

ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING
October 20, 2021
12:30 p.m.
WebEx Videoconference/Teleconference

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

Trustees Present:

Verne' Boerner, Chair
Chris Cooke
Brent Fisher
Anita Halterman
John Sturgeon
Rhonda Boyles
Kevin Fimon

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
Allison Biastock
Kat Roch

Trust Land Office Staff Present:

Jusdi Doucet
Sarah Morrison

Also participating:

Charlene Tautfest; Josephine Stern; Michele Binkley; Ann Ringstad; Susanna Marchuck; Kathy Craft; Commissioner Adam Crum; Elana Habib; Teresa Johnson; Leah Van Kirk.

PROCEEDINGS

CALL TO ORDER

CHAIR BOERNER called the Program & Planning Committee meeting to order, and did a roll-call. All trustees were present. She asked for any announcements. There being none, she moved to the approval of the agenda.

APPROVAL OF THE AGENDA

CHAIR HALTERMAN asked for a motion.

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

After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Cooke, yes; Trustee Fimon, yes; Trustee Fisher, yes; Trustee Halterman, yes; Trustee Sturgeon, yes; Chair Boerner, yes.)

ETHICS DISCLOSURES

CHAIR BOERNER asked for any ethics disclosures. There being none, she moved to the approval of the minutes from July 27-28, 2021.

APPROVAL OF THE MINUTES

MOTION: A motion to approve the minutes of July 27-28, 2021, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE COOKE.

After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Cooke, yes; Trustee Fimon, yes; Trustee Fisher, yes; Trustee Halterman, yes; Trustee Sturgeon, yes; Chair Boerner, yes.)

MISSION MOMENT

CHAIR BOERNER stated that first on the agenda is the Mission Moment. She welcomed Eric Boyer to provide the introduction.

MR. BOYER introduced Susanna Marchuck, the community services director for the Interior Alaska Center for Nonviolent Living, which is one of the partner provider organizations in Fairbanks. She has worked for them for a number of years and one of her duties is the director of Careline, the statewide crisis call center. She started there in 2005 and worked the crisis lines until 2011 when she became the director.

MS. MARCHUCK stated that the Alaska Careline is the statewide crisis support and suicide prevention hotline. The goal is to assist a person in returning to a precrisis state of functioning, with the main focus on always being safe. A core function of the center is to provide caring therapeutic support to those in need of additional support. In addition to providing crisis intervention, when needed, suicide intervention is provided. Alaskans are encouraged to reach out for support before reaching a crisis point. That is a key distinction that sets us apart from other call centers. She continued that the center can be accessed via telephone or text. They are one of the first call centers offering crisis intervention services via text, providing that service for

almost a decade. She added that the call center is a nationally accredited call center which means they underwent a rigorous auditing process to insure there is compliance with nationally recognized best practices for centers. She gave a brief history of Careline and talked about the diligent work with the Trust and the Division of Behavioral Health to assess the current call center capacity to evaluate some of the projections provided about increasing contacts. She stated that a common question is who is behind the Careline and what are the qualifications of someone on the team. She continued that the line is currently supported by nine full-time and ten part-time staff, and they are looking to build up the capacity in anticipation of the 988 launch. There are also two full-time supervisors available for support and guidance to the Careline team 24/7. She talked about the diversity of the team and how it strengthens the ability of offering services to beneficiaries and the folks reaching out on this platform. She then gave an overview of what is done when someone calls or texts in, emphasizing that safety is always at the core of every intervention. The risk is continually assessed. Callers are worked with in exploring their support system, and that may include reaching out to those trusted supports on behalf of the caller. They are provided help in exploring coping skills, and then come together in the plan to address the identified issues. That plan needs to feel manageable and is developed with the caller. Also provided is follow-up support. She then talked about data. Crisis service provision in Alaska poses unique challenges, and this center has risen up to the challenges. They are skilled and working creatively within the current system to keep people safe, and they are excited to be part of the ongoing efforts to enhance the crisis response system for Alaska. She introduced one of the callers, whose name is Robin, to talk about Careline.

