

ALASKA MENTAL HEALTH TRUST AUTHORITY
PLANNING COMMITTEE MEETING

June 15, 2016
1:00 p.m.

Taken at:

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

OFFICIAL MINUTES

Trustees present:

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

Trust staff present:

Steve Williams
Jeff Jessee
Kevin Buckland
Katie Baldwin-Johnson
Carrie Predeger
Heidi Wailand
Valette Keller
Carley Lawrence
Michael Baldwin
Debbie Delong

Others participating:

Kathy Craft; Laurie Wolf, Foraker Group; Jim Gottstein, Law Project for Psychiatric Rights; Lisa Priest; Wendy Shackelford, Kimber Jackson, Jill Ramsey, Lisa Cauble, Alaska Training Cooperative; Denise Daniello, Alaska Commission on Aging (via telephone); Kate Burkhardt, Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse (via telephone); Gail Sorenson, Bristol Bay Native Association (via telephone).

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 WEBB makes a motion to approve the agenda.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves to the minutes of March 16, 2016.

TRUSTEE DERR makes a motion to approve the minutes of March 16, 2016.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves to the minutes for April 14, 2016, and asks for a motion to approve.

TRUSTEE EASLEY makes a motion to approve the minutes for April 14, 2016.

TRUSTEE DERR seconds.

There being no objection, the motion is approved.

MR. JESSEE asks to go back to announcements. He brings the Board up to speed on the staff activities. He states that staff is in the process of looking at the '18/'19 budget and also looking at the '17 budget in areas that projects are either not going to go forward, are not timely, or do not fit within the new lens that is being used in looking at projects. He continued that all of the longstanding project funding elements are also being monitored. He states that the Legislature is not making tremendous progress. The debate on the Permanent Fund bill in the House Finance shows that it is pretty clear it does not have the votes to pass, and it is unclear what the Governor will do if that does not pass. The deadline is the 1st of July. He continues that if the Governor signs the budget, the Medicaid Reform bill and the Criminal Justice Reform bill for FY17, the beneficiary program areas in the state system will fare well, given the fiscal environment. Behavioral Health will almost certainly have increased resources for FY17 because the reduction that the Governor made in the grants is being more than made up by the Medicaid expansion bill. He continued that the Department has announced the increase in the Medicaid rates for behavioral health services by 3 percent in FY17. He adds that because of Medicaid expansion, the rate increase and the consequential sort of refinancing, Behavioral Health will have potentially significant additional revenues in '17. He states that '18 and '19 is impossible to predict for all of the beneficiary programs areas. He continues that it will depend on whether the Legislature ends up passing more of a fiscal plan than what is on the table at the moment. He asks for any comments or questions.

TRUSTEE WEBB comments that it is even more important to be better equipped to bill Medicaid, which is where, it seems, the big risk is coming from. Not just from sheer mismanagement, but also from the inability to take advantage of the funding that is out there.

A discussion continues on the challenges and the struggles agencies are having in learning to bill Medicaid.

CHAIR MICHAEL explains the agenda for the meeting and recognizes Heidi Wailand with an update on the Comprehensive Mental Health Program.

COMPREHENSIVE MENTAL HEALTH PROGRAM UPDATE

MS. WAILAND begins with an introduction to the presentation. She states that the comprehensive program plan is not a solo journey, but a group expedition with friends and partners. In order to prepare for that journey, it is necessary to have an understanding of what the Comprehensive Mental Health Program Plan might look like and do. She continues that this presentation is the initial kind of concept for that plan. It is envisioned as an overarching structure that would help to better manage the comprehensive Mental Health Program and move it in a direction that is set collaborating across the system. She adds that there are a number of guiding principles used on this process: First, is the need to do something; second, is it cannot add a lot of additional work; and, finally, the plan and the parts of the plan need to align with what is in motion. She continues that this is not a planning process that drives future efforts, but will be a continuous cycle where a lot of the work underway will inform a planning process and then create that continuous feedback loop. She states that the presentation is divided into three parts and begins with statutory responsibilities. She goes through, in great detail, the thought processes that led up to the reenvisioning of the comprehensive plan. Defining the program means to delineate what the program is and also set priorities, establish the strategies, and set the direction. Assessing the program means to assess how it is working, developing recommendations for improvement, and the monitoring and evaluation. She states that the benefits of maintaining a comprehensive program plan really encompasses all of the beneficiary groups, bridges departments and divisions, endures administrations and legislatures, gives a common way of understanding what the program is, what the priorities are and where it is going. She thinks that planning for a program has the potential to serve as the glue that connects reform efforts. She continues her presentation talking about a flexible framework that would create a structure that does not exist as a whole today, but exists in bits and pieces. That structure would weave together all the efforts that are underway to improve the system. She adds that this structure could greatly improve both the Trust's and the Department's ability to ensure a comprehensive program. She continued her presentation, explaining as she went along. She states that part of the goal was to identify the structures that already exist and then pair them with complementary structures that would help to manage the program. She continues that outreaching engagement needs to be an ongoing part of what is being done at the systems level. There is a real function that could help create a dialogue with stakeholders about the system as a whole. She adds the need to have a continuous flow across the continuum with programs. In terms of the planning itself, the State and tribal plans would inform the comprehensive program plan, and that information would go in both directions. She states that the Comprehensive Mental Health Program Plan could be a powerful tool in setting forward a vision, connecting all

