

ALASKA MENTAL HEALTH TRUST AUTHORITY
PLANNING COMMITTEE MEETING

January 5, 2017
8:30 a.m.

Taken at:

Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 120
Anchorage, Alaska

OFFICIAL MINUTES

Trustees present:

Mary Jane Michael, Chair
Jerome Selby
Laraine Derr
Larry Norene
Paula Easley
Russ Webb
Carlton Smith

Trust staff present:

Greg Jones
Jeff Jessee
Steve Williams
Miri Smith-Coolidge
Amanda Lofgren
Heidi Wailand
Carley Lawrence
Luke Lind
Michael Baldwin
Carrie Predeger
Katie Baldwin-Johnson
Valette Keller

Others participating:

Kathy Craft; Kate Burkhart (via Speakerphone); Patrick Reinhart; Denise Daniello (via Speakerphone); Stephanie Colston (via Speakerphone); Charlie Curie (via Speakerphone); Randall Burns; Duane Mayes; Tiffany Hall.

PROCEEDINGS

CHAIR MICHAEL calls the Planning Committee meeting to order and states that all trustees are present. She asks for any announcements. There being none, she moves to the agenda and asks for approval.

TRUSTEE NORENE makes a motion to approve the agenda.

TRUSTEE SELBY seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL begins with the CEO update, recognizing Greg Jones.

CEO UPDATE

MR. JONES began with the Trust advisory boards who were concerned about the recent events at the Trust and the TLO; including the management change and the perception of change in direction. He continues that he contacted the executive directors and asked for a meeting to plan a process for working to heal the relationships. He learned that the Governor's office had been asked to look into some of the concerns expressed by the boards and the public. The concerns revolved around the Trust policies for investing principal funds, among other things. He adds that the goal is to remove any cloud that may exist over the Trust's management of its assets. He states that a meeting with the Legislative Budget and Audit Committee was attended where an audit of the Trust was authorized. This was primarily related to the Trust investment of principal funds. The approach has been to cooperate fully with LB&A. He did suggest to the TLO to pause any investment activities until this is completed. He adds that addressing the issues in a straightforward manner is the way to get there. He continued that a letter was drafted to Faith Myers and Dorrance Collins, which has been reviewed and is ready to go out. He moved on to the Medicaid reform update, stating various reform initiatives have been worked on with DHSS, and good progress has been made on several pieces of the SB74 legislation; including the 1115 behavioral waiver concept paper drafting, getting the coordinated care demonstration project RFP out, and key stakeholder engagements. The Department will be invited to the January 25 board meeting to do specific updates. He added that there will be coordination of which components of the funded efforts are on target and will undertake that analysis with the Commissioner's office to be discussed at the 25th meeting, as well. Staff has been working on the drafts of the legislative PowerPoint presentations to the Finance Committees of the House and Senate. The hope is to have the final presentation ready by January 17th. Also, the annual report is in draft and ready for its final review, and should go to print next week. He moves to the AHEN, the Trust contracted with CedarBridge Group, a national consulting firm that works with health information exchanges. There will be intensive stakeholder engagement processes and we will work with the board to develop a vision and establish a strategic plan. He added that a draft report has been issued and seems to be moving quickly. He reports that DHSS has awarded a recidivism reduction grant to six communities: Anchorage, Juneau, Fairbanks, and Mat-Su for fund case management; Kenai to build a re-entry coalition effort; and Nome for an expansion grant to develop its re-entry coalition for the region. He continues that McDowell

Research has been contracted to do a study of the economic impacts of the alcohol tax proposal, which should be available at the end of the month. He states that a great deal of time was spent on the comprehensive mental health program plan. There are about 23 different initiatives underway to plan and build the comprehensive plan, the program plan, and the coordinated plan infrastructure. He adds that the major milestones are the Medicaid design, the broad stakeholder engagement to develop the system vision, the 1115 concept paper, the vision for the behavioral health system reform, and then the Developmental Disability systems assessment to develop a common vision of what that system looks like.

CHAIR MICHAEL asks for any questions. There being none, she moves on to the 1115 waiver and forensic evaluation, the API follow-up, and recognizes Katie Baldwin-Johnson.

1115 WAIVER AND FORENSIC EVALUATION

MS. BALDWIN-JOHNSON states that this was a follow-up item to bring to the Planning Committee in relation to the 1115 behavioral health waiver and the API forensic competency evaluations, and whether this was an opportunity that should be thought about. She continues that Stephanie Colston prepared a white paper, and asks her to talk through it.

