

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

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MEETING AGENDA

Meeting:	Program & Planning Committee
Date:	October 20, 2021
Time:	12:30 PM
Location:	online via webinar and teleconference
Teleconference:	(844) 740-1264 / Meeting Number: 2464 553 7169 # / Attendee Number: # https://alaskamentalhealthtrust.org/
Trustees:	Verné Boerner (Chair), Rhonda Boyles, Chris Cooke, Kevin Fimon, Brent Fisher, Anita Halterman, John Sturgeon

Wednesday, October 20, 2021

		Page No
12:30	Call to order (Verné Boerner, Chair) Roll Call / Announcements / Approve agenda / Ethics Disclosure Approval of Minutes: July 27-28, 2021	4
12:35	 Mission Moment Careline Crisis Intervention Susanna Marchuk, Director 	
1:00	Comp PlanAutumn Vea, Trust Evaluation and Planning Officer	18
1:30	 State of Alaska Opioid Efforts Adam Crum, Commissioner DHSS Elana Habib, DHSS – DPH, Office of Substance Misuse & Addition Preventio Theresa Johnson, DHSS – DBH 	30 m
2:45	Break	
3:00	988 ImplementationLeah Van Kirk, DHSS	63
4:00	Adjourn	



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

(Updated – October 2021)

• • •	Audit & Risk Committee Resource Mgt Committee Program & Planning Committee Finance Committee Full Board of Trustee	October 20, 2021 October 20, 2021 October 20, 2021 October 21, 2021 November 17-18, 2021	(Wed) (Wed) (Wed) (Thu) (Wed, Thu) – Anchorage
• • • •	Audit & Risk Committee	January 5, 2022	(Wed)
	Finance Committee	January 5, 2022	(Wed)
	Resource Mgt Committee	January 5, 2022	(Wed)
	Program & Planning Committee	January 6, 2022	(Thu)
	Full Board of Trustee	January 26-27, 2022	(Wed, Thu) – Juneau
• • • •	Audit & Risk Committee	April 20, 2022	(Wed)
	Finance Committee	April 20, 2022	(Wed)
	Resource Mgt Committee	April 20, 2022	(Wed)
	Program & Planning Committee	April 21, 2022	(Thu)
	Full Board of Trustee	May 25, 2022	(Wed) – TBD
• • • •	Audit & Risk Committee	July 26, 2022	(Tue)
	Finance Committee	July 26, 2022	(Tue)
	Resource Mgt Committee	July 26, 2022	(Tue)
	Program & Planning Committee	July 27-28, 2022	(Wed, Thu)
	Full Board of Trustee	August 24-25, 2022	(Wed, Thu) – Anchorage
• • • •	Audit & Risk Committee	October 19, 2022	(Wed)
	Finance Committee	October 19, 2022	(Wed)
	Resource Mgt Committee	October 19, 2022	(Wed)
	Program & Planning Committee	October 20, 2022	(Thu)
	Full Board of Trustee	November 16-17, 2022	(Wed, Thu) – Anchorage



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Future Meeting Dates Statutory Advisory Boards (Updated – October 2021)

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

AMHB:http://dhss.alaska.gov/amhb/Pages/default.aspxABADA:http://dhss.alaska.gov/abada/Pages/default.aspxExecutive Director:Bev Schoonover, (907) 465-5114, bev.schoonover@alaska.gov

- Executive Committee monthly via teleconference (Fourth Wednesday of the Month)
- Fall Meeting: October 12-13, 2021 / via Zoom

Governor's Council on Disabilities and Special Education

GCDSE: <u>http://dhss.alaska.gov/gcdse/Pages/default.aspx</u> Acting Executive Director: Myranda Walso, (907)269-8990, <u>myranda.walso@alaska.gov</u>

• Winter Meeting: January 31 – February 1, 2022 / location TBD

Alaska Commission on Aging

ACOA: <u>http://dhss.alaska.gov/acoa/Pages/default.aspx</u> Executive Director: Lisa Morley, (907) 465-4879, <u>lisa.morley@alaska.gov</u>

• Winter Meeting: November 16-17, 2021 / location TBD

ALASKA MENTAL HEALTH TRUST AUTHORITY

PROGRAM & PLANNING COMMITTEE MEETING July 27, 2021 8:30 a.m. Teleconference

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

Trustees Present:

Verne' Boerner, Chair Chris Cooke Brent Fisher Anita Halterman John Sturgeon

Trust Staff Present:

Mike Abbott Steve Williams Carol Howarth Miri Smith-Coolidge Kelda Barstad Luke Lind Michael Baldwin Carrie Predeger Katie Baldwin-Johnson Jimael Johnson Valette Keller Eric Boyer Autumn Vea Travis Welch Josephine Stern Jerry Jenkins Allison Biastock Kat Roch

Also participating:

Kristin Vandagriff; Lisa Cauble; Charlene Tautfest; Bev Schoonover; Lisa Morely; Stephanie Hopkins; Daniel Delfino; Myranda Walso; Alysa Wooden; Ann Ringstad; Beth Goldstein; Shalin Wooten; Susan Kessler; Maureen Harwood; John Lee; Scott York; Ashley Christopherson; LMThompson; Clinton Lasley; Dr. Becker; Clinton Lasley.

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PROCEEDINGS

CALL TO ORDER

CHAIR BOERNER (Native language spoken) wished all a good morning. She stated that her Inupiaq name was Qaanaaq, and that she was from Kiana, Alaska. Her mother is Paka; her grandmother is Qaanaaq; and her grandfather is Nuyuqun. She continued that she is trying to practice introducing herself in the way that she was taught by her family, and she thanked all for accommodating that. She called the Program & Planning Committee meeting to order, and began with the roll call. She stated that Rhonda Boyles was excused, and she asked for any announcements.

TRUSTEE HALTERMAN stated that she had a request from HRSA to facilitate an event on August 31st. It would be on behalf of AKCTT, the Alaska Collaborative for Telemedicine and Telehealth. She added that she will be collecting some information from Mr. Williams about some of the funding of telehealth initiatives.

CHAIR BOERNER looked forward to getting that information and asked for any other announcements. There being none, she moved to the approval of the agenda.

APPROVAL OF THE AGENDA

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

There being no objection, the MOTION was APPROVED.

ETHICS DISCLOSURES

CHAIR BOERNER asked for any ethics disclosures. There being none, she moved to approval of the minutes of April 21, 2021.

APPROVAL OF THE MINUTES

MOTION: <u>A motion to approve the minutes of April 21, 2021, was made by TRUSTEE</u> HALTERMAN; seconded by TRUSTEE COOKE.

There being no objection, the MOTION was APPROVED.

MOTION: <u>A motion to approve the minutes of May 26, 2021, was made by TRUSTEE</u> HALTERMAN; seconded by TRUSTEE COOKE.

There being no objection, the MOTION was APPROVED.

FY2022 BUDGET AMENDMENTS

CHAIR BOERNER recognized Mike Abbott, chief executive officer.

MR. ABBOTT stated that there were a few things that need to be worked on relating to the FY22 budget, and then later we will shift and work on FY23. He continued that it is statutorily required to present the proposed FY23 budget by September 15, 2021. He explained that the reason for that was that it means we are working well into the future and trying to look well into

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the future as that is done. He also explained and went into the logistics of how the meeting will continue. He introduced Lisa Morely, the executive director of the Alaska Commission on Aging, as well as Bev Schoonover from ABADA. He moved to two letters from the Governor dated three weeks apart and stated that it is a dramatic illustration of what represents a significant change in the approach the Administration will take to working with the Trust. He continued that the first letter was addressed to Senator Micciche and was the Governor's veto message for the Mental Health Budget Bill. The second letter describes the fact that the Governor vetoed it. He stated that the fact that many of the recommendations did not survive the Legislature or gubernatorial process is not a surprise or upsetting. He was concerned with the language where the Governor went out of his way to suggest that it was inappropriate to ask for and that the Trust should have funded them itself, despite the obligation to make recommendations for General Fund spending. He then addressed the Governor's suggestion.

MR. WILLIAMS talked about the assessment and the decision-making process in looking at the impacts of the vetoes. The GF/MH increment recommendations presented were approved for projects that were already up and running and being implemented. He continued that, from the staff perspective, the Trust funds that were left would still be able to move forward the work that was currently underway. He added that many of the projects have been supported by the Trust for several years and were not brand-new projects.

PROPOSED AMENDMENTS TO FY22

MR. WILLIAMS stated that there are six items that are demonstrating the need for additional funds that were internally identified with the partners.

MS. BARSTAD continued that the first item is for the Alaska Commission on Aging, to assist the organization to be able to engage beneficiaries into proposed programs, specifically the listening sessions that are upcoming for the Commission on Aging. She continued that there is a new Federal/State plan that will be due in Federal fiscal year 2023. There is a lot of work in organizing the listening sessions for the Commission on Aging to ensure that the voices will be heard for the State of Alaska Senior Plan. The voices need to be heard on how the Older American Act funds should be distributed, and to ensure that their needs are focused on and incorporated into the State agencies that serve them. She added that in order to assist this process, the request is that the Alaska Commission on Aging receives an increase for FY22 so that the necessary staff can be engaged to do the additional work. She stated that it was incredibly important that this support is received so that the beneficiaries can be well-represented in the plans and in the voices of seniors across Alaska; and to efficiently get this work done.

MS. BIASTOCK moved to Item No. 2, which is a Trust-sponsored mental health conference. She explained that this was a new proposed item for this year's budget, coming in at \$50,000. Recently, Chair Cooke had suggested the sponsorship of a mental health conference. Staff agreed that it was a great idea. She stated that this is tentatively looking at such a conference in the fall of 2022. The \$50,000 proposed for the budget would allow bringing on contractor support to help with the organization of that conference. She noted that there was \$130,00 in the budget for that event.

TRUSTEE STURGEON asked for some examples of who would attend this conference.

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MS. BIASTOCK replied that it was anticipated that beneficiary-serving partners would attend, with the hope that policymakers would also attend. She anticipated working closely with partners in developing a meaningful agenda. She added that beneficiaries would also attend.

CHAIR BOERNER recognized Ms. Barstad to continue with Proposed Amendment 3.

MS. BARSTAD stated that this item was to support rapid rehousing projects in the state. She continued that there were agencies that are ready and willing to do this work. This additional funding would allow for rapid rehousing projects to continue in the Fairbanks area. It would potentially also allow for other projects to be considered for rapid rehousing. She explained that rapid rehousing is one of the evidence-based practices that have been supported over the years for Trust beneficiaries to obtain stable housing. She added that this intervention combines time-limited financial support and roughly six months to a year of case management to help alleviate the circumstances that led to that individual or family becoming homeless. She stated that rapid rehousing is one of the evidence-based practices that has supported Trust beneficiaries to obtain stable housing over the years. She continued that this investment would give the opportunity to continue a successful project.

CHAIR BOERNER moved to Item 4.

MS. BARSTAD continued that, for Item 4, there are additional providers interested in creating more permanent supportive housing beds. She continued that it is an excellent opportunity to be able to support the programs that are effective. They have been evaluated in Alaska and have made an incredible impact on the beneficiaries.

MR. ABBOTT stated that there is a project under consideration that is being developed by Providence Alaska and Cook Inlet Housing, two preeminent providers in the housing and services field, a cooperative project. The hope is that staff will be able to bring forward a funding request that would draw from these funds at the fall meetings.

MR. WILLIAMS gave a quick introduction on Items 5 and 6. He highlighted that these are increases above amounts that have previously been approved.

MS. JOHNSON explained that No. 5 and No. 6 are both in the existing budget and are in the early childhood intervention and prevention category. She continued that No. 5 is listed as Trauma-Informed Practice Promotion with the proposed change, adding \$75,000 to the existing \$100,000, which has been approved. Over the past several years, this work focused on education-based services for young and school-aged children who had experienced trauma. The past two or three years have built on a very systems-based approach which involved the pilot in the Juneau School District. This later developed into a framework, which is now being applied statewide for trauma-engaged schools. This work has also been broadly supported by the State and community partners.

CHAIR BOERNER talked about her own experience in the importance of this particular area and that she personally values. She stated that studies are coming out and showing that the front-line workers are experiencing children with trauma and isolation and mental health issues that lead to higher attempts and rates of suicide.

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TRUSTEE COOKE understood that this was not an action item for today. It briefed the trustees on the proposed amendments. It will be taken up at the Full Board meeting next month.

CHAIR BOERNER moved on to Item 6.

MS. JOHNSON continued that Item 6 requests an increase of \$20,000 to the existing \$50,000 budget line. The \$20,000 would be used primarily to help advance the broader goals and look at systems-related work, convene partners, and function as an administrative line that would help promote the broader goals of the budget category in general related to children's mental health and early intervention and prevention.

MR. ABBOTT pointed out that staff will continue to work on these and likely bring something in the form of an action item to consider at the August meeting. He mentioned that at the end of the legislative session, the Legislature passed, at the Administration's request, a change to the PERS system, the State's retirement system. It affected the employer contribution rate. He explained that the payroll expense for the Trust is an additional 6 percent contribution. The money for that will come out of the same pot of money that all of the grant-making comes out of, meaning it is out of Trust income. He stated that he and Ms. Howarth were working to figure out how much of that could be absorbed in the existing budget, and how much additional funding would be needed.

CHAIR BOERNER called a break.

(Break.)

CHAIR BOERNER noted that all the trustees were back, and recognized Autumn Vea.

