

ALASKA MENTAL HEALTH TRUST AUTHORITY

PLANNING COMMITTEE

April 16, 2015

9:06 a.m.

Taken at:

Alaska Mental Health Authority  
3745 Community Park Loop, Suite 200  
Anchorage, Alaska 99508

**OFFICIAL MINUTES**

---

Trustees present:

Paula Easley, Chair  
Mary Jane Michael  
Russ Webb  
John McClellan  
Larry Norene

Trust staff present:

Jeff Jessee  
Steve Williams  
Miri Smith-Coolidge  
Kevin Buckland  
Marilyn McMillan  
Valette Keller  
Carrie Predeger  
Carley Lawrence  
Amanda Lofgren  
Natasha Pineda  
Mike Baldwin  
Luke Lind  
Katie Baldwin-Johnson  
Cat Rock

TLO staff present:

Marcie Menefee  
John Morrison  
Leann McGinnis

Also participating:

Carlton Smith; Christopher Cook; Kate Burkhart; Kathy Craft; Betty Robart (via speakerphone); Heidi Wailand, Agnew::Beck.

## **PROCEEDINGS**

CHAIR EASLEY calls the Planning Committee meeting to order and does a roll call. She states that John McClellan, Larry Norene, Mary Jane Michael are present, and Carlton Smith and Chris Cook, the two appointees, are sitting as observers and not participants as committee members.

MR. JESSEE states that the Governor has called the Legislature into joint session for confirmations on Friday morning. He adds that there may or may not be a confirmation vote on Friday.

CHAIR EASLEY asks for any recommended changes to the agenda.

MR. JESSEE states that he has an announcement. He announces that the Trust has a new employee whose name is Cat Rock. She will work as the budget controller and comes from the Department of Administration - DMV with a lot of accounting experience.

CHAIR EASLEY welcomes Cat and asks for any other announcements. There being none, she moves to the minutes of January 27, 2015.

TRUSTEE WEBB makes a motion to approve the minutes of January 27, 2015.

TRUSTEE McCLELLAN seconds.

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

CHAIR EASLEY moves to the minutes of February 23, 2015.

TRUSTEE WEBB makes a motion to approve the minutes of February 22, 2015.

TRUSTEE McCLELLAN seconds.

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

CHAIR EASLEY moves on to a report on the Alaska Behavioral Health System Assessment and recognizes Mike Baldwin.

## **ALASKA BEHAVIORAL HEALTH SYSTEM ASSESSMENT REPORT**

MR. BALDWIN states that Heidi Wailand, the contractor with Agnew::Beck, will give an update on the Alaska Behavioral Health Systems Assessment.

MS. WAILAND thanks all and states that today the report is mostly more on the quantitative side. She continues that very good relationships and support from the partners continue and, in particular, DBH and the tribal partners have been amazing on this project. She adds that significant efforts have been made to really engage them in the actual collection and analysis of information about the tribal system. She continues that there are some important recommendations that will help give some direction moving forward as a collective.

MR. BALDWIN states that one of the things where this collaboration has really paid off and the tribal health system has been a good partner is that in the development of the RFP there were a lot of assumptions around where the data would be coming from. He continues that in getting in and trying to find data in the system there was a realization there were some things that were unknown to the developers of the project when the scope was written.

CHAIR EASLEY recaps that what was asked for was to define the public health system, the behavioral health system, to describe the system, to estimate the total need, to estimate the total likely demand, analyze the current utilization, and the unused capacity, and estimate the unmet need and the unmet demand, the need for capacity expansion, and make recommendations.

MS. WAILAND responds that those are definitely the goals that are being worked toward and that is a great overview of the goals of this project. She states that there will be a component that will just be a description of the system, and then there will be the findings from both the qualitative and the quantitative. She continues that DBH uses four planning regions, and the intent is to strike a balance between what is going to be most useful to the regions as a planning tool versus what is needed at a planning level. She provided a handout which is a list of reports that have been created to date, and then talks about creating the meaningful data. She explains the limit of the data and moves on to the expected timelines. She states that the other handout was SAMHSA's ideal continuum behavioral health care. She continues that this is the continuum of care that the Mat-Su Health Foundation has been using for their analyses in their behavioral environmental scan. This pointed to the direction of potentially using this continuum of care in thinking about the publicly funded behavioral health care system in Alaska. She adds that one of the reports shows the number of clients receiving each type of procedure or service in the system and gives peer support services as an example. She states that this continuum of care mapping with the number of clients receiving services in each of the areas could be a real powerful part of that regional report.