MS. ROBIN stated that there was a lot on her heart about Careline. She felt Careline deserves some sort of national award or commendation. She talked about her own personal history which went back to March of 2017, when she had her favorite responder and at that point could only talk to him. He was a major support for a long time. She continued that her life is more peaceful now. She fit into all three of the primary needs categories: anxiety, loneliness and mental illness. She added that, by accident, she had not been calling a toll-free number and had more than \$1,000 in calls to Careline. She was able to pay the bill, but also switched to a toll-free number for the Fairbanks center. She also found it helpful that if the calls cannot be answered in Fairbanks, they are rerouted to another center, which could end up being Maryland. She stated that every phone call has been useful, especially in the recent past. She gets a lot of help on a daily basis as a frequent caller, and it is very meaningful in her life. She thanked all for letting her talk today.

CHAIR BOERNER thanked Robin and stated appreciation for her providing her personal experience, and illustrating the philosophy and services that are provided by the Careline crisis intervention. She also thanked Ms. Marchuck for the well done, clear presentation. She thanked all and recognized Autumn Veal for the CompPlan.

COMPPLAN

MS. VEA stated that this presentation is part of the regular quarterly Program & Planning update regarding the CompPlan and the Scorecard. It helps to lay the groundwork for the upcoming presentations that demonstrate the CompPlan in action. She thanked the Trust and the advisory board partners that made this possible, and also thanked Jillian Gellings from the Department's Commissioner's office, who is out on maternity leave. The Comprehensive Integrated Mental Health Program Plan is a response to a statutory requirement, Alaska Statute 47.30.660, which

required the Department of Health and Social Services, in conjunction with the Trust, to develop and revise a plan for Alaska's Comprehensive Integrated Mental Health Program. Under the statute, the preparation of this plan is to coordinate with Federal, State, regional, Tribal, local and private entities involved in mental health services. She continued that the Trust uses the CompPlan to inform its recommendations for expenditures of State General Funds included in the Mental Health Budget Bill. Programs supported with funds from the Mental Health Budget Bill are State operating and capital funds. The CompPlan bridges the Department and Divisions, while serving as the glue to connect reform efforts that encompass all beneficiary groups. One of its primary benefits includes establishing program-level visions and priorities that evolve while the program evolves, ensuring that the programs endure changes in administrations and Legislatures. She moved to the timeline of where the CompPlan started in 1994 as a result of the lawsuit settlement. The settlement requires the Trust to make budget recommendations based on the CompPlan. She explained the Scorecard that started in 2008 and served as the interim plan for nine years. There was no action or strategy behind the Scorecard, and using it as a planning guide proved to be difficult. Planning efforts to update the CompPlan began in July of 2018 and resulted in Strengthening the System, which started in fiscal year '20. Ongoing efforts have been devoted to finding a digital Scorecard format. She gave an overview of the partner's wheel that showed how the Comprehensive Program Plan was formed. This was the work of the Trust and the advisory boards, the Department leadership, and was coordinated and informed between many state and tribal planning efforts. The CompPlan sought robust feedback through targeted stakeholder forums and went through a formal comment period to the general public. She concluded her presentation and invited questions.

CHAIR BOERNER asked for any questions. There being none, she thanked Ms. Veal for her presentation, and called a break.

(Break.)

CHAIR BOERNER reconvened the meeting and stated that next on the agenda is the State of Alaska opioid efforts. She asked Mr. Abbott to introduce the presentation.

STATE OF ALASKA OPIOID EFFORTS

MR. ABBOTT stated that he was grateful for the presence of the Department's leadership to talk about the work that the Trust and the Department can do cooperatively to address opioid misuse in Alaska. The Governor stated that the State anticipated the resolution of several pieces of legislation related to opioid misuse with the outcome being the availability of resources that can be deployed for a variety of opioid-related services and functions for the Trust to coordinate. He introduced Commissioner Crum to lead the State presentation.