MS. COLSTON states that she was asked by Russ Webb to try to pose the issue of whether a Medicaid 1115 waiver might be the appropriate mechanism to address how to rework the forensic evaluations; specifically, competency restoration evaluations. She continues that the additional question was what type of treatment setting or inpatient community setting would be best for competency restoration within the context of Medicaid reimbursement and the 1115 waiver. The answer is that Medicaid funds can be used to reimburse for competency evaluations; and states have done that both before and during the implementation of 1115 waivers. She states that there are four options that the Mental Health Trust Authority has in regard to increasing or approaching Medicaid reimbursement for justice-involved individuals. The first one is that by expanding Medicaid the groundwork is laid for increasing Medicaid reimbursement for justice-involved individuals. Second is whether the State of Alaska wants to request a waiver of that institute for mental disease exclusion for the Alaska Psychiatric Institute. That issue was raised two or three times. Third is that it is typical in a state that justice-involved populations utilize substance use disorder services; those with mental illnesses and mental disorders are increasing. The last issue relating to an 1115 is how will this particular population be prioritized across all the other populations. The big issue there is budget neutrality.

MR. CURIE adds that the states need to continue to pursue what is in the best interests of their citizens.

CHAIR MICHAEL asks for any other questions.

TRUSTEE WEBB thanks Ms. Colston for putting in more effort than he ever possibly imagined when the questions were asked.

TRUSTEE DERR comments on the trouble of getting consistent data from the State for five years showing budget neutrality.

CHAIR MICHAEL asks if this piece is in the waiver that the State is applying for, or whether that is still under consideration.

MS. COLSTON replies that the target populations have not yet been identified.

MR. CURIE describes it as to be determined.

CHAIR MICHAEL asks for any other questions or any other updates in terms of the work being done.

MR. CURIE replies that the one update is in terms of the process of reviewing the approaches to be taken. There have been robust opportunities to examine ASO models and determine what has worked in other states.

CHAIR MICHAEL asks when the waiver will be submitted.

MR. CURIE replies July 1st. He states that an ASO is Administrative Services Organization that has experience in managing service delivery and care and does a range of things from provider network development and establishment, claims processing, utilization management review, and data management, with a comprehensive approach.

TRUSTEE EASLEY states concern about getting into the process and finding out that it is not revenue neutral. She asks if the State Legislature then needs to be approached.

MR. BURNS replies that the important issue is that it is a five-year demonstration. Over that time, it will be monitored closely as to whether or not it is being managed to end up being revenue neutral. He states that if it is not successful, there will be choices and then we will have to talk to the Legislature about the major issues around the ability on maintaining the cost neutrality. He states that WICHE did a report on API's forensic unit and its practices. Dr. Fox performed it and made some recommendations around what other states have done in terms of placement of their forensic units, which are still run by the Department of Health and Social Services, but in different facilities. He encourages the trustees to read and discuss it at the next Planning meeting.

CHAIR MICHAEL thanks all and moves to the long-term services and supports reform update, recognizing Amanda Lofgren.

LONG-TERM SERVICES AND SUPPORTS REFORM UPDATE

MS. LOFGREN begins by thanking Duane Mayes and his team for the amazing job at figuring out all of the different rules that come with all the different acronyms behind the Social Security Act. She states that the recommendations that came from HMA was the 1915 was not financially feasible as it currently was explored. The 1915(k) is an option, and the Division has been working hard on moving forward. She continued that in looking at the recommendations from HMA around individuals with developmental disabilities it was recommended to do a

supports waiver or the 1915(c) waivers. 1915(c) is a section in the Social Security Act that allows individuals, in nursing homes or institutional level of care, to waive that care in the institution, but receive it in the community. She adds that there are a lot of regulations and federal requirements that go along with that. She states that the recommendation for individuals with traumatic brain injury was to look at targeted case management. This is a population with not a lot of data, so by implementing a case management program is an opportunity to get the services needed and a better understanding of future needs for a more comprehensive service package. She moves to the ADRD populations and states that the recommendation is there is still more work that needs to be done to figure out what the best mechanism and approach would be. She adds that with all of the work with the 1115 demonstration, doing the 1915(i) for individuals with mental health needs was not necessary because there is so much work with the 1115. That is the status of the HMA contract. She states that part of the funding provided to the Department was to go back out to the communities and hold forums and share back the findings; and also for the work that lies ahead, the timelines and information, and to answer any questions. Duane Mayes and his team have been traveling out to different communities across the state; Kodiak, Ketchikan, Sitka, Wrangell, Barrow, Dillingham, Bethel, Kotzebue, and Mat-Su. She continues that the dialogue is important for families and beneficiaries to understand what is going on. It is important for individuals in the communities to hear and get the opportunity to connect with the Division staff, and for the Division to hear what the needs out there are. She states that she and Ms. Wailand have been working on the DD system assessment work to compliment the efforts of the Division in exploring the supports waiver. The stakeholder engagement process has been concluded with over 153 respondents and participants. The conversation was about the common understandings in how the individual defines some key issues. She continues that the intentions going forward is to use that to get some common agreement with both individuals, families, Senior Disability Services, participating providers, the Governor's Council, and the Trust. She adds that an infographic is being put together that talks about the unified vision process and the existing system with some data in there. She moves to the Dementia Care Initiative. She states that it is a 1915(i) option that targets individuals with Alzheimer's disease and related dementia that have substantial behavioral needs that require interventions. She adds that there is a lot more work that needs to be done.