of the various reform efforts, helping to manage the transformation of the system on an ongoing basis, reducing silos, improving quality, integrating a meaningful engagement component to work with all of the partners and stakeholders across the system, and enhancing accesses to the services that the beneficiaries need.

CHAIR MICHAEL asks for any questions.

TRUSTEE WEBB states that a lot of work has been put into this and it provides a good framework. He asks if there has been conversation about this outside of the Trust and what kind of feedback was received.

MS. WAILAND replies that the first step was to internally develop a shared framework to share and discuss with the board because the mandate to revive the comprehensive plan came from the Trustees. She states that this is a milestone in terms of being able to engage the partners more effectively and with more detail. She continues that they had briefly talked with the leadership at the Department of Health & Social Services, and they are curious and eager to hear more. She adds we have not gone into this level of detail with them. Some concern was heard from some of the director-level staff that there was a lot of work going on, and it seemed hard to imagine embarking on a planning process at this moment. She stated that she tried to underscore that this should not be thought of as something separate from what is already being done. She continued that they tried to reassure that by being conscientious of the time and resources available.

TRUSTEE WEBB states that he is fairly sensitive to the imperatives faced by others to work and implement things with immediacy. He continues that if there was a comprehensive plan five years ago, a huge building block in that plan would have been Medicaid expansion, and some of the preparation work would have been done. There would be policy direction from the Administration and acceptance from the Legislature. He adds that this gives a framework to think beyond what has to be done right now to the future and what the system will look like. He states appreciation for the outreach and engagement piece of it because it will be critical that beneficiaries and the general public understand what the Comprehensive Mental Health Program is, why it is important and engaging them in that creation. He thanks Ms. Wailand.

CHAIR MICHAEL recognizes Trustee Carlton Smith.

TRUSTEE SMITH asks for a general sense of -- once this internal discussion has taken place and then the external input -- of a reasonable time frame where it will come together.

MS. WAILAND states that a good goal would be to complete the definition of the program and the ten-page summary by the end of the year.

TRUSTEE WEBB explains that it is not about producing a document, but more along the lines of project management.

TRUSTEE EASLEY states that in the statute or regulations it says that the comprehensive plan is developed by the Department of Health & Social Services in consultation with the Mental

Health Trust. She continues that we have a Commissioner who is excited about doing that, and it is very important to do that while she is still there.

CHAIR MICHAEL states that is a great comment and asks for anything else. She thanks Ms. Wailand and staff for the all the work done because it is going to be a big, timely project. She continues that there has been some great cooperation with organizations on this entire reform.

MS. WAILAND states that she is looking forward to continuing and extending it beyond the Trust and really working with the Department and the advisory boards to see where to move to next.

TRUSTEE WEBB states that there are a number of guests present and asks if they could introduce themselves.

MR. GOTTSTEIN states that he is Jim Gottstein with the Law Project for Psychiatric Rights. He continues that he has a letter about Dr. Peter Gotzsche, who gave an important talk about the importance of really providing an alternative to especially neuroleptics.

MS. PRIEST states that she is Lisa Priest and is a documentary filmmaker researching Jim Gottstein's work.

MS. SHACKLEFORD states that she is Wendy Shackelford and is a retired Anchorage Police Department CIT officer and the current training coordinator for the Youth Mental Health First Aid Project at the Alaska Training Cooperative.