MS. VEA stated that her presentation was part of the regular quarterly Program & Planning update regarding the COMP Plan and the scorecard. She continued that the Comprehensive Integrative Mental Health Program Plan is a response to a statutory requirement, Alaska Statute 47.30.660, which requires the Department of Health and Social Services, in conjunction with the Trust, to develop and revise a plan for Alaska's Comprehensive Integrative Mental Health Program. She explained that, under the statute, the preparation of this plan is to be coordinated with Federal, State, regional, tribal, local and private entities involved in mental-health services. She noted that the Trust uses the COMP Plan to inform its recommendations for expenditures of State General Funds included in the Mental Health Budget Bill. She added that the COMP Plan bridges the Departments and the Divisions while serving as the glue to connect reform efforts that encompass all beneficiary groups. One of the primary benefits of the COMP Plan includes establishing program-level visions and priorities that evolve with the program, while ensuring that the programs endure changes in administrations and legislatures. She talked about the updates with the scorecard to reflect the desired outcomes of the COMP Plan. Those revisions began in March of 2020. The hope is to have a digital scorecard format in FY23, which would eliminate the need for the 80-page PDF that is currently used. Also, in FY23, planning efforts to review the COMP Plan will be made. She then went through the update plan and explored the newest COMP Plan goal related to early childhood. She continued through her presentation, explaining as she went through it.

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5 Program & Planning Committee Meeting Minutes July 27, 2021 CHAIR BOERNER stated that it was an excellent presentation that was presented with great detail, and she moved to the next agenda item.

FY23 TRUST BUDGET RECOMMENDATIONS

MR. ABBOTT stated that this budget will start in 11 months, and we are obligated to send the recommendations for General Fund spending and for the Trust's own programmatic spending to the Administration by September 15th. He explained that the trustees adopted an FY23 budget, which was simply just a planning document. The position now is to take final action on what is sent to the Governor for the FY23 budget.

MR. WILLIAMS went through a high-level overview of the budget process for the FY23 budget. He stated that it was important to understand that the Trust develops its budget recommendations, not only for Trust spending, but also State General Fund spending and in the advocacy work. This is all done in collaboration with the State partners, the tribal partners, the community nonprofits, and with the beneficiaries. He added that State partners include the advisory boards. He continued his presentation, explaining and answering questions as he went along. He then transitioned into how to read the budget document and explained some budget terminology. He then went through the budget, answering questions as they came up. He added that the FY23 budget document development can be found on the Trust website.

CHAIR BOERNER thanked Mr. Williams and welcomed the joint advisory board partners to the table.

MS. MORELY stated that she is the executive director of the Alaska Commission on Aging. She continued that Bev Schoonover is the executive director of the Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Board. She introduced Kristin Vandagriff, the executive director of the Governor's Council on Disabilities and Special Education. She explained that they would do a joint presentation in going over some of the recommendations.

MS. SCHOONOVER thanked the Trust for the investments made in this fiscal year in projects and programs that promoted the mission of the Trust. She began with a broad recommendation and supported the staff recommendations for fiscal year '23.

MS. VANDAGRIFF stated that the Governor's Council on Disabilities and Special Education noted that for FY23, \$50,000 of that total would essentially be in GF, as opposed to MHTAAR. The \$50,000 is for the planner III position to support that planner III bringing the developmental-disability perspective to the Comprehensive Integrative Mental Health Program planning. She looked at the continuity between how other board planners receive some MHTAAR and wanted to make sure that the stakeholder concern and feedback is brought to the trustees.

MS. SCHOONOVER moved to the Zero Suicide initiative, which is for a long-term nonpermanent position at the Division of Behavioral Health to help implement the Zero Suicide framework. It is part of the Crisis Now model. She stated that if everything works as it is supposed to, it will be integrating suicide prevention screenings in primary care. She continued that this would be amazing for Alaska, and asked the trustees to support this program. She

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moved to the Alaska Training Cooperative and stated that it is a desperately needed program. There are a lot of workforce needs in Alaska, and these folks are the key experts in training the behavioral health and continuing mental health care workforce.

MS. MORELY stated that the medical appliance and assistive technology was recommended in FY23 as a GF/MH. This program is 100 percent supported by the partners. She continued that the next project, the essential program equipment recommendation, is \$300,000 MHTAAR/\$300,000 GF/MH. The equipment capital grant has long supported nonprofit programs that support Trust beneficiaries to upkeep their programs, to replace equipment. They want to continue that recommendation. Another program that supports Trust beneficiaries is the home modifications and upgrades to retain housing. She continued her presentation, commenting and answering questions as she went along. She added that it is critical to maintain the services to beneficiaries. She stressed that the Commission on Aging wants to improve Alaska's system of supporting people with ADRD and their families. She continued that dementia training is something that should be provided across the beneficiary spectrum.

MS. VANDAGRIFF moved on to some of the recommendations from the Governor's Council on Disabilities and Special Education. She thanked the Trust for their very important investments in the developmental disability service system, and highlighted a few that came up as mission-critical.

CHAIR BOERNER thanked the board partners for the fantastic presentation and called a lunch break.

(Lunch break.)

CHAIR BOERNER welcomed everyone back, and stated that the FY23 Trust budget recommendation presentations are next.

MR. ABBOTT stated that the individual focus areas will be worked on this afternoon and tomorrow. He began with the mental health and addiction intervention. This is where the funding for Crisis Now exists. He asked Ms. Baldwin-Johnson to continue.

MS. BALDWIN-JOHNSON stated that this focus area was originally referred to as the substance abuse prevention and treatment focus area back in 2013. The main focus at the time was looking at expanding access to care. She added that substance abuse and addiction is one of the largest preventable and costly health problems in Alaska. It is imperative to continue recommending to trustees that this is an area that needs continued investment. She stated that this led to a partnership with the Department to explore some models that worked in other states. That lead to the Crisis Now initiative. She highlighted the change in FY23 and the proposed amendment and went into more detail about what adjustments were made. She recognized the critical partners in this work: the advisory boards; partners in tribal health; and the State partners, Divisions and Departments. She added the community behavioral health operators across the state; the community health centers; and the beneficiaries and families that guide and advise on how to do this work going forward.

MR. ABBOTT stated that staff is working on scheduling site visits, likely to Maricopa County in

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the Phoenix area, this fall. He continued that they will be working with trustees with the hope that folks would be able to participate. The Trust is dedicating a lot of money to this, and it would be great for trustees to have exposure to what the services look and feel like.

MS. BALDWIN-JOHNSON continued that in addition to site visits and technical assistance/expertise, there is the idea of technology and innovation needs to be kept in the forefront of planning those opportunities and being responsive to them. She noted that each presentation highlighted a slide that connects the COMP Plan goals to the work of the focus area. She added that the partnerships are key because that engagement emphasizes the diversity of the partnerships and their connections to folks and communities across the state. She talked about the partnership with Recover Alaska, which is basically a coalition of funders and partners. She continued her presentation, answering questions as she went along.

CHAIR BOERNER moved to Ms. Barstad and her presentation on housing and home- and community-based services.

MS. BARSTAD stated that the housing focus area is a long-standing focus area and was established in 2006. It works to support Trust beneficiaries to attain and maintain housing stability. She explained that to achieve this goal, the State of Alaska needs adequate affordable housing, supportive services for Trust beneficiaries who are housed or seeking housing, recovery housing, homeless services and housing interventions for people that are homeless. She stated that the goal of the home- and community-based services focus area is to increase independence, inclusion, well-being, and a person's participation in the community to improve their overall life. She continued through some of the key strategies for the housing and home- and community-based services focus area, including a policy coordination and capacity development. She stated that these projects identified all fall under the strategies so that the goals can be implemented. First, rural housing coordinator positions were identified; second, beneficiaries need safe and stable housing with tenancy supports, which is important to the homeless assistance program and the special needs housing grant. She explained this in greater detail and answered questions as she continued the presentation.

CHAIR BOERNER called a break.

(Break.)

CHAIR BOERNER shared a couple of inspiring news items and reconvened the meeting. She recognized Jimael Johnson.

MS. JOHNSON stated that the FY23 discussion is the priority area of Early Childhood Intervention & Prevention, which is the name given in the budget. She added that this budget category encompasses more than just early childhood. There are many factors that cause and drive disability, and it is one of the reasons that the Trust and partners decided that this is an important area to concentrate on and to try to get ahead of the curve whenever possible on Trust beneficiary status, and to mitigate the impacts of trauma that can later lead to both substance use and mental illness. She continued that the primary goal of the early childhood area is to enhance programs that serve infants and young children that promote resiliency and mitigate trauma as mentioned before. Also, to provide access to early-intervention services that improve Trust

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beneficiary lives. She briefly highlighted the Comprehensive Integrative Mental Health Program Plan goals that this area touches on and went through the proposed changes to the budget.

CHAIR BOERNER recognized Ms. Harwood on the telephone.

MS. HARWOOD stated that she works for Senior and Disability Services. She supports the infant-learning program. She continued that the infant-learning program core mandate is to service infants and toddlers that have special needs. There are some referrals where the hope is that the early intervention will help the family and the child with their development, and to hopefully not need long-term services and supports. She added that the proposal is a pilot to see if these children from OCS can be touched and reached. Then, with long-term supports, to get them in the infant-early-learning program, cover them through Medicaid and then through the 1115 process.

MS. JOHNSON continued that the second area of priority strategy is to ensure accurate identification of social/emotional needs for children and caregivers. She continued that the final section is reducing impacts and instances of adverse childhood experience. One of the emerging successful projects is Kinship, a caregiver-support project with Volunteers of America. Kinship care is when a family member effectively takes over care of a child who is involved with child welfare and talked about the planning to measure progress and success through these strategies. She highlighted some of the scorecard indicators that were related to the early childhood work.

CHAIR BOERNER welcomed Eric Boyer.

MR. BOYER talked about the one change he recommended, which is the Alaska Training Cooperative. He also addressed the question about diversification of the training cooperative. He then briefly highlighted some of the items, and continued his presentation, explaining as he went along.

CHAIR BOERNER recessed the meeting.

(Meeting recessed at 4:13 p.m.)

ALASKA MENTAL HEALTH TRUST AUTHORITY

PROGRAM & PLANNING COMMITTEE MEETING July 28, 2021 8:30 a.m. Teleconference

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

Trustees Present:

Verne' Boerner, Chair Chris Cooke Brent Fisher Anita Halterman John Sturgeon

Trust Staff Present:

Mike Abbott Steve Williams Carol Howarth Miri Smith-Coolidge Kelda Barstad Luke Lind Michael Baldwin Carrie Predeger Katie Baldwin-Johnson Valette Keller Eric Boyer Autumn Vea Travis Welch Josephine Stern Jerry Jenkins Allison Biastock Kat Roch

Also participating:

Kristin Vandagriff; Lisa Cauble; Bev Schoonover; Lisa Morely; Stephanie Hopkins; Myranda Walso; Troy Payne; Terri Tibbett; Ann Ringstad; Beth Goldstein; Adam Rutherford; Greg Stocker; Avram Slone; Nikole Nelson; Danielle Reed; LMThompson; Dewayne Harris.

PROCEEDINGS

CALL TO ORDER

CHAIR BOERNER (Native language spoken) called the Program & Planning Committee meeting back to order. She asked for any announcements, and then moved to the first agenda item, continuing the FY23 Trust budget recommendations. She did a roll call to reestablish a quorum. She stated that Rhonda Boyles was excused. Present were Trustees Cooke, Fisher, and Halterman; making the quorum.

FY23 TRUST BUDGET RECOMMENDATIONS PRESENTATION DISABILITY JUSTICE FOCUS AREA

MR. WELCH stated that in the disability justice focus area, the Trust works with stakeholders to limit the exposure of beneficiaries to the criminal justice system, whether they are victims or alleged offenders, by investing in projects and programs that are in line with the COMP Plan strategies. These goals and objectives support diversion of beneficiaries away from the criminal justice system when appropriate, and provide access to clinical and case management resources for beneficiaries who cannot be diverted out of the criminal justice system. He moved to the sequential intercept model, SIM. He explained that it was a nationally recognized model that provides the conceptual framework for communities to organize targeted strategies for justiceinvolved individuals with behavioral-health disorders. He continued that the earlier beneficiaries can connect to services, the better outcomes there are, the greater the public safety, and it is more fiscally responsible. He recognized the great work the Department of Corrections did in providing services within their institutions for Trust beneficiaries who find themselves incarcerated. He stated that, in talking about criminal justice and providing services, there is a term called "freedom of movement." When incarcerated, there is no freedom of movement, and the State has to incur all of the costs for providing services. The other sources of pay, such as Medicaid, cannot be accessed. He moved to the disability justice budget which was broken down by section based on the SIM. He noted the training options or opportunities that law enforcement and first responders have in responding to behavioral health crises. He added that the Trust had been alongside law enforcement in this state since the beginning of crisis intervention teams. This expansion will open up training opportunities for law enforcement and first responders to go beyond just CIT academies. It would also be developing CIT refresher courses for officers who attended the CIT academy. He then looked at a few of the other programs that demonstrate how the SIM has been used. He continued to an amendment to the FY23 budget, and stated that the Trust had been engaged in reentry work for some time and currently funds four reentry coordinators that bring providers together to provide services to reentrants. He added that one of the largest obstacles is housing, and the amendment would look for approval of increasing that budget line from \$150,000 to \$200,000, which would enable the reentry coalitions to be able to provide reentry housing supports and services.

CHAIR BOERNER shared that Trustee Sturgeon joined the meeting.

