

ALASKA MENTAL HEALTH TRUST AUTHORITY  
PLANNING COMMITTEE MEETING

March 16, 2016  
1:30 p.m.

Taken at:

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

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**OFFICIAL MINUTES**

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Trustees present:

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

Trust staff present:

Steve Williams  
Jeff Jessee  
Miri Smith-Coolidge  
Kevin Buckland  
Katie Baldwin-Johnson  
Amanda Lofgren  
Carrie Predeger  
Heidi Wailand  
Valette Keller  
Carley Lawrence  
Luke Lind  
Kat Roch

Others participating:

Kathy Craft; Duane Mayes; Randall Burns; Monique Martin.

## PROCEEDINGS

CHAIR MICHAEL calls the Planning Committee meeting to order and begins with the roll call. She moves to the agenda and asks for a motion to approve.

TRUSTEE NORENE makes a motion to approve the agenda.

TRUSTEE WEBB seconds.

*There being no objection, the motion is approved.*

CHAIR MICHAEL asks for any announcements. There being none, she moves to the minutes of January 26, 2016.

TRUSTEE EASLEY makes a motion to approve the minutes of January 26, 2016.

TRUSTEE NORENE seconds.

*There being no objection, the motion is approved.*

CHAIR MICHAEL moves on and begins with a CEO update. She recognizes Jeff Jessee.

MR. JESSEE states that he ran into Representative Neuman who was advocating his \$30 million substance use disorder initiative. His commitment to this is encouraging. He continues that funding possibilities are being looked at, and a key person in that endeavor will be Senator Kelly. He adds that Fairbanks is in desperate need of a sobering center, and Kathy Craft has been involved with developing a tentative arrangement on how this would work. He explains this more fully. He adds that the Conference Committee has been postponed until the end of the process. He reports that Senate Bill 91 has made it out of State Affairs and is in Judiciary. He explains this more fully. He states that a big part of this process is to try and drive down the cost of Corrections. He continues that the idea of prison closure this year will not be pursued. He states that staff continues to meet to think through the FY18-19 budget process, given the new lens of priorities that the trustees set: Medicaid reform and criminal justice reform.

TRUSTEE WEBB comments that, in going further in the discussion using justice reinvestment to fund Representative Neuman's initiative, to bring up that it is focused on recidivism, the backdoor of the prison system, as well as the front door in terms of prevention and avoidance.

MR. JESSEE states that is a good point, and he will modify his talking points.

CHAIR MICHAEL asks for any further questions.

TRUSTEE SMITH asks if there are any major changes seen in that committee.

MR. JESSEE replies that he does not expect wholesale changes, but does expect to see some rolling back of what happened in Labor and Commerce.

CHAIR MICHAEL moves to the next item which is an update on the Comprehensive Integrated Mental Health Plan and behavioral health systems assessment follow-up. She recognizes Heidi Wailand.

MS. WAILAND marks her one-month anniversary at the Trust and thanks all for the opportunity to provide an update on some of the work that has been collaborated on. She continues that one of her main responsibilities is to serve as the point person for the integrated comprehensive mental health planning which the Trust wishes to undertake. She explains that it will be a journey with no clear road map at the moment which presents an opportunity to develop this road map with the partners. This is an exciting challenge. She states that she recommended in the behavioral systems assessment pursuit of a comprehensive mental health plan. She continues that what she has come to understand is that the plan encompasses all of the Trust beneficiary groups, which is really powerful. She shares some of the activities that she started off with. She started with the statute that states that the purpose of the Alaska Mental Health Trust Authority is to ensure a comprehensive mental health department. Through this lens there is seen a better understanding of the relationships that are intended around the comprehensive mental health program and ensuring that it is comprehensive and integrative. She states that part of this journey is to ensure that this process be directed and efficient; to envision where it is going and what is wanted. She continues that one of the goals is to produce a useful, actionable plan which should guide all of the partners, including the Trust. She adds that it is going to be very important to clearly delineate what the comprehensive publicly funded mental health plan is, and establish program-level priorities. She states that there are three core functions: first is defining the program; second is assessing; and the third is monitoring. She explains these in greater detail. She adds that this is a group expedition with the partners. She asks for any questions.

TRUSTEE SMITH asks if that could be available in writing.

CHAIR MICHAEL agrees, and moves on to Medicaid reform potential implementation involvement and Trust funding.

MR. JESSEE states that there are three ways to assist the Department mechanically with funding: one is to provide MHTAAR, which will go directly to the Department to spend which would be done with an amendment to a fiscal note. Second, there are a variety of things that could be done from the Trust as Authority Grants to put out the contracts and administer them. The third option would be to RSA the money to the Department. The critical pieces are those that need to go into the fiscal notes and become part of the bill. He adds that most of these proposals are less developed at this point, but we will come back with a more developed plan. He states confidences on the Department's proposals because of working with them on the scope, sequence and the cost.