MS. JACKSON states that she is Kimber Jackson and is a training coordinator with the Alaska Training Cooperative.

MS. RAMSEY states that she is Jill Ramsey and is the behavioral health training coordinator with the Alaska Training Cooperative.

MS. CAUBLE states that she is Lisa Cauble and is the director of the Alaska Training Cooperative. She adds that they are interested in the workforce development focus area retool and presentation.

CHAIR MICHAEL asks for the people online to state their names and their concerns.

MS. BURKHART states that she is Kate Burkhart, director of the Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse.

MS. DANIELLO states that she is Denise Daniello, director for the Alaska Commission on Aging in Juneau.

MS. SORENSON states that she is Gail Sorenson with the Bristol Bay Native Association in Dillingham and is interested in the workforce piece.

CHAIR MICHAEL thanks all and moves on to the Workforce Development Focus Area Check-in.

WORKFORCE DEVELOPMENT FOCUS AREA CHECK-IN

MR. JESSEE states that this check-in is the result of a relook at the workforce focus area and begins with an overview of it. He continues that the trustees established the workforce focus area in 2008 to try to help ensure a stable, capable, culturally competent workforce to serve Trust beneficiaries, families, and communities. Each of the strategies were built around the framework of engage, recruit folks into the field, train them in the competencies needed for those particular jobs, look at what it would take to retain the people in the workforce since turnover is expensive, and then how to develop this workforce area to sustain itself over time. He adds that it has been developed as a standalone focus area, and talks about how it evolved. He continues his presentation, explaining the slides as he goes along. He moves to the directions from trustees, stating it was their intention to phase out workforce as a focus area and figure out in '16 what to slow down, what new strategies were needed, what different approaches were needed to retool the efforts, particularly when looking at Medicaid expansion and recidivism. He continues that during that process we were directed to see what changes were needed in the FY17 budget, the staffing needs, and to propose how to meet those staffing needs. He goes through some recommendations to the FY17 funding, beginning with the coordinated leadership which was reduced by \$60,000 of Trust funding because of the investment received from the University, the Department of Labor, and ANTHC. He states that once the workforce efforts of the Medicaid and Criminal Justice Reform special projects are integrated into the other focus areas and the overarching priorities of reform, that will not be needed to be in this focus area. He continues, that total comes to \$225,000 in FY17 that is currently allocated to this focus area that can be scaled back and not expended. That will give a resource for other exigent circumstances and will become part of unobligated funds. He adds, that could also be pushed forward in '18 and '19 to start building some additional financial resilience. The next question is the overall focus area integrating itself. He states that workforce has to be more integrated and directed towards focusing on the specific needs that are going to be coming out of those particular efforts. He continues that this was broken down into three components of accomplishing that integration: One is to have the program officers at the Trust Authority focused on policy, systems change, and partner engagement; second is the nitty-gritty of the program management and partnership coordination; and third is the data and evaluation. He asks Kathy Craft to continue.

MS. CRAFT states that the system reform efforts are going to require a skilled workforce for the beneficiaries and their families. She continues that building and retooling the new workforce will require both repurposing and purposing the workers at all levels of the system. She adds that if the trustees did not have the foresight several years ago in developing this workforce, we would not have this backbone and foundation. There may be adjustments needed for reform and expansion efforts, but this is not starting from scratch.

MS. BALDWIN-JOHNSON continues the presentation, moving to some of the anticipated changes that will happen with the reforms underway with Medicaid reform and criminal justice reform. She goes through some of the impacts on the system. There is a major emphasis on both

screening, assessment and evaluation, and a standardization of that. The system is not set up in a standardized way in terms of how providers approach that. This is a huge system shift. The Administrative Service Organization is a whole entire other component and will be monitoring the data and outcomes of how the system is performing and whether or not people are getting better. The criminal justice reform and reinvestment not only demand new practices and models, but is a shift in how folks working in the correctional system are doing business and how they are working with people. She continues that there are specific trainings that the system needs and can benefit from. There is a lot of opportunity there. Home- and community-based services reform is a specific focus on person-centered care, and the system requires that training. She adds that the Trust Training Cooperative is providing the training for direct-care professionals to gain the competency in delivering that model of care at this time. Senior and Disability Services has incorporated that as a requirement and they are relying on the Trust Training Cooperative for that. The Assisted Living Home Acuity Project is going to result in changes of certification requirements that will lead to different types of trainings needed in order to meet those certification requirements. She talks about the care improvement initiatives, and then data analytics. She states that workforce is the backbone to reform, and in order to create something that is sustainable and responsive to the demands of a changing system, there is the need to move beyond training to an outcome of demonstrated competencies. She adds that it is not feasible for the Trust to continue indefinitely in being the funder of training, and there is an opportunity over the next several years with the reforms pursued to build workforce and training into reform.