MR. WELCH thanked all for the comments regarding Alaska Legal Services which provide impressive services for Trust beneficiaries. He continued that they are looking for increased diversion for Trust beneficiaries away from the criminal justice system and decreasing the rate of recidivism. Trying to provide services to people outside of the prison before they have to go to jail is a success. He added that the pandemic had huge impacts on the criminal justice system.

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BENEFICIARIES EMPLOYMENT AND ENGAGEMENT

CHAIR BOERNER moved to beneficiaries employment and engagement and recognized Jimael Johnson.

MS. JOHNSON gave an overview and some level of detail to the work happening in the beneficiary and employment focus area. She noted that there were no recommended changes to the FY23 budget at this time. She stated that the primary goal of this focus area is to improve outcomes and promote recovery for beneficiaries. She continued that evidence-based strategies and best practices that increase opportunities in all of the areas are promoted, and then beneficiaries are able to achieve improved outcomes in their personal lives, their work lives, and in their communities. The work of this focus area lines up with the COMP Plan.

CHAIR BOERNER appreciated the presentation and welcomed Steve Williams to present the nonfocus area allocations for the FY23 Trust budget recommendations.

NONFOCUS AREA ALLOCATIONS

MR. WILLIAMS began the section that showed the increases recommended both in MHTAAR funding and Authority Grant funding spread in the other nonfocus area allocations of the budget. He noted that the numbers do not include the Trust Land Office or the Trust Authority Office agency budget numbers. He explained that the funds being recommended fall outside of the focus area work and the other priority work. He explained the funding recommendations that provide direct services and supports to the beneficiaries. The other broad area of the section of the budget is direct support to agencies that provide either the treatment, services, or advocacy on behalf of and for the beneficiaries. He went through his presentation answering questions as he went through the different sections. He moved to the recommended amendments, and continued that the advisory boards spoke to the amendments in regard to the statutory advisory boards and their increments. He continued that the only other place with recommended increments is to the mini-grant program. He added that there is an increase in each of the mini grant programs that target each of the beneficiary cohorts of \$50,000. This is a modest increase that is based on the volume of applications received.

CHAIR BOERNER called a quick break.

(Break.)

CHAIR BOERNER brought the meeting back to order and asked Mr. Williams to finish up his presentation.

MR. WILLIAMS went through the mini-grants and asked if there were any questions about the recommended increase of \$50,000 for each of the mini-grant programs.

TRUSTEE COOKE asked if these programs are being fully utilized.

MR. WILLIAMS replied that the increase would allow more funds to be provided directly to beneficiaries in each of the three mini-grant programs. It would meet the current capacity to get the money out. He moved to the statutory advisory boards and stated that staff supports the

Alaska Mental Health Trust Authority 3 Program & Planning Committee Meeting Minutes July 28, 2021 requests. He reminded trustees that a placeholder of \$200,000 was placed for an anticipated rural outreach trip in FY23. He stated that the intent is to actually hold a rural-outreach-type trip in FY22, which is why this decrement is being recommended in FY23. Historically, the rural-outreach trips are not done every year.

MR. ABBOTT explained that it was budgeted for both of the two years. Since then, it was resolved to tentatively plan the trip for late winter of 2022. That is what is being planned, and there is funding in the current budget year for that.

CHAIR BOERNER moved to the FY23 Trust budget recommendations, and recognized Mike Abbott.

FY23 TRUST BUDGET RECOMMENDATIONS

MR. ABBOTT stated that the plan would be using the initial portion to discuss with trustees the strategy for using General Fund recommendations inside of the budget. He continued that this statute section talked about the budget generally and its responsibilities. One of the requirements is that "The budget must include the Authority's determination of the amount recommended for expenditure from the General Fund during the next fiscal year to meet the operating and capital expenses of the Integrated Comprehensive Mental Health Program work (COMP Plan)." This is the root of the challenge. He suggested that there are a range of options available to determine how to meet this requirement in the statute. It is clear that to fully implement all the different pieces in the COMP Plan would be hundreds of millions of dollars. He gave credit to Commissioner Crum for accepting the challenge that is written in this, which requires resources far beyond what the State and/or the Trust is currently applying. One way to meet this requirement would be to issue a couple hundred million dollars of recommendations for General Funds. He explained that the Trust has never taken that approach in the 27 years that this statute has been in place. Instead, the Trust has had different strategies in different years going back. Last year he advocated for a more aspirational approach, and staff submitted General Fund recommendations to the Administration and the Legislature, trying to encourage the State to consider larger funding amounts for some of the programs. That was not successful. This year there is an obligation to give the Governor the budget, including recommendations, by the 15th of September so that he can take advantage of that before producing his proposed budget on December 15th. He added that there is a lot of independence in terms of determining the recommendations, and staff is hoping for some guidance.

CHAIR BOERNER asked for input from trustees.

TRUSTEE HALTERMAN stated the need to take a realistic approach to this budget and wanted to hear from the Administration on each of the GF funding areas that were vetoed in the budget because there may be things to be considered.

TRUSTEE FISHER stated that he was in line with what Trustee Halterman said and that it would behoove us to consider and look at what is of most value and should be included. This will either help reduce expenditures in the long term for the State or provide some important needs that need to be fulfilled with the Trust's help in fulfilling them.

TRUSTEE STURGEON stated that he would vote for the more practical presentation. He

Alaska Mental Health Trust Authority 4 Program & Planning Committee Meeting Minutes

July 28, 2021

continued that if something will save the State a lot of money, we should push the concept that it will save money in the long run. He recommended to give an option of what the Trust thinks is most important and outline the priorities, if we are looking for an increase.

TRUSTEE COOKE noted the importance of the Crisis Now proposal, which has been well explored and publicized and has a broad base of support. He stated that we should dig our heels in on this and move forward with these recommendations.

CHAIR BOERNER asked Trustee Cooke to take over the chairmanship so that she could share her thoughts.

CHAIR COOKE asked Trustee Boerner for any comments or questions.

TRUSTEE BOERNER stated that there has been a level of restraint that had been utilized by the Trust and trustees in creating and recommending these budgets and taking into consideration the fiscal circumstances. The history lesson is critically important in this, and she appreciated Mr. Abbott's willingness to be accountable for the recommendations. She stated that she was accountable in the recommendations she had put forward and fully owned what was presented to the Legislature and to the Governor. There was an obligation and responsibility that was tested by the lawsuits that were put forward. She appreciated the challenge in thinking about the fiscal crisis, but it is not the trustees' duty to tell officials how to meet those obligations. It is the trustees' responsibility and accountability to the beneficiaries of the Trust to be able to say the State needs to meet its legal and moral obligations that are enshrined in the Constitution.

TRUSTEE COOKE turned the chair back to Trustee Boerner. He added that he did not know what staff is looking for from the board at this point.

MR. ABBOTT stated that he was grateful for the thoughtful comments and feedback, adding that it had been very helpful. He noted that he did see a path forward to a productive process to land on a decision to meet that obligation at the August meeting. He stated that Mr. Williams had some wrap-up comments.

MR. WILLIAMS recognized and thanked all the staff that were involved in putting together the budget documents and the packet and for all the additional information. He also stated appreciation for the trustees and the dialogue and questions that have been asked. He also appreciated Trustee Boerner's comments going back to the history, because that is very important. He expressed his appreciation for the dialog which is needed from the board to be able to come forward with recommendations for board consideration.

CHAIR BOERNER thanked Mr. Williams and entertained a motion to adjourn.

MOTION: <u>A motion to adjourn was made by TRUSTEE HALTERMAN; seconded by</u> <u>TRUSTEE COOKE.</u>

There being no objection, the MOTION was APPROVED.

(Program and Planning Committee meeting was adjourned at 11:49 a.m.)

Alaska Mental Health Trust Authority 5 Program & Planning Committee Meeting Minutes

July 28, 2021

Strengthening the System:

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



Statutory Responsibilities: DHSS and the Trust

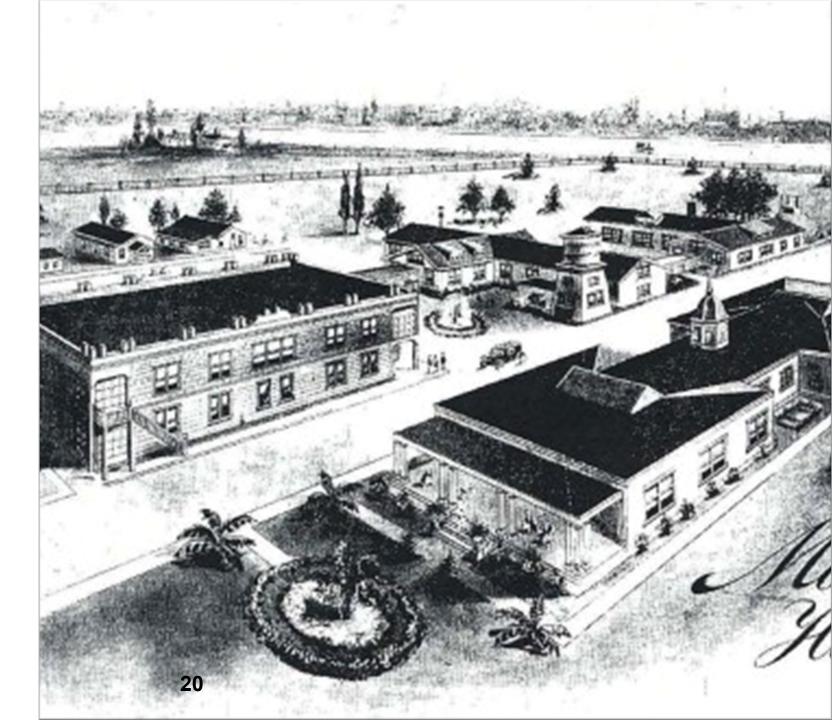
AS 47.30.660. Powers and Duties of the Department of Health and Social Services: "The department shall prepare, and periodically revise and amend, a plan for an integrated comprehensive mental health program...; the preparation of the plan and any revision or amendment of it shall be made in conjunction with the Alaska Mental Health Trust Authority; be coordinated with federal, state, regional, local, and private entities involved in mental health services..." (*emphasis added*)

AS 47.30.011. Alaska Mental Health Trust Authority: "The purpose of the authority is to ensure an integrated comprehensive mental health program."

Defining the Mental Health Program

Alaska Statute 47.30.056

"The integrated comprehensive mental health program for which expenditures are made under this section; shall give priority in service delivery to persons who, as a result of a mental disorder or of a disorder identified in this section; may require or are at risk of hospitalization; or experience such major impairment of selfcare, self-direction, or social and economic functioning that they require continuing or intensive services."



Timeline

Where We Started:

- 1994, the Trust is created, the settlement requires budget recommendations based on the Comp Plan.
- FY95-97, 1st budget recommendations

What Happened:

- FY97-98,1st actual Comp Plan: *In Unison*
 - FY2001-2006, 2nd Comp Plan: *In Step*
- FY2001-2006, 3rd Comp Plan: *Moving Forward*
- 2008-2020, Annual Scorecard published based on desired outcomes of *Moving Forward*
- 2018, planning efforts for a new Comp Plan begin 21

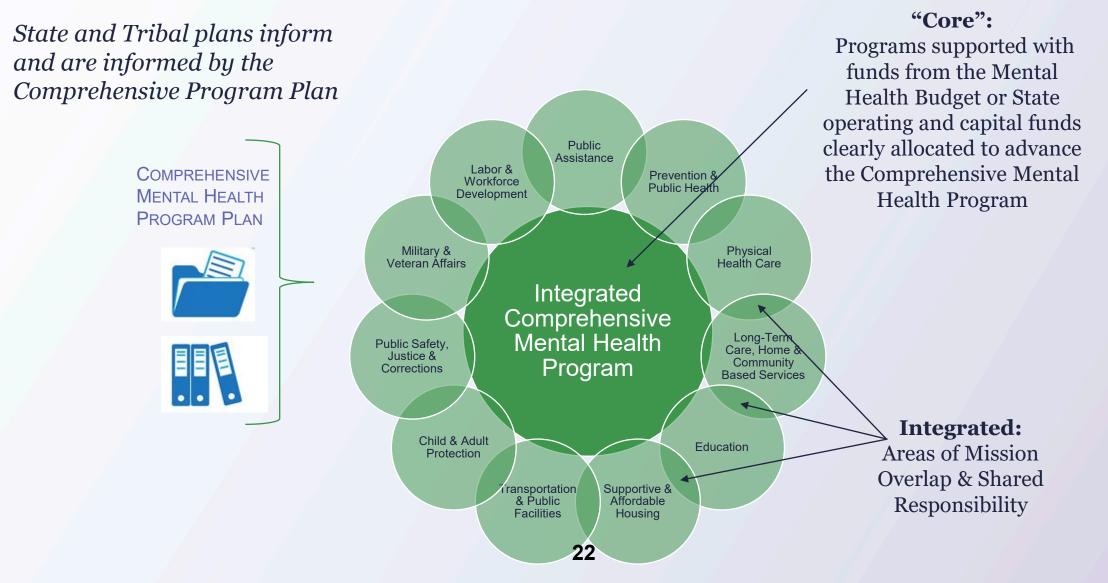
Where We Are Now:

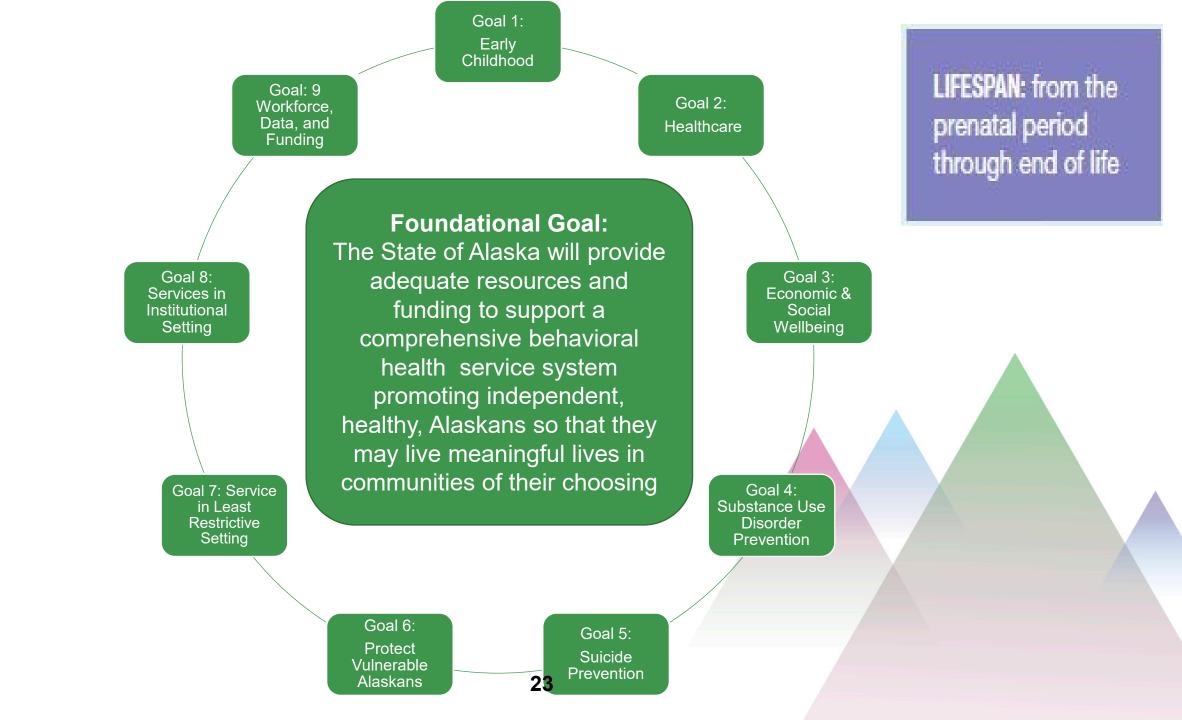
- FY2020-2024, 4th Comp Plan: *Strengthening the System*
- 2020, new Scorecard workgroup begins
- March 2021, new Alaska Scorecard released based on Strengthening the System

Where We're Going:

- FY23, digital Scorecard
- FY23, planning efforts to revise the Comp Plan begin
- FY 24, new Comp Plan adopted

Integrated Comprehensive Mental Health Program





Substance Use Disorder Prevention

Comp Plan Objectives

4.1 Objective: Increase awareness, improve knowledge, and change behaviors to prevent drug and alcohol misuse.

4.2 Objective: Reduce the impact of mental health and substance use disorders through prevention and early intervention.

4.3 Objective: Improve treatment and recovery support services to reduce the impact of mental health and substance use disorders.

4.4 Objective: Utilize ongoing recovery support services to end the cycle of substance misuse.

Indicators

11. Percentage of Alaskans needing but not receiving treatment at a specialty facility for substance use in the past year (ages 12+)

12. Percentage of Alaskans who received mental health services in the past year (ages 18+)

13. Rate of alcohol-induced mortality (rate per 100,000)

Suicide Prevention

Comp Plan Objectives

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

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

Indicators

14. Rate of suicide attempts (rate per 1,000 emergency department visits)

15. Rate of suicide (rate per 100,000; age adjusted)

16. Rate of suicide (rate per 100,000; ages 15 to 24)

ALASKA SCORECARD

ALASKA SCORECARD 2020

Key Issues Impacting Alaska Mental Health Trust Beneficiaries

INDICATOR EARLY CHILDHOO	MOST Current U.S. Data	MOST Current Alaska data	PREVIOUS Year Alaska data
 Percentage of children who received a developmental screening using a parent-completed screening tool in the past year (ages 9 months through 35 months) 	36.4% (2018-2019)	47.9% (2018-2019)	40.6% (2017-2018)
2. Percentage of incoming students who regulate their feelings and impulses 80% of the time or more (grades K-1)	•	47.4% (2018-2019)	49.1% (2019-2020)
 Percentage of women who recently delivered a live birth who have a strong social support system during the postpartum period 	*	76.6% (2019)	73.0% (2018)
Mean index score of 12 assets associated with child health and well-being that are present at birth	*	9.6 (2019)	9.7 (2018)
HEALTHCARE			
5. Percentage of population without health insurance	9.2% (2019)	12.2% (2019)	12.6% (2018)
 Rate of non-fatal hospitalized falls (rate per 100,000; ages 65+) 	1,646 (2019)	831 (2019)	828 (2018)
ECONOMIC AND SOCIAL W	ELL-BEING		
 Percentage of renter-occupied households that exceed 50% of household income dedicated to housing 	22.1% (2019)	18.6% (2019)	17.3% (2018)
8. Rate of chronic homelessness (rate per 100,000)	29.3 (2019)	31.6 (2019)	43.8 (2018)
 Percentage of Alaskans who experience a disability that are employed 	38.8% (2019)	38.8% (2019)	42.7% (2018)
10. Percentage of residents living above the federal poverty level (as defined for Alaska)	85.7% (2019)	85.6% (2019)	83.2% (2018)
SUBSTANCE USE DISORDER	PREVENTION		
 Percentage of Alaskans needing but not receiving treatment at a specialty facility for substance use in the past year (ages 12+) 	6.9% (2018-2019)	8.9% (2018-2019)	8.4% (2017-2018)
12. Percentage of Alaskans who received mental health services in the past year (ages 18+)	15.6% (2018-2019)	17.1% (2018-2019)	14% (2017-2018)
13. Rate of alcohol-induced mortality (rate per 100,000)	10.4 (2019)	23.7 (2019)	26.4 (2018)
SUICIDE PREVENTI			
14. Rate of suicide attempts (rate per 1,000 emergency department visits)	•	6.0 (2020)	4.7 (2019)
15. Rate of suicide (rate per 100,000; age adjusted)	13.9 (2019)	28.7 (2019)	25.3 (2018)
16. Rate of suicide (rate per 100,000; ages 15 to 24)	13.9 (2019)	57.9 (2019)	44.2 (2018)
KEY: Asterisk (*): no U.S. Calendar year (year): data available at time data represents	 Fiscal year (FY): represents fiscal 		ined year vear): data

calendar year

INDICATOR	MOST CURRENT U.S. DATA	MOST CURRENT ALASKA DATA	PREVIOUS Year Alaska data
PROTECTING VULNERABLE	ALASKANS		
17. Rate of child maltreatment, substantiated cases, unique victims (rate per 1,000; ages 0 to 17)	8.9 (2019)	17.0 (2019)	14.3 (2018)
 Percentage increase for youth who accessed home-based family treatment services 	*	Services start 2021	N/A (2020)
19. Founded reports of harm to adults (rate per 1,000; ages 18+)	*	1.4 (FY20)	1.3 (FY19)
SERVICES IN THE LEAST RESTRICT	IVE ENVIRONMEN	T	
20. Percentage of Alaskans who meet criteria for an institutional level of care who were served by a home and community-based waiver	*	82.5% (FY20)	83.2% (FY19)
21. Percentage of criminal defendant referrals admitted to a therapeutic court	*	60% (FY20)	51% (FY19)
22. Percentage of all juvenile justice referrals that were diverted from formal court action	*	43% (FY20)	41% (FY19)
SERVICES IN INSTITUTIONAL E	NVIRONMENTS		
23. Percentage of inpatient readmissions within 30 days to non-military hospitals for a behavioral or neurodevelopmental diagnosis (ages 12 to 17)	•	6.1% (2019)	7.2% (2018)
24. Percentage of inpatient readmissions within 30 days to non-military hospitals for a behavioral or neurodevelopmental diagnosis (ages 18+)	*	10.3% (2019)	10.4% (2018)
25. Percentage of Alaskans who meet criteria for an institutional level of care who were served in nursing homes and Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IDD)	*	17.5% (2020)	16.8% (2019)
26. Percentage of juveniles in a Division of Juvenile Justice facility with an identified behavioral health or neurobehavioral condition in a secure treatment unit	•	96% (FY20)	99% (FY19)
27. Percentage of incarcerated individuals diagnosed with a psychotic disorder or schizophrenia who received intensive clinical and case management reentry services	*	79.3% (2020)	82% (2019)
WORKFORCE, DATA, AND	FUNDING		
 Percentage change in SHARP health practitioner contracts (current calendar year compared to previous 5-year average) 	•	42% (2020)	5.6% (2019)
29. Percentage change between fiscal years of unduplicated participants served by Alaska Training Cooperative training events	*	- 28% (FY20)	7% (FY19)
30. Medicaid expenses as a percentage of state's budgets	28.6% (2020)	18.7% (2020)	20.5% (2019)

 data available at time of publication r): • Fiscal year (FY): data • Combined year represents fiscal year (year-year): data represents year rang

Population Based Indicators

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

Focuses 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)

Data Availability

Indicator: is a measure (or benchmark) that helps to quantify the achievement of a result.

Most Current U.S. Data: Explain: US and Alaska and why we may not have both

Most Current Alaska Data: Explain the Sources and why some years are new/ older than others.

ALASKA SCORECARD 2020

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Thank You!

Opioid Misuse and Addiction Prevention, Treatment, and Recovery across the State of Alaska

ELANA HABIB, MPH

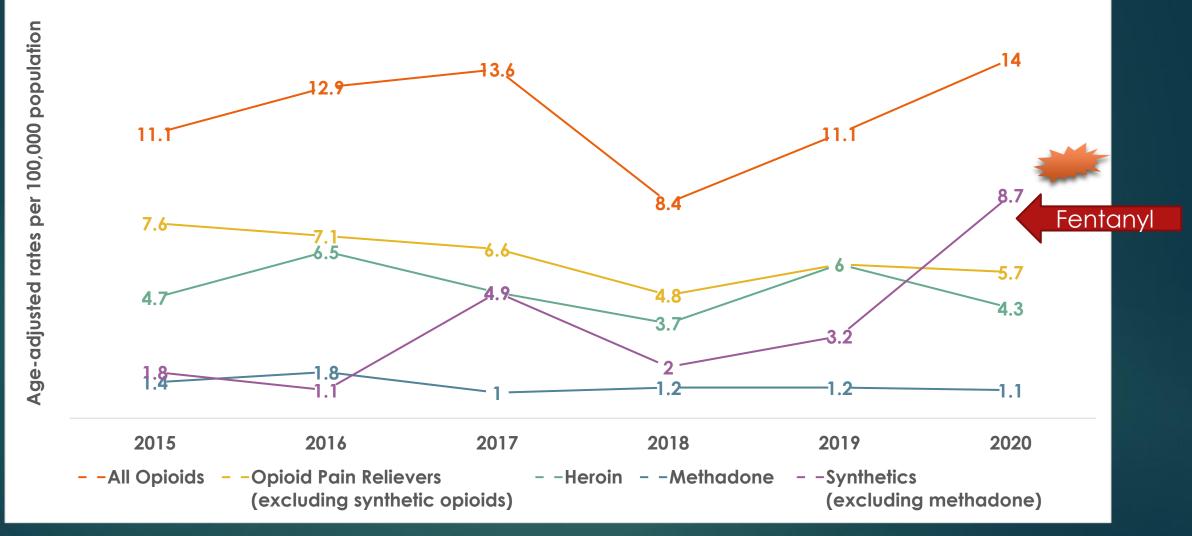
OPIOID MISUSE AND ADDICTION PREVENTION SPECIALIST

THERESA JOHNSON, MBA/CDCS

STATE OPIOID TREATMENT AUTHORITY

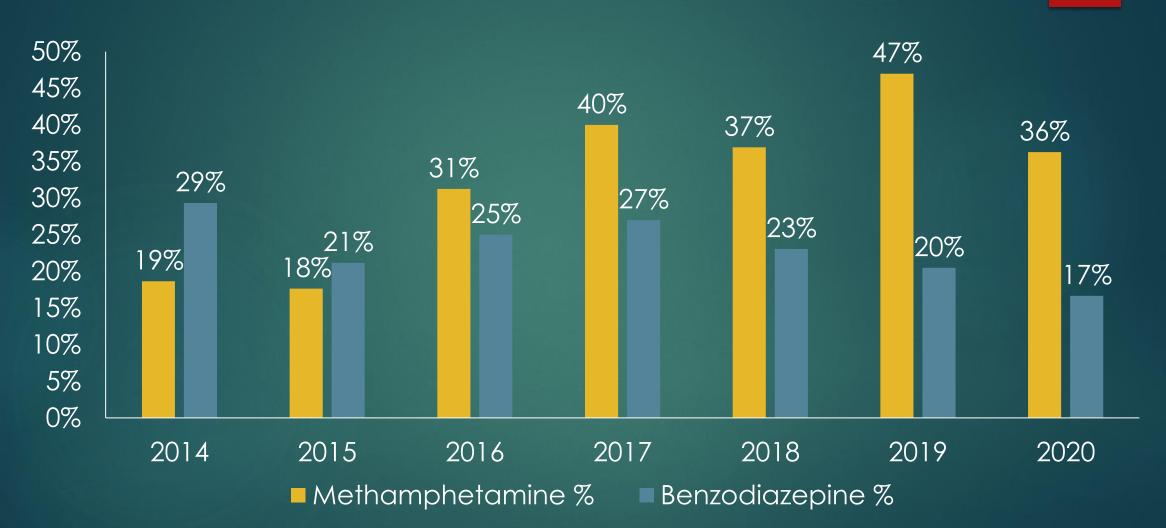
SOA DHSS DPH OFFICE OF SUBSTANCE MISUSE AND ADDICTION SOA DHSS DIVISION OF BEHAVIORAL HEALTH PREVENTION