MS. MARTIN states that she is a health-care policy adviser in the Office of the Commissioner. She explains the process that was gone through to get to the fiscal notes.

MR. JESSEE walks through the items proposed that the Trust supplant general funds. No. 1 is the DBH capacity assessment and development. He states that this is a huge change for the Division, which he describes in detail.

A short discussion ensues.

MR. BURNS explains that currently the Division of Behavioral Health is mostly API in terms of staff. The other 100 staff spend a great deal of time in three different areas: prevention, treatment, and recovery. He explains this more fully.

CHAIR MICHAEL asks if the Division's role would become more of managing the contract for the ASO.

MR. BURNS replies that is correct and adds that staff needs to learn how to use the data coming in from all the providers, to actually manage the system of care with attention paid to the services areas, making sure that the ASO is ensuring access.

The discussion continues.

TRUSTEE WEBB states that one of his main concerns in the Department's development of the fiscal note was not to low-ball the fiscal notes. The huge concern to the Trust is setting up a system of care that is operated by an administrative services organization without the capacity to define the system of care that ensures that system of care is actually implemented on an ongoing basis. He continues that the only protection the Trust has for the beneficiaries is what the State is capable of applying to the implementation of an administrative services organization.

MR. BURNS adds that the other important part of this is the 1115 waiver. The creation, writing, and implementation development of that waiver will also guide in writing the contract for the ASO.

The discussion continues.

MS. LOFGREN states that the Department will put out a request for letters of interest; essentially, a scope of what the ASO would do.

TRUSTEE EASLEY asks what changes in staff at DBH are being talked about.

MR. BURNS replies that there have already been a lot of cuts taken to the Department staff and his Division without the ability to hire because of the hiring freeze. He states that by the time the ASO is up and running, staff will be lean.

The discussion continues.

MR. JESSEE explains that staff has been scrubbing prior fiscal years to look at what could lapse, that could be pulled forward and then looking at the FY16 and the FY17. He states that about

\$3.5 million has been identified and pulled through prior fiscal years up through '16. He continues that another million has been identified in '17.

TRUSTEE DERR states that might not drastically affect this year, but will affect what is available down the road.

MR. JESSEE agrees, but the hope was to make decisions today about where and how much could be spent without going to the reserve.

CHAIR MICHAEL asks to look at the program content.

MR. JESSEE begins, going through leading the discussion as he goes along.

TRUSTEE WEBB states the need to do whatever is needed to make sure the data is there to manage the changes and make this successful. He continues that if the Trust is going to provide the money to do this, then there is a need to have some formalized access to the data so that when the information is needed it can be analyzed without being dependent on some other entity telling us what is needed to be known. He adds that he does not want future trustees and staff flying blind as this comprehensive plan is developed.

MR. JESSEE states that that sounds like something for the statement of intent.

MR. BURNS states that one of the values of connecting into the health information exchange is that, at some point, the reports for the data can be designed.

TRUSTEE WEBB states that he wants more than designing reports; he wants running reports.

MR. JESSEE continues going through the program content and leading the discussion.

MR. MAYES states that a contract with Health Management Associates was signed at the end of October and started moving forward with investing on the deliverables in November. He continues that the first two deliverables are to go out and do stakeholder engagement. That is a requirement in moving forward with the implementation of the 1915(k) option. CMS requires the creation of a council to gather input from the recipients that actually receive services. He adds that something needs to be done about the existing tools.

MS. LOFGREN states that in the last ten years all the advocates, families, parents, providers, and individuals have been advocating for this. It is a better way to get the right service to beneficiaries and is also a better way to effectively manage what is trying to be accomplished with the systems reform in terms of the systems management that has to be done in terms of just in-house operations. She continues that there are two major components about an assessment tool that need to be put in place: inter-relator reliability and resource allocation. She explains both more fully. She adds that those are the two critical pieces to be able to address some of the concerns that the legislators have had about 1915(i) and (k).

A short question-and-answer period ensues.

TRUSTEE DERR asks about the \$150,000 requested for national best practice site visits.

MR. JESSEE explains that travel is very difficult for the State at this point, which makes the ability to assist in this regard even more critical. He states that a suggestion was made to come back to the board and state the importance of visiting these sites and how many people would go. That would make sure that staff is being extremely conservative in doing these things when only really necessary.

TRUSTEE DERR asks about another place for five people, and it was \$10,000 per person for each trip.