MR. JESSEE states that the overall theme is that there is a lot of change in the air and a recognition that health care is a huge growth industry in Alaska at a time when almost everything else is going to contract. He continues that the system is moving towards paying for outcomes, and he talks about this in more detail. He adds that the good news is that the infrastructure is in place if it could be refocused and retooled to focus on the needs in the coming challenges.

MS. BALDWIN-JOHNSON states that in FY16 changes were implemented to move into a better position for FY17 related to the strategies in the workforce area. She talks about a number of things that transpired in FY16 that were incorporated into the statements of intent for projects funded within the workforce focus area. She continues the presentation, beginning with the key strategy changes that are occurring in the FY17 workforce focus area and explains in more detail.

MS. WAILAND states that the kind of system change that is being envisioned with the Comprehensive Mental Health Program Plan and structure is to be able to have coordinated, concerted action so that the workforce and technology are there when needed.

MR. JESSEE summarizes the recommendations: First, discontinue workforce as a standalone focus area and embed the strategies across all of the work in the other focus areas and the overriding reform efforts; second, maintain the contract support with funding partners and to implement the recommended FY17 funding reductions of \$225,000; and fully harness the Trust's investments in workforce infrastructure to support Medicaid and Criminal Justice Reform and leverage reform efforts by using the Comprehensive Mental Health Program plan to realize results over time.

CHAIR MICHAEL asks for any questions.

TRUSTEE NORENE asks if it is anticipated that this effort will be spread around more.

MS. BALDWIN-JOHNSON replies that there is an opportunity to have and develop different strategies, and there is a hope to accomplish that in the '18/'19 stakeholder engagement process.

TRUSTEE EASLEY states that an outstanding job in restructuring and reevaluating how workforce development can be improved has been done and all her concerns resolved.

TRUSTEE WEBB agrees, stating that staff has done a tremendous job of hearing and going out and putting a lot of effort into figuring out how to address the various concerns.

The discussion continues.

TRUSTEE WEBB asks if a motion is needed for the recommended funding reductions.

MR. JESSEE replies that it is not needed and explains why.

CHAIR MICHAEL calls a break.

(Break taken.)

CHAIR MICHAEL calls the meeting back to order and moves to the Predevelopment Program Update.

PREDEVELOPMENT PROGRAM UPDATE

MR. JESSEE begins the presentation with a history on how the funding was put together and then goes through the services provided. He states that the current status of projects is that 58 are in construction complete, some are in the fundraising mode, and some are on hold largely due to the fiscal uncertainty.

CHAIR MICHAEL asks if there are less projects coming through because of the capital budget with the State, less money is being given out.

MR. JESSEE replies yes and asked Laurie Wolf, executive director of the Foraker Group, to reply.

MS. WOLF states that the pipeline of projects has been stopped, but we are seeing continued interest. She adds that people understand the economy, but still have their dreams.

MR. JESSEE begins with the proposal for FY17, stating the \$75,000 be continued for core operating and basic education and training. This would dramatically reduce the amount of funding that is automatically going to Foraker for predevelopment. He then proposes that the remaining \$225,000 be held in reserve and that the trustees approve any individual

predevelopment projects during the course of the year. That will give more control over which projects get into predevelopment and maintains the core function of helping nonprofits before being inundated with funding proposals.

CHAIR MICHAEL asks if the \$75,000 gives an initial assessment of the organization.

MR. JESSEE replies that it will give the nonprofits access to some basic education and training around capital projects.

TRUSTEE NORENE asks how that differs from the grant process.

MR. JESSEE replies that in some ways it would be similar to an Authority Grant situation. The difference is that trustees would be making individual project determinations.

The discussion continues.

TRUSTEE SMITH asks Ms. Wolf if the \$75,000 creates new materials and new vehicles for training, or just simply enhances what has already been done.