CHAIR EASLEY asks for any questions.

A question-and-answer session ensues.

TRUSTEE WEBB states that one of the goals in this project was to set the stage for gathering the information on a continuing basis for an ability to look at the results of what is being done.

The questions and discussion continues.

CHAIR EASLEY thanks Ms. Wailand, and moves on to Medicaid expansion. She recognizes Nancy Burke.

## **MEDICAID EXPANSION**

MS. BURKE begins with updates in the Legislature, and asks Mr. Jessee to continue.

MR. JESSEE states that there are two sets of bills, the Administration's bills; one in the House and one in the Senate. They have some reform elements, but the main point of those bills is expansion, and both are going through the process. He continues that there are also two bills, one in each body, that are referred to as the Pete Kelly Bills, which came out of Senator Kelly's office. He adds that it is fair to describe those as focused exclusively on reform, as opposed to expansion. He goes into greater detail, explaining as he goes along.

CHAIR EASLEY asks if and when there will be a special session to address this.

MR. JESSEE replies that he thinks they will extend, explaining his reasoning.

CHAIR EASLEY asks if Ms. Burke will address what staff and the advocacy groups are doing with regard to Medicaid expansion.

MS. BURKE states that she will go through the advocacy and highlight how staff is approaching working on these issues. She continues that this Medicaid expansion is critical in terms of the priorities and how the services get delivered, particularly for alcohol and addiction services. The population that is covered under expansion is that some are currently excluded from eligibility for Medicaid coverage because they do not have the type of disability that is allowable by the Social Security Administration to go on SSI. She explains that this expansion opens the eligibility for services to everyone under that cap, which in Alaska is about \$20,000. She goes through the population and services in greater detail and states that, from the Trust perspective, this issue is No. 1 to move through the legislative process. She adds that public sentiment is also running very strong. She continues that advocacy is being monitored, and in Anchorage there is a group of churches that comes together and works on social issues. She adds that they planned a rally to bring out their members to support Medicaid expansion in these last days of the legislative session just to have their voices heard. She moves on, stating that on staff there are a couple of different expertise areas, and she goes through some of that activity.

CHAIR EASLEY asks if this is just related to Medicaid expansion and not to conflict-free case management.

MS. BURKE replies that the conflict-free case management is a component of the reform that is going to happen. She explains that it is a federal rule coming down from CMS and would probably be under the category of reform.

MS. PINEDA states that they are separate. She continues talking about the two projects that were funded at the last Finance Committee meeting. She explains that she has been working with the Medicaid expansion that is being called the Medicaid Redesign and Expansion Technical Assistance. It is housed in the Commissioner's office with Chris Ashenbrenner and Monique Martin as the main contacts in the Department working on that. She goes through

some of the process, stating that May 22 is the anticipated date of issuing the award. She adds that she can provide copies of the new RFP and send it out to all the Trustees to look at the detail.

CHAIR EASLEY asks Mr. Jessee, on the Medicaid expansion, how procedurally the Beneficiaries in the prison system who need behavioral health services are handled.

MR. JESSEE replies that the Department has a health service system internal to the correctional system. He continues that each prison has a clinic and nurses and provides a lot of the medical care in the facilities themselves. He goes on, explaining in greater detail.

MS. LOFGREN gives a quick update on the second RFP for the reform piece. She states that in addition to the expansion RFP, there was funding approved in January for the 1915(i) and (k) implementation plan, which is Section 1915 of the Social Security Act. She adds that this is a joint project with the Advisory Board and the Department. She continues that the first steering committee meeting was held last week, and the intent is to have the RFP go out May 15 with the contractor on board August 1 to look at how the current system can be reformed with using the 1915(k) and (i) options through Medicaid.

MS. PINEDA adds that both are working really closely and making sure that Monique at the Commissioner's office is actively engaged.