Opioid Overdose Death Rates



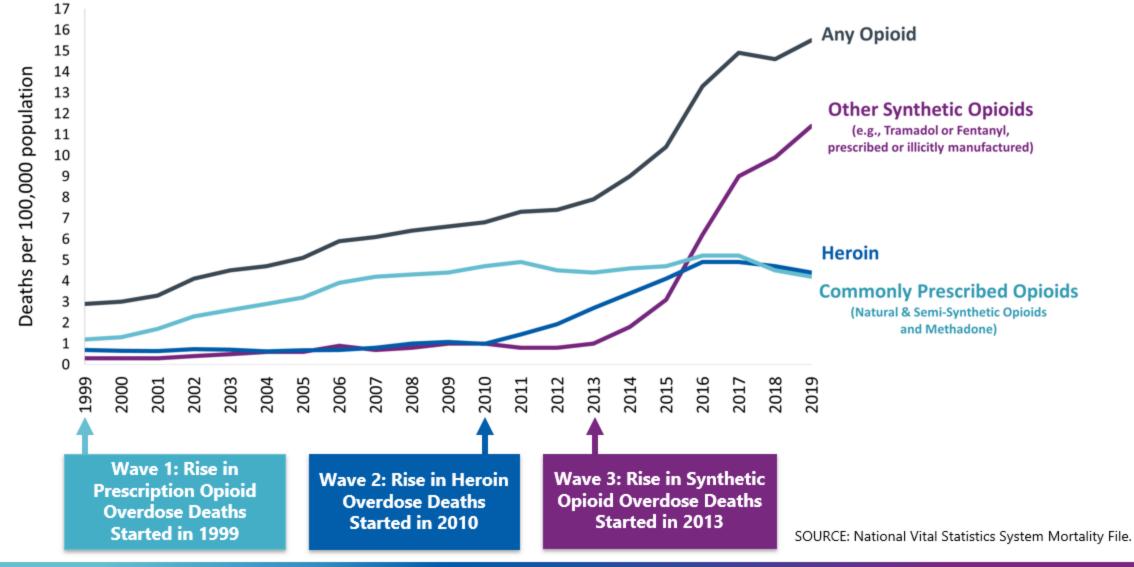
*2020 data are preliminary and subject to change

Opioid OD deaths involving other drugs



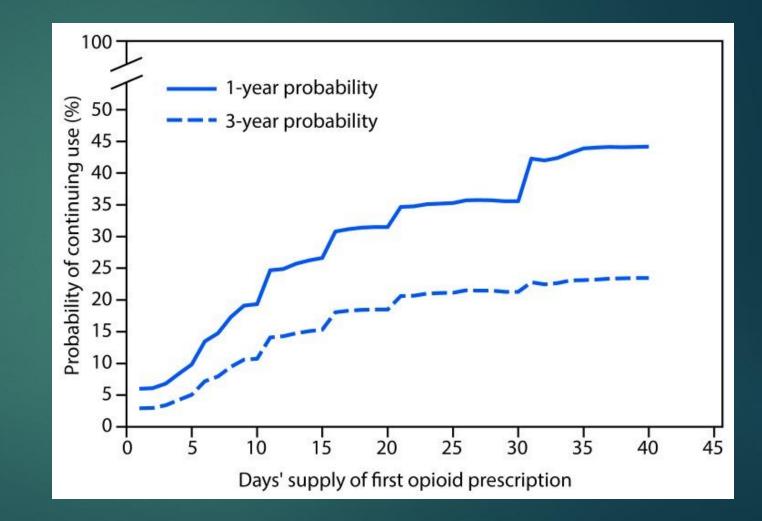
*2020 data are preliminary and subject to change

Three Waves of the Rise in Opioid Overdose Deaths





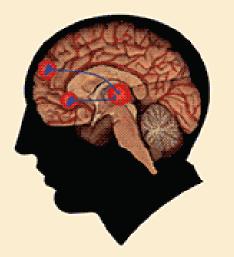
One- and 3-year probabilities of continued opioid use among opioidnaïve patients, by number of days' supply* of the first opioid prescription — United States, 2006–2015



► Source: CDC,MMWR, 3/17/2017

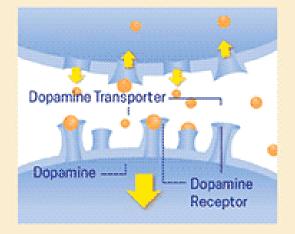
Some drugs target the brain's pleasure center

Brain reward (dopamine pathways)

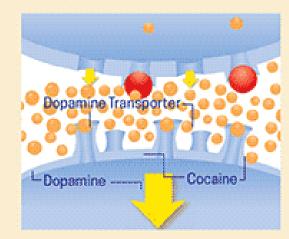


These brain circuits are important for natural rewards such as food, music, and sex.

How drugs can increase dopamine



While eating food

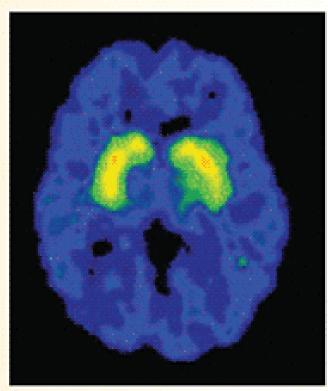


While using cocaine

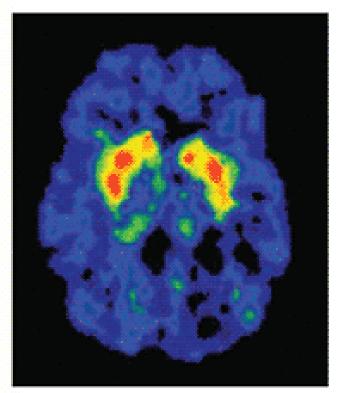
Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated, and communication is denied.

Healthy Person

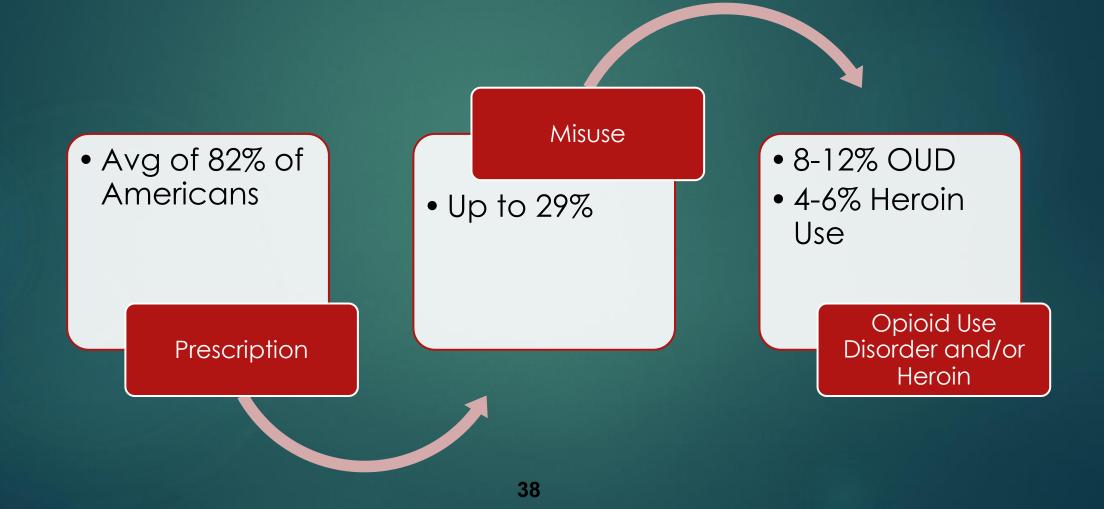
Meth User: 1 month abstinence



Meth User: 14 months abstinence



Opioid Risk Factors (Think 2015)



What is Stigma?

- "the Other"
- Different types of stigma:
 - Public stigma negative or discriminatory attitudes.
 - Self-stigma negative attitudes about oneself, including internalized shame.
 - Institutional stigma more systemic, involving policies of government and private organizations.

Public		Self	Institutional	
Stereotypes & Prejudices	People with mental illness are dangerous, incompetent, to blame for their disorder, unpredictable	I am dangerous, incompetent, to blame	Stereotypes are embodied in laws and other institutions	
Discrimination	Therefore, employers may not hire them, landlords may not rent to them, the health care system may offer a lower standard of care	These thoughts lead to lowered self-esteem and self-efficacy: "Why try? Someone like me is not worthy of good health."	Intended and unintended loss of opportunity	

Source: Adapted from Corrigan, et al.

How does it function? What are the functions of it?

► Shame Cycle

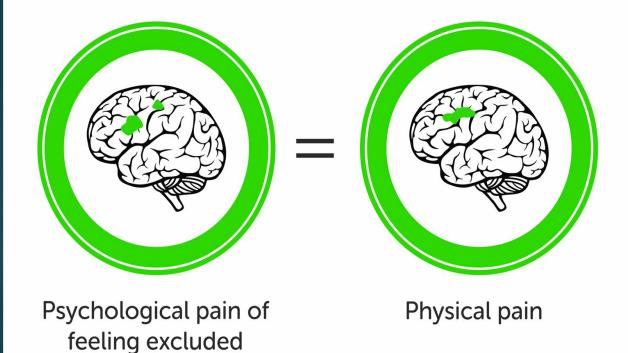
The difference between shame and guilt

Shame: I am a bad person.

Guilt: I might be doing some bad things but I am not a bad person.



Why is Stigma Problematic?



- self-esteem
- depression and anxiety levels
- avoidance and blame coping behaviors
- medication adherence
- social support
- physician trust

Statewide Opioid Action Plan

- Vision: Alaskans who live healthier lives in communities more resilient to substance misuse and other interconnected issues.
- Mission: Save lives now and work to prevent future opioid and substance misuse.
- Six goals, 26 strategies, 56 objectives

2018-2022 STATEWIDE OPIOID ACTION PLAN

Saving lives now and working to prevent future opioid and substance misuse

Reducing stigma and change social norms surrounding substance misuse and addiction

- Developing trauma-responsive agencies in schools, among emergency responders, and across nurses
- Addiction and the Workplace Toolkit
- Increasing services for at-risk families through data-driven and science-based policies and programs: Plans of Safe Care Program



"There is no health, without mental health" Alaska State Troopers Colonel

Alaskans communicate, coordinate, and cooperate on substance misuse efforts

- Alaska Drug Overdose Death Review Committee
- Co-response Models and Crisis Stabilization
- OpenBeds/www.treatmentconne ction.com
- Data Projects
 - Drug Overdose Mortality Report
 - Indicators of Self-Harm and Unintentional Drug Overdose during COVID-19 Pandemic in Alaska
 - Opioid Data Dashboard





Alaskans reduce the risks of substance misuse and addiction

Clinicians: caring for patients with complex pain medication regimens?

We're behind you.

A new partnership between State of Alaska and University of Washington:

UW Medicine Pain and Opioid Consult Hotline for Alaskan Clinicians 1-844-520-PAIN (7246)

UW Medicine pain pharmacists and physicians are available Monday through Friday, 7:30 a.m. to 3:30 p.m AKT (excluding holidays) to provide clinical advice at no charge to you.

Consultations for clinicians treating patients with complex pain medication regimens, particularly high dose oploids:

- Individualized opioid taper plans
- · Systematic management of withdrawal syndrome
- Evaluate/recommend non-opioid/adjuvant analgesic treatment
- · Triage and risk screening
- Individualized case consultation for client care and medication management
- Explain/review Center for Disease Control and Prevention (CDC) spiold guidelines: <u>https:// www.odc.gov/mmwr/volumes/65/rr/r6501e1</u>. htm

UW TelePain Services: Available Wednesdays 11am to 12:30 p.m AKT. http://depts.washington.edu/aresth/ care/pain/telepain



DHSS OSMAP Academic Detailing Pilot 45



TREATING PAIN: WHAT ALASKANS SHOULD KNOW



If you've had an injury, surgery or dental work, you are likely to have pain. Some pain can be a normal part of heating.

Talk with your doctor to find the most effective treatment with the least risk.

"IS IT AN OPIOID?"

Some examples of opioid

medication include

WHY BE CAUTIOUS WITH OPIOIDS?

Opioid medications are chemically similar to heroin, with serious risk of addiction and overdose, even when taken as directed:



Alaska Department of Health and Social Services

Nationally. 4 out of 5 heroin users started out misusing prescription opioids.

American Society of Addiction Medicine

Codene Perdany (Duragesic) Hydroxodone (Nicodin, Norco) Hydroxortyhone (Disueki) Mispenche (Demero) Misphane Morphane Oxytosphane (Cpani) Caycodone (OxyContin, Neccoel) Tramadol (Utran)

Prescription Drug Monitoring Program (PDMP)

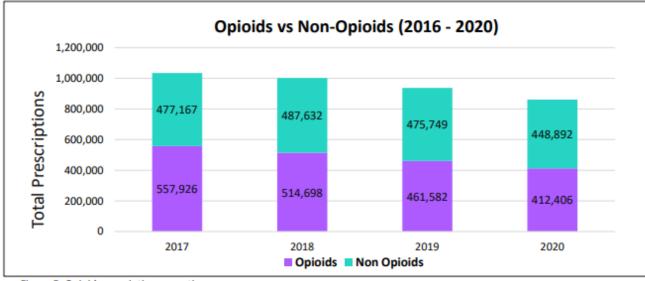


Figure 5. Opioid prescriptions over time.