COMMISSIONER CRUM thanked all and stated that Elana Habib and Katie Chapman would be joining to provide a more detailed presentation. He noted that Alaska is participating in settlements for the opioid program that are nationwide which is based upon a present formula that factors in population. The Alaska Municipal League and Nils Andreassen are working on making sure that the community groups in the subpolitical regions are involved in the process in order to maximize the funding coming into the State. Anticipated is between \$50 and \$60 million aggregate coming in to look at how to fund the opioid situation for the long term. He continued that this is an ongoing partnership between Public Health and the Division of

Behavioral Health. There is some pressure on providing an overview of the opioid settlement and to spark the discussion on subdivision agreements which are due by January 2022. There is a need to make sure individuals understand that there are ways and means to getting the help they need.

MS. JOHNSON stated that she started as a State opioid treatment authority in August and is the newest member from the Division of Behavioral Health.

MS. HABIB stated that she is with the DBH Office of Substance Misuse and Addiction Prevention which has been around since 2017 to address public health approaches to support the communication and coordination around opioid efforts. This presentation will give a better understanding of where the opioid epidemic is currently, and the response conducted thus far to really address the overdose tool. She moved to a snippet of data regarding the opioid epidemic and showed the overdose death rates from 2015 to 2020 in Alaska. She talked about opioid pain relievers, the synthetic opioids and the data. She added that there are also a significant number of meth-involved overdose deaths that involve opioids. Often people use both in order to maintain functionality, but the combination can be fatal. There is also a lot of co-prescribing between opioids and benzodiazepines, which can also be fatal when combined.

MS. JOHNSON showed how much heroin was needed for an overdose, and compared the amount of fentanyl needed, which is just a dusting. Fentanyl can be combined with the heroin or, if touched without gloves, can be absorbed into the skin. She then went through an illustration to note the effect on the brain which is where drugs affect everyone and talked about how the dopamine works in creating a physical dependence and then the withdrawal symptoms. She continued the presentation, explaining as she went through the symptoms and receptor responses.

MS. HABIB continued to the synthetic opioid wave and went through some of the statistics and studies. She talked about the public stigma, which is negative, and the discriminatory attitudes towards people with opioid-use disorder or at risk of overdose. She then looked at how stigma functions and the difference with shame and guilt and how it affects emotional pain. She moved to talking about and addressing the major opioid epidemic across the nation and state. In 2018, 100 people were brought together to develop the Statewide Opioid Action Plan based on hearing how over 300 voices felt what should be done. Developed were six goals and 26 strategies. She explained the goals and what was planned to accomplish them.

MS. JOHNSON moved on to Section 1115, the Substance-Use Disorder Waiver, the importance of the statistics and numbers, and how some of the actions that happened influenced and were able to support the providers on a state level. The goal of this is to get in front of and assist providers on the front line with a continuum of services that are offered in the state of Alaska. Also, an effort to build provider capacity throughout the state because of the numbers of people needing services has increased. She continued that the American Society of Addiction Medicine has specific criteria implemented across the state, and providers received training.

MS. HABIB continued that all of this is important because people do recover from using substances, which means something different to everyone. If people want to get into recovery, then resources need to be applied to create space for them. The work does not stop with COVID;

it gets integrated, continues, and gets enhanced.

CHAIR BOERNER stated that she was thankful that there are resources that will be coming to Alaska and that there would be a real emphasis on prevention. She asked how the State would collect and incorporate input from other key groups.

COMMISSIONER CRUM replied that they are still waiting for names, and he asked the Trust for a submittal. Some names were received from the communities, the political subregions, and ANHB has also designated someone. As soon as the last remaining people are identified, then they could meet as a council and start the conversations.

TRUSTEE COOKE stated that the Board Chair was designated as a member of the council. He was willing to attend any meetings in the near future, and later designate someone else.

