy, Funding

What FASD Really Means for Individuals & Families

Jeanne Gerhardt-Cyrus

- Parent, Advocate, Educator

Thank You!

Michael Baldwin, MS

Senior Evaluation & Planning Officer

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Fetal Alcohol Spectrum Disorders Presentation

Supplemental Documents & Links

- Alaska Fetal Alcohol Spectrum Disorders (FASD) Strategic Plan 2017-2022
- Summary of the *Economic Costs of Fetal Alcohol Syndrome/Fetal Alcohol Spectrum Disorder in Alaska (2019)*