20	17	2018 2019 2020		Percent Change 2017-2020					
Total = 1	,035,093	Total = 1	,002,330	Total =	otal = 937,331 Total = 861,298		17% decrease in total prescriptions		
54% opioids	46% non- opioids	51% opioids	49% non- opioids	49% opioids	51% non- opioids	48% opioids	52% non- opioids	26% decrease opioids	6% decreas non- opioids

	~
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	2018	2019	2020	Change since 2018
Total Number of Providers Registered in the PDMP	6,735	7,653	8,762	2,207 (+30%)

Table 4. Total number of registered users 2018 – 2020.

Limitations: Registration data is based off the count of registered users in AWARxE for all professions.

Alaskans experience fewer problems associate with drug use

Project HOPE – opioids.Alaska.gov

Since 2017,

- 64,250 Narcan Kits distributed
- 127 Overdose Response Programs
- 300+ Lives saved





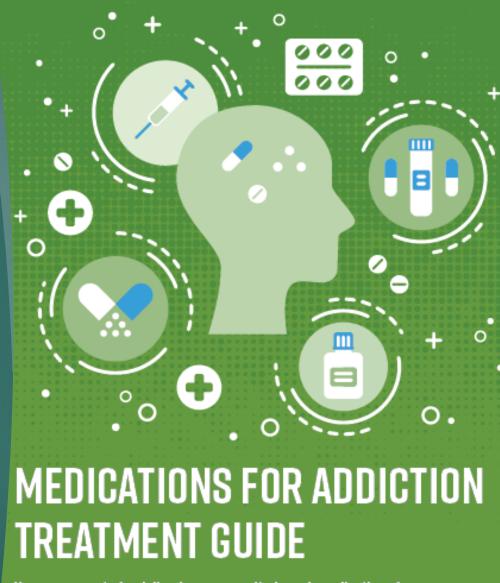




Alaskans have timely access to the screening, referral, and treatment services they need

- Screening broadly for substance misuse: Increase evidence-based screening and assessment across all providers.
- Ensuring case management supports that assess client needs and facilitate referrals and assistance.

 Increasing access to medication assisted treatment



Key components for delivering community-based, medications for addiction treatment services for opioid use disorders in Alaska.

Section 1115 SUD Waiver

- Increase in rate of opioid related overdose deaths from 2010 to 2017
- 58% increase in treatment admissions for heroin dependence from 2009 to 2013
- Increase in Neonatal Abstinence Syndrome diagnoses from 4.4% to 16%

- Strengthen Alaska's SUD continuum of services
- Build provider capacity throughout the state
- Develop Alaska's SUD workforce capacity and competencies

Section 1115 SUD Waiver

► OUTCOMES

- Screenings
- Implementing ASAM to match appropriate level of care
- Increase in SUD treatments
 - Step-up and step-down services (Intensive Outpatient, Partial hospitalization)
- Recovery Support Services
- Expanded access to pharmacotherapy

Alaskans build communities of recovery across Alaska

► Recovery

- Alaska Reentry & Justice Partnership
- ▶ "Reentry Resource Hub"
- Housing
 - Recovery Residences
 - "Returning Home Program"

Employment

259 opioid impacted individuals enrolled into occupational Training thanks to Alaska Job Center staff, and supported by Department of Labor and Workforce Development

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Treating Addiction: A More In-Depth Look

Treating addiction

- Managing Withdrawal Symptoms
 - Emergency Departments
 - OBOT Office Based Opioid Treatment
 - OTP Opioid Treatment Programs
 - Residential Withdrawal Management

Treating Addiction

Building or engaging existing supports

- Educating Family Unit
- Identifying Community Supports
- Building New Positive Supports



Treating addiction

Behavioral Therapies

- Motivational Enhancement Therapy
- Contingency Management
- Cognitive Behavioral Therapy

Residential SUD Treatment

South Central Region					
Akeela	 Akeela House (Co-Ed Therapeutic Community) 	18	12 months	2804 Bering St. Anchorage 99503	
	 Stepping Stones (Women & Children) 	15	9-12 months	611 West 47th Ave Anchorage 99503	
Cook Inlet Tribal Council	Recovery Journey (Co-Ed Adult)	11	6 months	30881 Eklutna Road Chugiak 99567	
Genesis Recovery Services	Genesis House	16	30 days +	2825 W. 42nd Ave Anchorage 99517	
Salvation Army Clitheroe	 Crossroads / Journeys (Men's Unit) 	42	3-4 months		
Center	 Reflections (Women's Unit) 	15	3-4 months	8000 West End Road Anchorage 99508	
South Central Foundation	 Dena A Coy (Women & Children) 	16	3-8 months	4130 San Ernesto Avenue Anchorage 99508	
AK Addiction Rehab Services	 Nugen's Ranch (Co-Ed Adult) 	22	9-12 months	26731 Point Mackenzie Rd Wasilla 99654	
Volunteers of America of Alaska	- ARCH (Adolescents)	24	2-7 months	8012 Stewart Mountain Drive Eagle River 99577	
Set Free	Valley Oakes Treatment Center	16	4-6 months	7010 East Bogard Rd Wasilla 99654	
Central Peninsula Hospital	 Serenity House (Co-Ed Adult) 	16	6-8 wks	47480 Kristina Way Soldotna 99669	
Central Peninsula Hospital	Diamond Willow (Co-Ed Adult special population)	12, currently 8 due to COVID	As needed	362 Tyee Soldotna, AK 99669	

Residential SUD Treatment

Southeast Region					
Bartlett Regional Hospital	 Rainforest Recovery Center (Co-Ed Adult) 	16	30 days +	3250 Hospital Drive Juneau 99801	
Akeela	 Karr House (Co-Ed Adult) 	15	3-6 months	3134 Tongass Avenue Ketchikan 99901	
Sitka Counseling & Prevention Services:	Residental (co-ed)	Residental (co-ed) 12 4-6 months		113 Metlakatla Street Sitka 99835	
SouthEast Alaska Regional Health Consortium	 Ravens Way (Adolescents) 	12	3-4 months	1200 Seward Ave Sitka 99835	
Yukon Kuskokwim Health Corporation	 Phillips Ayagnirvik Treatment Center 	16	6 weeks	1610 Calista Drive Bethel 99559	
Bristol Bay Area Health Corporation	 Jake's Place (Co-Ed Adult) 	16	3 months	6000 Kanakanak Rd Dillingham 99576	
Interior Region					
Fairbanks Native Association	 Ralph Perdue Center (Co-Ed Adult) 	10	30 days	3100 South Cushman Street Fairbanks 99701	
	• Women & Children's Center	12	6-9 months	3101 South Cushman Street Fairbanks 99701	
	- GRAF (Adolescents)	10	6-9 months	2550 Lawlor Road Fairbanks 99709	
Tanana Chiefs Conference	 Old Minto Recovery Camp (Co-Ed Adult) 	10	35 days +	Original Village of Old Minto	
Tanana Chiefs Conference	Chief Peter John Building - Sobering Center	8 Reduced per COVID		122 1st Ave Suite 600 Fairbanks 99701	

Medication Assisted Treatment Programs (State)

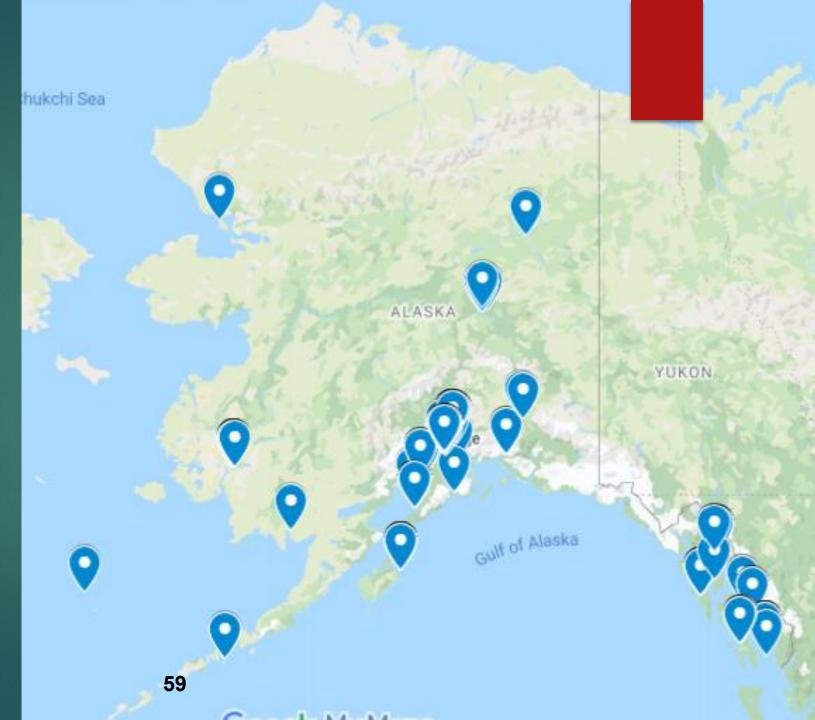
MAT Programs						
Agency	Location	Methadone	Suboxone			
Anchorage Treatment Solutions	Anchorage	Х	Х			
Narcotic Drug Treatment Center	Anchorage	Х				
Providence Health and Services	Anchorage		Х			
Southcentral Foundation/4 Directions	Anchorage		Х			
Yukon Kuskokwim Health Corporation	Bethel		х			
Discovery Cove Recovery and Wellness	Eagle River		х			
TCC/Chief Andrew Isaac Health Clinic	Fairbanks		Х			
Fairbanks Native Association	Fairbanks		Х			
Interior Medication Assited Treatment	Fairbanks	Х	Х			
Juneau Health and Wellness (JAMHI)	Juneau		Х			
Rainforest Recovery Center	Juneau		Х			
SEARHC	Juneau		Х			
Central Peninsual General Hospital	Soldotna		Х			
Cook Inlet Council on Alcohol and Drug Abuse	Kenai/Homer		х			
Kodiak Area Native Association	Kodiak		х			
Petersburg Medical Center	Petersburg		х			
Community Medical Services	Wasilla	Х	Х			

DEA DATA Waivered Providers

What is the DEA DATA Waiver?

 Approx: 547 throughout the state

 Updated Legislation 2021



Ways to Access Treatment

- SAMHSA Helpline -1-800-662-HELP (4357)
- Live and Work Well Optum <u>https://provider.liveandworkwell.com/content/laww/providersearch/en/</u> <u>home.html?siteId=10331&lang=1</u>
- TreatmentConnection.com/OpenBeds
- DBH Bed Availability Portal
 - Substance Use Disorder Treatment Providers
 - Comprehensive alphabetical list of outpatient and inpatient providers
- Alaska 211
 - Call 2-1-1 or access via web at www.alaska211.org
 - Email Alaska211@ak.org

"The opposite of addiction isn't sobriety. It's connection."

- JOHANN HARI, <u>CHASING THE SCREAM: THE FIRST AND LAST DAYS</u> OF THE WAR ON DRUGS

Thank you!!

QUESTIONS?

988 COALITION

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MEETING OVERVIEW

- What is 988 and how will it work?
- 988 State Planning Grants
- Suicide in Alaska
- National Guidelines for Best Practices in Behavioral Health Crisis Care
- 988 and the Crisis Care Continuum
- Commitment to Advancing Crisis Services
- Call Center Data
- 988 State Implementation Plan
- Volume Projections

WHAT SHOULD 988 PROVIDE?



988 serves as America's mental health safety net. We will reduce suicides and mental health crises and provide a pathway to well-being.



Everyone in the U.S. and the territories will have immediate access to effective suicide prevention crisis services and behavioral healthcare through 988.



WHAT IS 988 AND HOW WILL IT WORK?



988 is the 3-digit telephone number approved by the FCC for Mental Health Crisis. It replaces the current National Suicide Prevention Lifeline number 1-800-273-TALK, effective July 16, 2022. The National Suicide Prevention Lifeline (NSPL) is a national network of over 190 local/ state crisis centers reached by dialing one number, 1-800-273-TALK.

The Alaska Careline is the only Lifeline member call center in Alaska. All calls from a 907 area code are routed to the Careline.

988 STATE PLANNING GRANT

- Develop a 988 Coalition of key stakeholders
- Develop clear roadmaps for how to address key coordination, capacity, funding, and communication strategies that are foundational for the launching of 9-8-8.
- Plan for the long-term improvement of in-state answer rates for 9-8-8 calls.