TRUSTEE FIMON stated appreciation for the presentation and the information provided.

CHAIR BOERNER asked for any questions. There being none, she moved to the next portion of the presentation that will go into treating addiction.

MS. HABIB added that Fentanyl is being laced in cocaine and methamphetamine and other substances. One of the issues is that a lot of people who had been doing cocaine recreationally have no idea that their substance can be laced with that Fentanyl.

CHAIR BOERNER thanked Commissioner Crum for joining and for the information on the Governor's Advisory Council.

MS. JOHNSON continued her presentation on treating addiction. She stated that treatment is not a cure, and it does not work that way. The first thing in treatment is working to manage the withdrawal symptoms. She talked about some of the ways providers have banded and worked together to help address withdrawal symptoms in people experiencing them. Emergency departments have the ability to provide medication-assisted treatment so that a person can get into a treatment program. She continued that office-based opioid treatment allows a physician, a primary-care doctor, general health care prescriber, to dispense and prescribe buprenorphine for patients experiencing withdrawal. This helps a lot of people. It does not have a requirement to provide any psychological services. She went through her presentation in great detail, explaining as she went along. She posted a list of medication-assisted treatment programs across the state, but could not include a bigger comprehensive list of substance-use disorder providers. She explained how people could access treatment.

MS. HABIB stated that the other resource that Division of Behavioral Health did a great job getting started was treatmentconnection.com or OpenBeds. It is a cloud-based platform that was contracted and is being continued. It aggregated behavioral health and, specifically, SUD treatment options to include realtime availability of inpatient beds, assessment appointments, outpatient services, including MAT options and social resources to create a single common platform. She concluded the presentation and thanked all.

TRUSTEE STURGEON thanked both for the presentation and stated that he learned a lot.

MR. WILLIAMS complemented both presenters on the information and asked if residential substance-use disorder treatment was the highest level of treatment.

MS. JOHNSON replied that it takes a person out of their community and into a controlled environment where there is some sort of supervision.

MR. ABBOTT stated that the trustees have received a great deal of information and as it is processed this information is a Trust effort to blend the work with the State going forward. The State and the Trust will likely be coordinating the work going forward and will need trustees to have a general familiarity with this work and these issues. That started today. He thanked the Chair and the trustees for their patience and careful consideration of the great presentation heard today.

CHAIR BOERNER thanked all and called a break.

(Break.)

988 IMPLEMENTATION PRESENTATION

CHAIR BOERNER stated that there would be a presentation on the 988 implementation and recognized Eric Boyer.

MR. BOYER stated that Lean Van Kirk works with the Division of Behavioral Health within DHSS as a program coordinator, and oversees suicide prevention strategies and efforts statewide.

MS. VAN KIRK stated that she works on statewide suicide prevention, which led to the work around 988. She thanked Chair Boerner and the trustees for the opportunity to share the information. She talked about what 988 is and how it will work in Alaska. The 988 State Planning Grants received helped to facilitate this work. She spent some time talking about suicide in Alaska and how important it is to continue to support prevention efforts moving forward. She then shared some of the crisis call center data and shared some of the evaluation of that data. She continued that it laid the groundwork for understanding the needs faced as 988 is implemented. She added that, right now, the Alaska Careline receives those lifeline calls which will change to 988 as of July 16th, 2022. She stated that a State Planning Grant was received from Vibrant Emotional Health which administrates the National Suicide Prevention Lifeline. The goal is to support states in developing a state-specific plan for the implementation of 988. The other piece focused on developing a roadmap for coordination and building capacity of the call centers, looking at sustainable funding and communication strategies to support the implementation of 988, and also to plan for the long-term improvement of in-state answer rates for 988 calls. She then went through the timeline of the work being done, and then moved to talking about suicide and some of the data. She stated that this is important information to understand and know, and it makes the work that much more important and personal to each one of us. During 2019, in Alaska, suicide was the leading overall cause of death for youth and young adults ages 15 through 24 -- this is the only age group in Alaska where suicide is the leading cause of death. She added that there were also a significant amount of suicide attempts. She talked about the Careline and pointed out that Lifeline and Careline are two different phone numbers, but Careline answers them both. She added that the call center is providing very good

services to people that utilize it. She continued that there is much work to do and engaging the youth is a really important part of it.