MS. LOFGREN clarifies that in the Department list there are two areas where there are site visits; one to go out around the 1115, the behavioral health access initiative, in No. 9, \$150,000 is listed in there. She states that the thought was for three types of trips: One for the Alzheimer's disease and related dementia service delivery system, which is not in place right now; second was looking at the intellectual developmental system; and third was included to look at assistive technology across the lifespan across all beneficiary groups. This is a critical component to independence, and systems around home- and community-based services. She continues that the \$10,000 was actually in the recommendation that came forward from AADD. They put a placeholder there for their team.

CHAIR MICHAEL asks for any other questions or comments.

MR. MAYES states that he just got done with Channel 2, and we are reaching out to different advocacy groups. He has been very clear that with all of this there is a need to step back and look at the mechanics of the IDD waiver. He continues that a good job of getting some controls and some fences around the other three waivers and the PCA program has been done, but the IDD waiver needs to be looked at. He adds the need to look at all the different services within that IDD waiver. Something needs to be done because it is unsustainable in its growth.

CHAIR MICHAEL asks for any comments.

MR. JESSEE states that the other components are expanding the ADRCs, which is a major systems change advancement. Also proposed are time-limited funding for long-term nonperm FTEs. He continues that this comes back to that they are absolutely necessary for the Department to be able to do this work. He adds that the Legislature insisted and pulled these out. He adds that it was negotiated with the Department to commit to fund these for three years. The work has to get done in that time frame. He states that this gives the Legislature assurance that these are not permanent positions, are funded by the Trust, and will end at the end of the project.

MS. MARTIN adds that Mr. Jessee stated that these positions are time-limited, but the new positions under No. 10 are permanent.

MR. JESSEE suggests dealing with this package before going on to other things. He states that one item on that list is necessary to deal with today, the ABLE Act. He continues that the ABLE Act is pursuant to a federal law that was passed in the last couple of years that allows states to set

up a system where individuals with a disabilities can create a health savings account only for other types of expenses, and shelter those savings from being counted as a resource for public benefits. He adds that the huge advantage to beneficiaries is that ability to actually become more self-sufficient because of the ability to accumulate some assets that can be used to increase their independence and participation. He states that this is in the State's interest because there is also a clawback provision which, when they pass away, the State is able to reclaim some of the money that was spent on public benefits. He continues that this bill is, so far, moving in the Legislature and has received a general fund fiscal note. He adds that there are startup costs to get the project in place and eventually the ABLE programs will be self-sustaining. The Trust will need to fund the startup if it wants the ABLE Act to pass.

CHAIR MICHAEL asks to talk about the ADD recommendations.

MR. JESSEE comments on the board recommendations, the ABHA recommendations and the ADD recommendations. He states that some of the recommendations are more defined than others. He adds the need to get providers technical assistance to come up to speed, and that order of magnitude is appropriate. He continues that the data analytics for outcomes and utilization is down the road and not necessary to decide in advance of the May meeting. He states that he would like to put the \$300,000 for technical assistance and the ABLE Act on the table and, for the rest, come back with something more well developed.

CHAIR MICHAEL asks Mr. Jessee to talk about where the potential funding could come from.

MR. JESSEE explains that the way the budget works is when focus area allocations are made they have a four-year life span. Those dollars are spent on strategies that were identified in those areas for those fiscal years. He continues that, over time, amounts start to lapse as those years end and the authority for the money to be spent disappears. That money then comes forward as the lapsed funds, which is a couple million dollars a year. Based upon trustees' direction to prioritize this effort, staff has gone back and swept all of the loose allocations and brought them forward; through FY16, that is \$3-and-a-half million.

CHAIR MICHAEL states that using the lapsed funding will prevent using the reserve.

A short discussion ensues.

MR. BUCKLAND explains the lapsed funding in greater detail.

The discussion continues.

TRUSTEE WEBB suggests setting aside a special time to meet and figure out exactly what is wanted, define it, and then figure out where best to get it.

The discussion continues.

TRUSTEE WEBB suggests setting up a special Finance Committee meeting for the definition and then work to get it.

MR. JESSEE states that can be set up on very short order and does not have to wait until the April Finance Committee meeting.

TRUSTEE SMITH states that this review needs to be a routine exercise and there is a need to find the right people to involve.

MR. JESSEE asks how much do the Trustees want to spend.

CHAIR MICHAEL recommends a five-minute break and asks for a motion to adjourn.

TRUSTEE NORENE makes a motion to adjourn.

TRUSTEE SMITH seconds.

*CHAIR MICHAEL adjourns the meeting.*

(Planning Committee meeting adjourned at 3:35 p.m.)