MS. WOLF replies that it does change, to some degree, the way to operate, but ensures stability so the same services can be provided.

The discussion continues.

CHAIR MICHAEL asks if a motion is needed.

MR. JESSEE replies that staff will scale the grant back dramatically to the \$75,000 and, if it is exigent, then ask for an emergency meeting.

TRUSTEE WEBB asks the trustees what they think.

TRUSTEE SMITH states that he is supportive and would like to see some of the materials.

CHAIR MICHAEL states that she is supportive and is happy to see it was revisited, repositioned, and that there will still be some benefit from the program.

TRUSTEE NORENE states that he is in favor.

TRUSTEE DERR agrees.

TRUSTEE EASLEY agrees.

TRUSTEE WEBB states that he wants to be clear about the direction and focus on the outcome, the results for everything that is being invested in, and that the work is towards something.

CHAIR MICHAEL moves on to Capital Projects Check-in.

CAPITAL PROJECTS CHECK-IN

MR. WILLIAMS begins with the capital projects and partnerships for '17. He states that there have been two projects that were formally approved in the '17 budget: A partnership to the Alaska Native Tribal Health Consortium, \$125,000 for the behavioral health aide manual; and \$100,000 to the Alaska Community Foundation for the domestic violence shelter improvements, a capital project. He adds that trustees approved \$1.5 million for partnerships. He goes through the list of the capital projects that were funded through partnerships and small projects for '16. He states that \$350,000 was approved for small project grants, and all the money was not expended in FY16.

A short discussion ensues.

TRUSTEE WEBB states that the question is: Do the Trustees want to change the amount of partnership or small projects that have been allocated in the FY17 budget or set some parameters about how to limit their use?

MR. WILLIAMS states that staff is moving into the FY17, '18, '19 budget process and recognizes that the Trust has a substantial commitment towards Medicaid reform and redesign, and there are changes in the State's fiscal environment. He continues that the process of how to make sure those commitments that have been made are maintained and are looking at longstanding grant programs and whether those amounts should be reduced or suspended for a period of time.

TRUSTEE DERR states that it is imperative to maintain the small grants. Her concern is that there is nothing on this list that is not worthy of Trust funding.

TRUSTEE NORENE states concern about handing out an administrative fee when the Trust is capable of a direct grant.

A short discussion ensues.

MS. BALDWIN-JOHNSON explains that essentially the funds for the domestic violence shelter go directly to pay the project-by-project costs for the different shelters around the state and are not being regranted to different entities.

MR. JESSEE explains that one grant is made to the Community Foundation which then distributes it to about a dozen little grants.

CHAIR MICHAEL asks if the new budget process will help to see more in advance of what has been seen in the past.

MR. JESSEE replies that this is the same budget process.

MR. WILLIAMS replies that the format outlines the Trust's funding calendar and has been in place for several years.

The discussion continues.

TRUSTEE WEBB asks if there is anything written pertaining to guidance, criteria, policies that relate to what is eligible for partnership grants.

MR. WILLIAMS replies that written guidance is pretty broad, but there is a filter which is staff reviewing what the letter of interest is and then ferreting out whether it meets beneficiary needs or not.

TRUSTEE EASLEY states that if policy is being looked at she would like to see more of the partnership grants go to small communities that do not have the skill to go out and do the fundraising that the municipalities do.

The discussion continues.

TRUSTEE NORENE states that there are certain criteria that need to be examined and the history of how that comes about.

TRUSTEE SMITH states that he would like to see the emphasis more on the financial viability of the project upfront before getting into site assessment.

The discussion continues.

TRUSTEE WEBB suggests that staff take a stab at developing reasonable policies and the criteria or just writing down those that are already in use and then have a meeting to go over it. It could be in a committee or work session.

MR. JESSEE states that staff can lay out the things that come up in the program team when they evaluate and they can throw out issues that do not have any policies.

CHAIR MICHAEL asks for any other comments or questions of staff. She states that this was a great meeting.

A discussion ensues on scheduling the July meeting, with agreement for Tuesday, July 26th.

CHAIR MICHAEL asks for a motion to adjourn.

TRUSTEE WEBB makes a motion to adjourn the meeting.

TRUSTEE NORENE seconds.

There being no objection, the meeting is adjourned.

(Planning Committee adjourned at 4:11 p.m.)