A short question-and-answer session ensues.

TRUSTEE WEBB thanks all for all the hard work being done and for keeping the Trustees up to date. It is a huge undertaking with a tremendous number of moving parts, all of which have to be coordinated effectively.

MS. BURKE states that it is important for Trustees to also consider the way that the Trust is able to help the Department. She continues that the Trust has for a very long time supported the capacity of the Department.

MR. JESSEE states that the behavioral health providers have been particularly concerned about the Medicaid rates not covering the cost of care. Providers are having to pull from grant dollars to supplement what Medicaid pays, which is why the Behavioral Health Association was neutral on Medicaid expansion. He continues that staff was involved in helping to broker a deal between the Behavioral Health Association providers and the Department where the Department has agreed to a rate adjustment for behavioral health based on the Consumer Price Index starting in FY17. This comes with a commitment to do a cost-based reimbursement review and rate adjustment for FY18. Based on that, the Behavioral Health Association changed their position from neutral to supportive.

CHAIR EASLEY asks for anymore comments or questions. There being none, she moves on to the 50-page book in the packet with an interesting chart on page 28, which is the clients served by independent care coordinators by region and waiver types. She asks Ms. Lofgren to continue.

MS. LOFGREN goes through her presentation beginning with a definition of person-centered planning, that every individual must receive that in a conflict-free setting. She explains that individuals who receive case management services must receive that from an agency that does not also provide those direct services. She states that this completely changes the way that services are delivered here in Alaska. She goes through, explaining in greater detail. She states that the book in the packet actually identifies all of the components that need to be addressed over the next several months to define very clearly and articulate better. She states that four options were identified: First option allows existing agencies to provide services; second option was a designated entity, one per region, that would provide case management; third option is providing some entity that acts as an intermediary that provides the quality assurance, the administrative oversight, and potentially the billing for individuals; option four is all three of the options compiled together for the need of multiple agencies, nonprofit, for-profit that provide that administrative oversight for the case management entities.

A discussion ensues on the conflict-free case management.

MS. LOFGREN states that it is important to acknowledge that there is clarification from CMS that existing waiver recipients receiving services will not lose their services due to this change. She continues that this is probably the largest change that has happened to the Senior and Disability Services System and is occurring really fast. She adds that another component is working closely with the Department of Labor and the Trust Training Cooperative and the partners through the workforce development to make sure that when the decision is made to go forward that the training is ready to make sure that the capacity is there.

The discussion continues.

MS. LOFGREN states that they will continue to be very involved in this process going forward and will report back on a regular basis to keep all apprised of what is going on. She adds that it is very important to make sure that it is all tied together and that there is continuity.

CHAIR EASLEY calls a break.

(Break.)

CHAIR EASLEY calls the meeting back to order.

MS. LOFGREN states that \$232,778,000 is the amount of money that gets paid out to provide services under the four waivers. She thanks the Trustees for allowing her to present.

CHAIR EASLEY thanks Ms. Lofgren and moves on to the matter of re-entry, prison coalition.

### **RE-ENTRY, PRISON COALITION**

MR. WILLIAMS begins with an overview of what has been going on around the state in terms of current re-entry efforts. He states that there are a number of different groups focusing on recidivism, trying to figure out strategies for reducing the incidents of recidivism not only for

Trust Beneficiaries, but also nonTrust Beneficiaries. He goes through a short presentation, explaining as he goes along. He states that there are five local re-entry coalitions that are grassroots-oriented and have been around since about 2014. They exist in Anchorage, Fairbanks, Dillingham, Mat-Su, and Juneau. He adds that the most active and developed of these coalitions is the one in Juneau. He states that these re-entry coalitions are critical because they are the link to returning citizens or offenders coming out of Corrections. The re-entry coalitions are made up of providers, advocates, concerned citizens, family members, and are envisioned to be the lynchpin to the community where someone is going to be restored. Again, they are all grassroots with no staff associated with them right now. He states that the last piece is the Alaska Prisoner Re-entry Initiative whose framework was developed by Dennis France with the Department of Corrections. It is initially focused on looking internally to Corrections on how a person is engaged. He continues that they will also be worked with to change their practices as it relates to their offender management plan, and then be actively engaged with the community when someone leaves their institutional care.