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988 IMPLEMENTATION TIMELINE



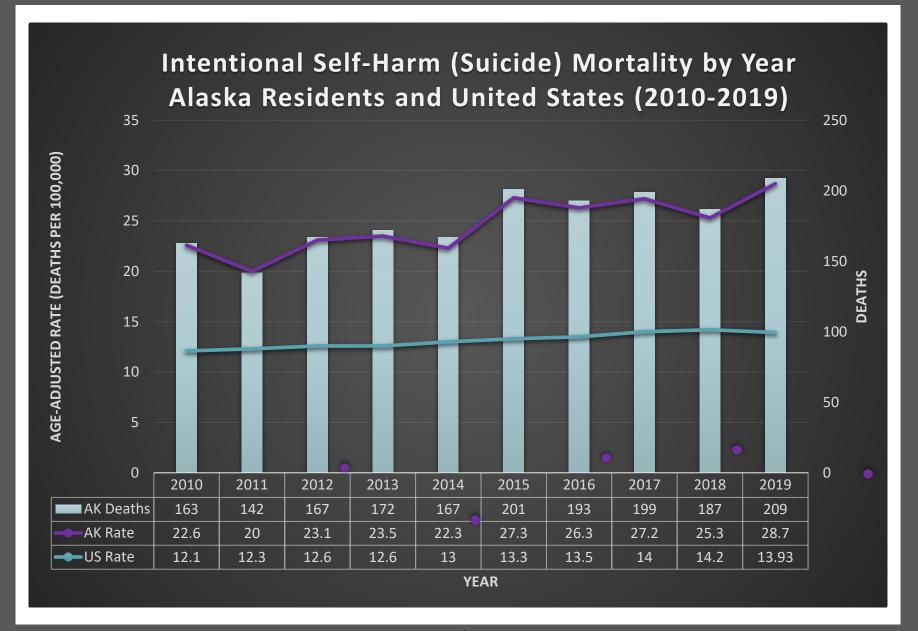
988 goes live nationwide on July 16, 2022



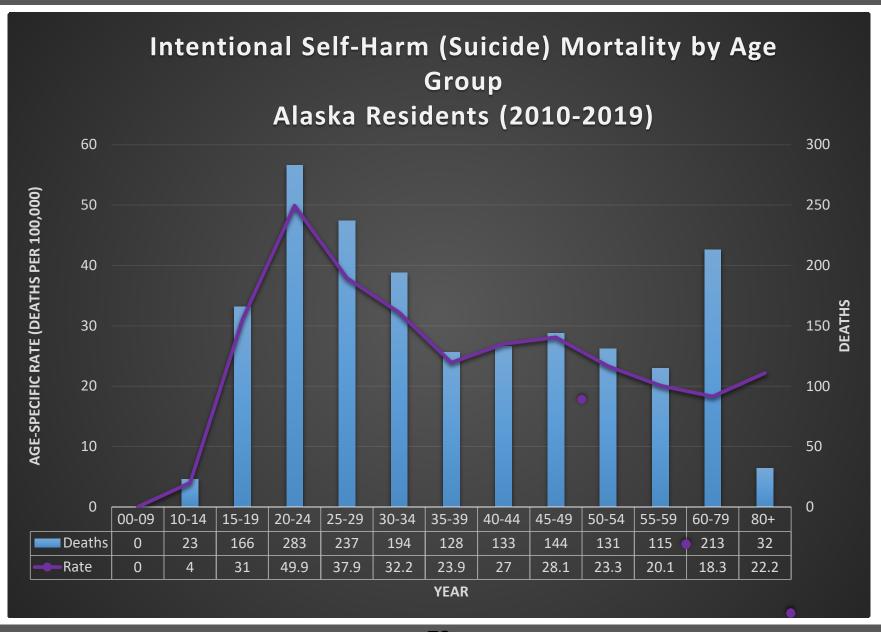
CONTACT ROUTING REVIEW



SUICIDE IN ALASKA

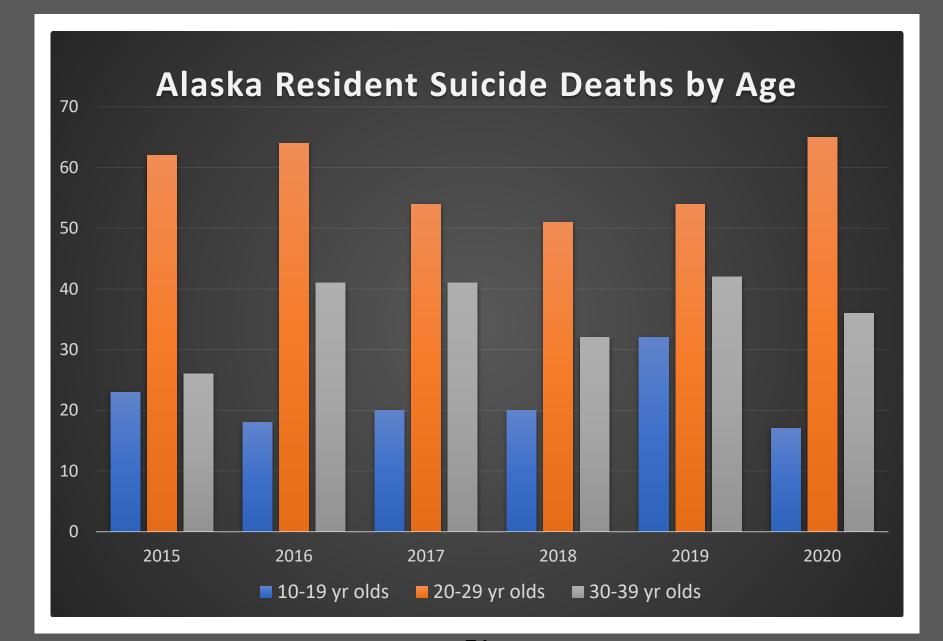


Source: AK Data: Alaska Health Analytics and Vital Records Section US Data: CDC/National Center for Health Statistics/Vital Statistics Cooperative Program

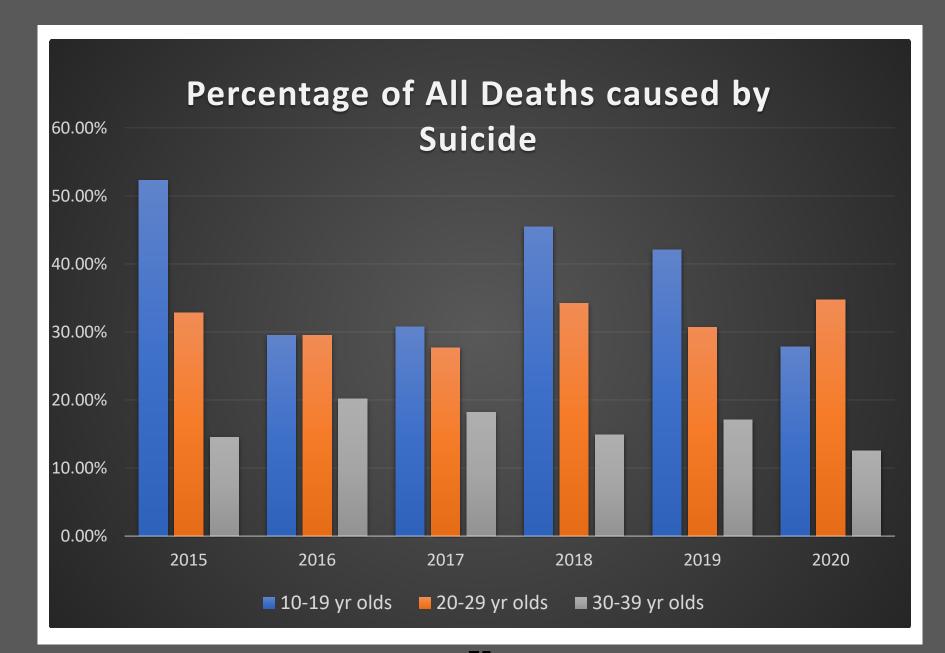


Source: AK Data: Alaska Health Analytics and Vital Records Section US Data: CDC/National Center for Health Statistics/Vital Statistics Cooperative Program During 2019, in Alaska, suicide was *the leading* overall cause of death for youth and young adults, age 15-24.

This is the only age group in Alaska where suicide is the leading cause of death.



Source: AK Data: Alaska Health Analytics and Vital Records Section Last Updated 3/10/21, Data from 2020 or later are provisional and subject to change



Source: AK Data: Alaska Health Analytics and Vital Records Section Last Updated 3/10/21, Data from 2020 or later are provisional and subject to change

NATIONAL BEST PRACTICE GUIDELINES

Crisis Services Task Force



Crisis Now Transforming Services is Within Our Reach



National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit Knowledge Informing Transformation

National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit



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CRISIS SERVICES Meeting Needs,

Saving Lives



Accessible • Interconnected • Effective • Just

CRISIS CARE CONTINUUM



1 NATIONAL SUICIDE HOTLINE DESIGNATION ACT OF 2020 PUBLIC LAW NO: 116-172. EFFECTIVE OCTOBER 17, 2020

Requires the FCC to designate 9-8-8 as the universal telephone number for a national suicide prevention and mental health crisis hotline. A state may impose and collect a fee for providing 988 related services. Many states are proposing legislation with a fee on phone lines that supports 988 services.

BRAIDED FUNDING TO SUPPORT ADVANCEMENT IN CRISIS SERVICES

- Division of Behavioral Health Medicaid 1115 Demonstration Waiver
- Mental Health and Supplemental Block Grant funds increased with a required 5% set aside for crisis services
- Medicaid Administration for Crisis Call Centers
- American Rescue Plan
- Alaska Mental Health Trust Authority
- National Suicide Hotline Designation Act of 2020 a state *may* impose and collect a fee on wireless and voice over internet protocol phone lines for providing 988 related services, similar to the fees that fund the 911 system.

Every system is perfectly designed to get the results it gets... AND

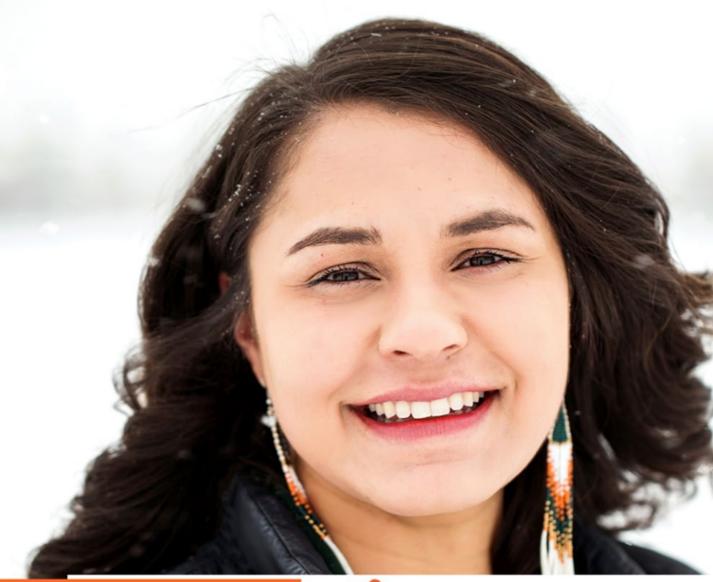


"988 is the opportunity of a lifetime for a transformation in mental health."

Dr. Richard McKeon, SAMHSA

WHO DOES THE CARELINE SERVE?

- The Careline serves Alaskans of any age, gender, race, or ethnicity.
- Careline contacts generally reflect Alaska's population, with some exceptions.





"SOMETIMES THE HARDEST STEP TO TAKE IS THE FIRST ONE AND MAKING THAT CALL OR SENDING THE TEXT IS REALLY BRAVE." S.S. - CARELINE CRISIS COUNSELOR

RN

LIFELINE AND CARELINE ANNUAL CALL ANSWER RATES

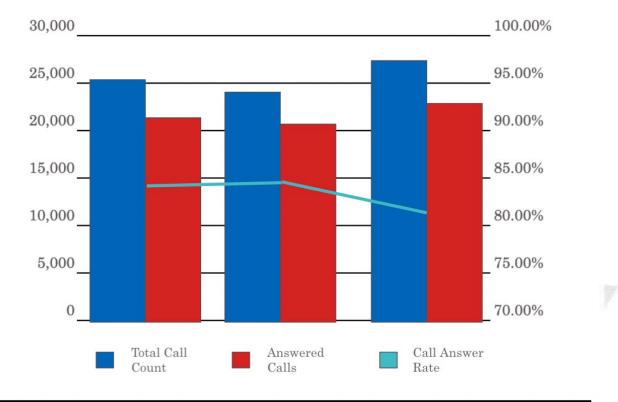
All Calls	2018	2019	2020
Total Call Count	25,446	24,068	27,451
Answered Calls	21,436	20,333	22,688
Call Answer Rate	84.24%	84.50%	82.60%

Careline Calls	2018	2019	2020
Total Call Count	17,360	15,317	20,496
Answered Calls	15,762	14,180	17,966
Call Answer Rate	90.79%	92.50%	87.65%

Lifeline Calls	2018	2019	2020
Total Call Count	8,086	8,751	6,955
Answered Calls	5,674	6,153	4,722
Call Answer Rate	70.17%	70.30%	67.89%



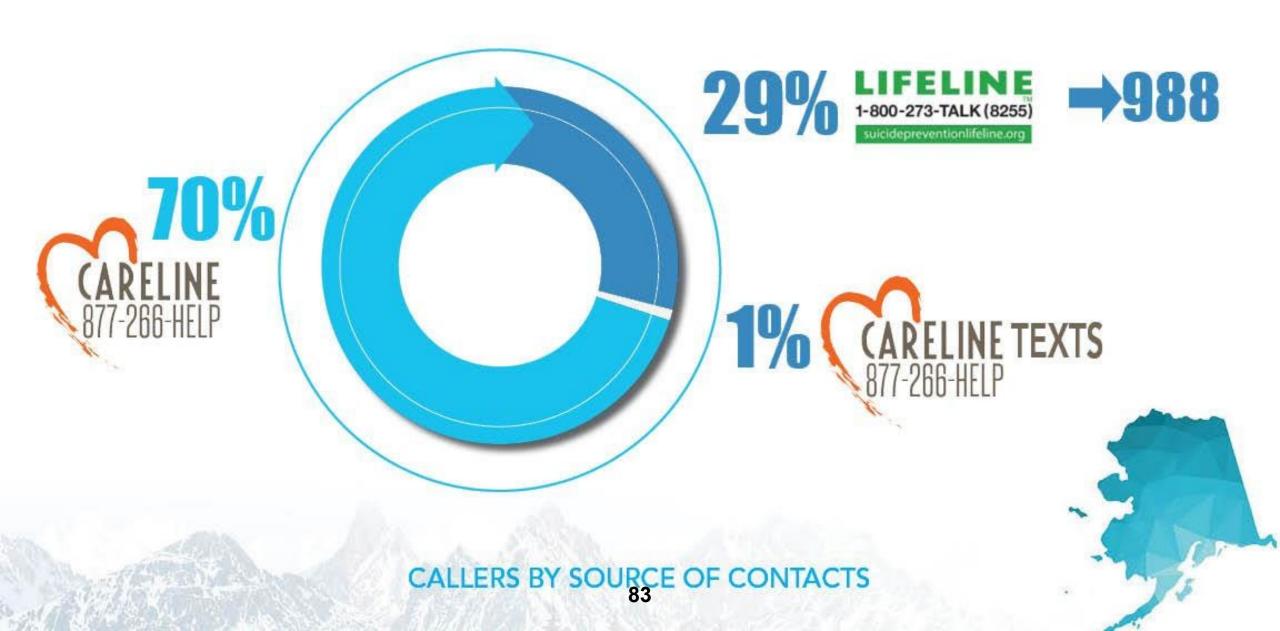
TOTAL LIFELINE AND CARELINE CALLS



All Calls	2018	2019	2020
Total Call Count	25,446	24,068	27,451
Answered Calls	21,436	20,333	22,688
Call Answer Rate	84.24%	84.50%	82.60%



HOW DO PEOPLE CALL?