MR. MAYES states that the 1915(i) is critical, and we will continue to work and evolve and develop that concept specific to ADRD.

TRUSTEE EASLEY asks if the number of people with Alzheimer's will really be able to be taken care of.

MR. MAYES replies that what is being offered is very minimal and there is a need to be very methodical, very strategic when the 1915(i) is being developed, and then hope for the best going forward. He states that not enough is being done for the ADRD population, and he has no qualms about going out and telling the public and the Legislature that.

MS. LOFGREN adds that SDS, Trust, Governor's Council, Commission on Aging, and other stakeholders have been working really hard on assistive technology to be able to figure out a more creative way to provide the least restrictive interventions at home. Assistive technology

and home modifications are something that needs to be kept up front because they are low costs that have long-term savings.

CHAIR MICHAEL thanks Ms. Lofgren and Mr. Mayes, and moves on to Recover Alaska with Tiffany Hall as the presenter.

RECOVER ALASKA

MR. JESSEE gives a short background stating that this effort started four years ago with the Rasmuson Foundation gathering a number of stakeholders from legislators, government officials, funders, and providers to talk about the negative impacts of alcohol and this partnership was founded. He welcomes Ms. Hall.

MS. HALL states that she started at Recover Alaska a year ago. It is an initiative working to reduce the negative impacts of alcohol across the state, which are excessive drinking and the harms that come with that. She continues that their steering committee comes together from across the state, tribal leaders, commissioners, legislators and three additional funding partners: Providence, the State of Alaska Department of Health and Social Services, and Southcentral Foundation. She states that Healthy Alaskans did a survey where Alaskans identified alcohol as being the No. 1 health issue in the state. She adds that it is a deep-seated problem with a long history, with a lot of intergenerational trauma that replicates this cycle. She states that the economic impact is huge. The costs are represented not only through the very direct impacts of alcohol on some of these unintended consequences; drunk driving, productivity at work, health care, and other things like this. She continues that the steering committee came up with eight big ideas and focused it down to five immediate which include positive social norms, a recovery resource center, media partnerships, advocacy and polling strategies, which she explains. She shows a quick video.

(Video shown.)

MS. HALL states that it is important to do some education on alcoholism and then move to the other side of the spectrum, which is recovery. There is a huge stigma with the anonymity of alcoholics in recovery, which is talked about as a moral failing. She continues that Recover Alaska was able to make a series called Day One, which was partnering with Quad Broadcasting, Video Dads, and some funding from Doris Duke. A study of eight documentaries were made of Alaskans in recovery to show some positive role models as good examples.

(Video shown.)

MS. HALL explains that these videos received a huge amount of positive feedback. She states that one of the other projects is advocacy, which encompasses all of the laws on alcohol around the state. She continues that they were successful with SB 165 which changed minor consumption laws, as well as the composition of the Alcohol Beverage Control Board. She states that an increased alcohol tax is being worked on. Research shows that increasing an alcohol tax is the best way to reduce consumption rates, morbidity, drunk driving, as well as underage drinking. She continues that they are working in partnership with United Way of

Anchorage and the Alaska 211 program on the Recovery Resource Center. She notes that another thing that is being worked on this year is collecting data for some solid numbers on the great need. She states that the poll around alcohol has been paused because of the cost. She adds that they are working with an evaluation team on Recover Alaska to help identify what is being measured and where the gaps are so that when this poll is done it will be as efficient and effective as possible. She thanks the Trust for all the support with the hope of continuing this effort.

A short discussion ensues.

CHAIR MICHAEL asks for a motion for adjournment.

TRUSTEE SELBY makes a motion to reschedule the April 13th committee meeting to April 20th.

TRUSTEE DERR seconds.

TRUSTEE WEBB states that all the meetings are on the same day, and asks if the intent is to move all the committee meetings to the same day.

TRUSTEE SELBY replies that is the intent.

CHAIR MICHAEL asks if anyone has an objection to moving all of the committee meetings to the 20th.

There being no objection, the motion is approved.

TRUSTEE SELBY makes a motion to adjourn the meeting.

TRUSTEE DERR seconds.

There being no objection, the meeting is adjourned.

(Planning Committee meeting adjourned at 10:10 a.m.)