CHAIR BOERNER was shocked by the statistic of 52 percent of the 10-to-19-year-olds in the suicide data.

MS. VAN KIRK replied that Chair Boerner was absolutely picking up on something they have been working on targeting. That is that although youth and young adults in Alaska die by suicide at much higher rates than any other age group, they were the age group that is utilizing this service the least. She stated that asking youth to be involved in the process and also developing a system where young adults can opt into someone from the Careline, using young adult outreach coordinators to reach out and follow up on them. She added that there is much work to do.

TRUSTEE COOKE asked if there is an ability to compile information about reasons for the suicides or the attempts that occur.

MS. VAN KIRK replied that she participates in reviewing at least the adolescent suicides through the Internal Child Review Committee, which is an in-depth look at the surrounding circumstances that may have been experienced. There is a focus on what is needed to figure out what can be done to intervene and prevent suicides.

TRUSTEE STURGEON noticed that in the data that the suicide rate is almost double the national level in Western Alaska. He asked why it was higher.

MS. VAN KIRK replied that that question is asked all the time. She stated that there are many reasons that increase suicide rates and that can be a result of adverse childhood experiences or a result of substance-use disorder or a result of untreated mental health diagnoses. Then all of those risk factors can be triggered by other events that happen in someone's life. She did say that there was a lot of work done on prevention work, and she wished there was an answer on how to change that.

TRUSTEE FISHER asked if there was a mechanism in place for the people most likely to commit suicide to determine some type of connection or recommendation for a way to make an immediate connection with someone; possibly a behavioral therapist.

MS. VAN KIRK replied yes, and that is being worked on. One of the things that crisis call center staff are trained to do is to screen for suicide risk. If someone is at imminent risk or at high risk, they will help facilitate that person getting help. She added that this work is focused on building that capacity to make those connections when people need them. She continued that a State Implementation Grant was received seven months ago to focus on eight core areas of planning around building the capacity and coordination of the crisis call center. She stated that those eight areas were taken with some planning done in two different phases. The first period of time the goals and action items developed around is October 1st, 2021. Then the second phase is after 988 goes live. The whole first year providing the services will be worked on. She continued explaining in greater detail as she went through the presentation. The plan is to assess the in-state crisis call number total in realtime. She stated that the Final 988 Implementation Plan will be submitted January 21st.

CHAIR BOERNER thanked Ms. Van Kirk for a very well-done presentation with the information both surprising and educational. She asked if the trustees had any other questions.

TRUSTEE COOKE thanked Ms. Van Kirk for the presentation and asked if there would be ways to direct people from remote rural areas to resources and counselors.

MS. VAN KIRK replied that work will be happening in the 988 Tribal and Rural Work Groups, which is part of the implementation plan. She added that there is a lot of work to be done, and she appreciated the questions which showed us moving in the right direction.

TRUSTEE FIMON stated appreciation for the awesome presentation. He noted that he would like to have further conversation as this gets implemented.

CHAIR BOERNER stated appreciation for the presentation. We will be watching this as it is implemented and integrates with current systems, response teams and also the Crisis Now model. She thanked the trustees and staff, and moved to adjournment.

MOTION: A motion to adjourn the meeting was made by TRUSTEE HALTERMAN, seconded by TRUSTEE STURGEON.

After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Halterman, yes; Trustee Sturgeon, yes; Trustee Fimon, yes; Trustee Fisher, yes; Trustee Cooke, yes; Chair Boerner, yes.)

(Program & Planning Committee meeting adjourned at 4:15 p.m.)