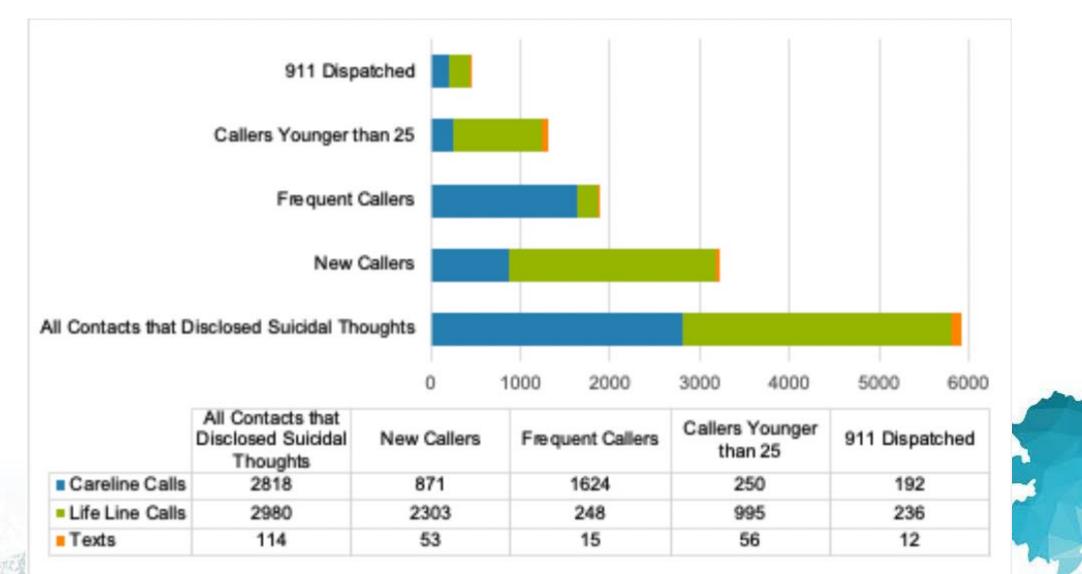


MOST COMMON ISSUES PRESENTED BY CONTACTS

	PERCENT OF CALLS N=44008	AVERAGE LENGTH OF CONTACTS (MINUTES)	% OF CONTACTS WITH THIS ISSUE AND CO- OCCURRING SUICIDAL THOUGHT DISCLOSED
Lonely	33.8%	18.0	9.3%
Mental Illness	32.0%	17.0	13.4%
Anxiety	27.3%	19.8	17.2%
Relationship	27.1%	21.8	18.5%
Depression	24.7%	22.2	25.2%
Crisis	18.5%	22.6	36.3%
Medical Illness	14.6%	18.2	14.3%
Grief	8.4%	24.2	24.8%
Disability	7.1%	17.9	11.1%
Low Income	7.1%	19.0	8.7%



CONTACTS FROM THOSE IN CRISIS



EIGHT CORE 988 PLANNING AND IMPLEMENTATION CONSIDERATIONS

PLANNING PHASES

- Phase 1 Goals and Action Steps:
 Pre-Launch (Oct 1, 2021 June 30, 2022)
- Phase 2 Goals and Action Steps:
 One Year Post-Launch (July 1, 2022 June 30, 2023)

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988 STATE IMPLEMENTATION PLAN

Eight Core Considerations for development of the statewide 988 Implementation plan will be organized into three areas of focus

- **Capacity** Call Center Capacity to provide 24/7 coverage, including assessing volume projections, staffing, services provided including text and chat capability, operational, clinical and performance standards.
- **Sustainability** Identifying and supporting funding streams to support call center services, technology, capacity, and other 988 related crisis services.
- Coordination Coordination of follow up services, a statewide system of up-to-date resource and referrals, coordinated systems to support central deployment of mobile crisis teams, and warm transfers between 911 and other law enforcement agencies, and utilization of technology to access to real-time information about crisis bed availability.
 - Rural/Tribal Health Developed to ensure coordination with rural communities and
tribal health organizations.88

LIFELINE TEXT AND CHAT VOLUME

	Chats and Texts Initated from AK												
Please note that Lifeline Text began consistent service on 07/01/2020													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
	2020	2020	2020	2020	2020	2020	2021	2021	2021	2021	2021	2021	2021
Chat	35	25	18	40	43	48	59	40	67	54	38	40	26
Text	NA	7	16	25	14	10	5	9	21	56	22	25	25



National Suicide Prevention Lifeline 5-Year Projections

Growth Models	Year 1	Year 2	Year 3	Year 4	Year 5
Low Volume	6M	9M	10M	12M	13M
Medium Volume	9M	14M	18M	21M	24M
High Volume	12M	20M	27M	34M	41M



ALASKA Projected volume based on local data

	Crisis Call		Totals						
	Vaar	In-State	Lifeline	Diverted from	Diverted from	000 Tatal	In-State	Total	
	Year	Calls	Calls	Careline	911	988 Total	Calls Total		
Implementation	2022	22,962	9,185	5,740	4,155	19,080	22,962	42,042	
Full Year 1	2023	21,756	9,945	9,324	12,465	31,734	21,756	53,490	
Full Year 2	2024	20,074	10,706	13,383	20,775	44,864	20,074	64,938	



Next Steps

- The first draft of the 988 State Implementation plan was submitted to Vibrant Emotional Health, the administrator of the National Suicide Prevention Lifeline.
- The 988 coalition and workgroups will continue to meet and work on Phase 1 of the Implementation Plan.
- The final 988 State Implementation Plan will be submitted January 21st, 2022.

988 and the National Suicide Prevention Lifeline



The percent the suicide rate has climbed since 1999

1 in 5

people above the age of 12 has a mental health condition

280

For every one person that dies by suicide, 280 people seriously consider suicide but go on to live

Why Do We Need 988?

America is experiencing a mental health crisis. But the crisis is not irreversible.

- The suicide rate has climbed nearly 30% since 1999 and the rate has increased in 49 out of 50 states over the last decade.
- From 2016-2017 alone, there was a 10% increase in suicides of young people between 15-24 years old in the US.
- Approximately one in five people above the age of 12 has a mental health condition in the US.
- Suicide is the second leading cause of death among young people, and the tenth leading cause of death in the US.
- More Americans died from mental health crises and substance abuse in 2018 alone than have died in combat in every war combined since World War II.
- However, suicide is most often preventable. For every person who dies by suicide, there are 280 people who seriously consider suicide but do not kill themselves.
- Over 90% of people who attempt suicide go on to live out their lives.

For too long, our system for mental health crisis services has been underfunded and undervalued. We will now meet this challenge with the evidence-based crisis intervention that the 988 crisis line will provide.

What Is 988?

A direct three-digit line to trained National Suicide Prevention Lifeline counselors will open the door for millions of Americans to seek the help they need, while sending the message to the country that healing, hope, and help are happening every day.

In 2020, the Lifeline received over 2.6 million calls, chats, and texts. **With an easy to remember and dial number like 988, the Lifeline hopes to reach many more people in emotional crisis.**

A 988 crisis line that is **effectively resourced and promoted** will be able to:

- Connect a person in a mental health crisis to a trained counselor who can address their immediate needs and help connect them to ongoing care.
- Reduce healthcare spending with more cost-effective early intervention.
- Reduce use of law enforcement, public health, and other safety resources.
- Meet the growing need for crisis intervention at scale.
- Help end stigma toward those seeking or accessing mental healthcare.

When you've got a police, fire or rescue emergency, you call 911. When you have an urgent mental health need, you'll call 988.





lines_{fel}life



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NATIONAL COUNCIL

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Lifeline Crisis Centers are Effective

The National Suicide Prevention Lifeline provides 24/7, free and confidential emotional support to people in suicidal crisis or emotional distress across the United States. The Lifeline is administered by the nonprofit Vibrant Emotional Health and funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). **The Lifeline is effective in reducing suicidal and emotional distress.**

- Evaluations and caller feedback show that Lifeline counselors are effective in reducing caller distress and suicidality, and help tens of thousands of people get through crises every day.
- Since launching in 2005, the Lifeline call volume has increased approximately 14% annually.
- In 2005, the first year of the Lifeline, it answered over 46,000 calls. In 2020, the Lifeline received over 2.6 million calls, chats, and texts.

The Lifeline is a network of over 180 accredited crisis call centers.

- Crisis centers are local and connected to their community resources, community mental health, hospitals, social service and first responders.
- All Lifeline centers are accredited, provide extensive training in crisis intervention and suicide prevention, and must apply Lifeline's best practices on calls.
- These same crisis centers continue to answer more than 12.1 million additional non-Lifeline crisis calls on their local, city, county and state crisis lines.

The current Lifeline grant is not designed to fund the centers answering local Lifeline calls. The Lifeline and Vibrant Emotional Health currently provide the following support to the national network for local crisis call centers:

- Routes calls through the network to a local crisis center or national backup center and pays for incoming call charges.
- Sets clinical standards and sector-wide best practices, and provides constant quality assurance, training, assessments, and guidelines to ensure quality, effective help for people in crisis.
- Runs state-of-the-art technology to ensure responsiveness, including online 24/7 chat platform technologies.
- Provides specialty national services for the network, such as: national backup centers; Lifeline's crisis chat centers; and Lifeline's Spanish-speaking subnetwork, translation services and accessibility options for individuals who are deaf or hard of hearing.
- Provides grants to temporarily support some states to answer more Lifeline calls until they can sustain their own funding, and one-time planning grants to help state agencies and centers plan and prepare for 988.
- Lifeline and its partner, the National Association of State Mental Health Program Directors, work closely with state officials to promote awareness and approaches for successfully funding local Lifeline crisis centers.

How Does 988 Improve Health Care and Public Safety Costs?

When 988 is fully implemented, Lifeline call centers could potentially divert many calls from 911, resulting in substantial cost-savings for health and safety crisis and emergency systems nationally.

• Reducing the dispatch of law enforcement to persons in non-emergency mental health crises frees more resources to respond to public safety needs, and reduces the hesitation associated with reporting mental health crises.

Call centers in the Lifeline divert hundreds of thousands of calls from 911 every year.

- The Lifeline dispatches emergency services for only 2% of calls.
- People in crisis who call the Lifeline have better health outcomes than people in crisis who are triaged with emergency services personnel.

What Is Next?

Vibrant Emotional Health, the administrator of the Lifeline, has identified three key themes to guide 988 implementation:

- Universal and Convenient Access, including omnipresent public awareness and varying modalities for individuals to access 988 through their preferred method of communication.
- High Quality and Personalized Experience that is tailored to the unique needs of the individual while also in line with identified best practices.
- Connection to Resources and Follow Up to ensure all persons contacting 988 receive additional local community resources as needed.

In keeping with these themes, Vibrant has several key recommendations:

It is critical that **appropriate funding** for the network, individual crisis centers, and the crisis continuum be allocated to serve more people in crisis. States should exercise their authority to implement a 988 fee, similar to the current 911 fee, that would be restricted to crisis center and service provider expenses, to ensure a robust infrastructure. In 2018, fees for 911 generated \$2.6 billion to support that service; similar investment is needed for mental and behavioral health crises. The fee revenue should supplement, not supplant, funding from diverse sources, including federal, state and local governments.

Increased **collaboration between 911 and 988** can provide more options for those in crisis, such as dispatching mobile crisis teams to individuals in mental health or suicidal crisis rather than police or EMS, and greater coordination of care options like crisis stabilization units. Such collaborations can reduce the burden on the costly use of hospital emergency departments.

We must also seek to optimize and support services that ensure **access and inclusion** within 988 to meet the unique needs of atrisk groups, including youth, rural populations, BIPOC communities, and LGBTQ+ individuals.

We encourage stakeholders, crisis centers, telecommunications agencies, mental health providers, and people with lived experience to work together to help build this public health safety net for all.

For source materials for any part of this document, please contact communications@vibrant.org.