TRUSTEE MICHAEL asks if the coalition is volunteer case management for people coming out.

MR. WILLIAMS replies yes, and explains how it came about. He moves on to a visual to show how these various things interface, and explains it in greater detail.

A short discussion ensues.

MS. PINEDA states that what is interesting about the re-entry coalitions is that they are more of an organic community process where the re-entry coalitions are specific groups of people that are selected and brought into the group because they can help provide specific services for citizens that are returning to the community. They are services providers, agencies that are specifically typed to those needs and is a bit more structured than other coalitions from the past. She adds that they are doing everything out of the volition of their own desire to help the people in their community and improve their community. She goes through and explains the coalition coordinators' responsibilities, which are pretty extensive. She states the hope to provide seed funding so that they can get organized, have really clear plans, clear visions with in-reach into the institutions, more formalized, more effective, which leads to better outcomes for Beneficiaries when they come into communities. She goes over the assessment, stating that these are the most comprehensive lists with important areas that will help better understand what can and cannot be provided to returning citizens. She continues that they will be able to understand the housing options, transportation options and all those areas. She adds that when these assessments are completed, the coalitions will be in a position to apply and hopefully secure other funds.

The discussion continues.

CHAIR EASLEY moves on to updates and recognizes Kathy Craft.

MS. CRAFT states that after the last health workforce data collection there were concerns with regard to the limitation of just gathering vacancy data. She continues that the surveys were customized to find out the difficulty on employing the types of occupations that they would have

in their agency. She states that the survey was piloted with about 12 agencies last week and met with positive response. She continues that the surveys are going out with the hope to have all of them back by the end of May. The data collection will start over the summer, and the report should be written and ready by early fall. She adds the hope that this -- coupled with other information that the Department of Labor collects -- will result in a broader viewpoint of the health workforce data. She briefly goes over the loan repayment incentive and breaks out the 55 behavioral health occupations that are participating in the loan and incentive program: 17 counselors; 16 social workers; 10 psychiatrists; six psychologists; three physicians' assistants; and three nurse practitioners. She adds that they are also working with the McDowell Group to ensure that the mission of the Trust Training Cooperative still meets stakeholder needs.

CHAIR EASLEY thanks Kathy and recognizes Katie Baldwin.

MS. BALDWIN-JOHNSON asks that Natasha Pineda present the SAPT Focus area.

MS. PINEDA gives a quick update for the polling strategy and explains that it is a work group of Recover Alaska, as well as a part of the focus area around Substance Abuse Prevention and Treatment. She explains that it is going to be a comprehensive statewide poll that will look at knowledge, attitudes, and beliefs around alcohol and substance abuse. She states that the first full draft of the actual survey was just received and will be meeting with the broader work group tomorrow to work on it.

MS. BALDWIN-JOHNSON gives a couple of quick updates, beginning with partner updates. She states that Recover Alaska is moving forward with their executive director seat. The Sultana New Ventures, LLC, which is a subsidiary of Foraker, is the new fiscal sponsor for Recover Alaska, which will be a benefit to that effort.

CHAIR EASLEY asks Ms. Burke about housing.

MS. BURKE states that she will hold off on that because of the time.

CHAIR EASLEY calls attention to the Alaska Scorecard on page 111, and states that it is exciting hearing all this on data and how it is being used to advance our programs.

MR. BALDWIN states that in the fall the plan is to go through the process of pulling together stakeholders to look at the scorecard to make sure the indicators are still appropriate to be tracking. There will be more updates coming.

CHAIR EASLEY recognizes Carley Lawrence.

MS. LAWRENCE states that last year a \$500,000 appropriation was received from Senator Kelly for a fetal alcohol spectrum disorders media campaign. She is pleased to announce that the campaign launched on Monday, and will send links to the Trustees. She continues that it will have components of social media, on-line ads, and radio in communities across the state.

CHAIR EASLEY asks for anything else to come before the Planning Committee.



TRUSTEE WEBB makes a motion to adjourn.

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

(Planning Committee adjourned at 12:04 p.m.)