

ALASKA MENTAL HEALTH TRUST AUTHORITY
PLANNING COMMITTEE MEETING

August 10, 2016
9:00 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:

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

Others participating:

Kathy Craft; Theresa Holt; Duane Mayes; Sandra Heffern; Monique Martin; Jordan Shilling;
Judge Stephanie Rhoades; Patrick Reinhart; Denise Daniello (via telephone); Kate Burkhart (via
telephone); Charlie Curie (via telephone); Stephanie Colston (via telephone); Lisa Brown; Jim
McLaughlin; Lisa Rosay; Lisa Cauble; Michael Walker.

PROCEEDINGS

CHAIR MICHAEL calls the meeting to order and acknowledges that all of the trustees are present. She asks for any announcements. There being none, she states that Steve Williams will continue the FY18-'19 budget overview, and focus on Disability Justice.

MR. WILLIAMS states that a lot of time was spent yesterday going through the two-day work session, the events and dialogues that were had with a lot of stakeholders, and the outcomes of those dialogues. He continues that Ms. Lawrence has pulled together a two-page summary document.

MS. LAWRENCE circulates the document, explaining that it has some of the high-level key themes to keep in mind. She adds that it is also posted on the Web site for the audience.

MR. WILLIAMS states that the spreadsheet was marked deliberately so that the trustees could easily see where changes were made by staff in relation to the budget. He continues that in September this will be a clean budget spreadsheet simply showing the strategies, projects, programs and the recommended funding amount for trustees to approve or change. He adds that, by regulation, the Trust has to do a two-year budget, which starts on the even year of the fiscal year; this is FY18 and '19. He states that Trust staff largely focused on FY18, which will be today's focus. He continues that there are increments in the FY19 recommended budget, but they are largely placeholders. He adds that the plan is to go through each of the focus areas and the budget and call out where some of these strategies and projects fall. He states that in the FY18 budget here, the numbers balance, and they also balance in consideration of the investments that the trustees have already committed to preliminarily for FY18 in regards to Medicaid reform and redesign. It also leaves a balance of an unobligated amount, somewhere in the \$500,000 range.

CHAIR MICHAEL asks if the budget number for '19 balances.

MR. WILLIAMS replies no, but is not far off. He begins by explaining the graphic in great detail.

MR. JESSEE states that his main takeaway from this is that Medicaid and criminal justice reform form a holistic approach to serving the beneficiaries. He continues that this shows that each of those has pieces that are needed to fill the gaps in the circle of care, and that each of these segments are going to show up in the budget.

MR. WILLIAMS moves to page 32, which is the beginning of the recommendations for the Disability Justice Focus Area. First, is the Capacity, Training, and Competencies; in each focus area where there is training, workforce development activities will fall under this category. He states that this is an example of no longer having a standalone workforce development focus area, but there are key elements that need to be included across the focus area for a competent and trained workforce. This strategy falls in two areas: The Community Prevention and In-Facility Practices. There is a recommendation of \$75,000 in Authority Grant funds for implementation or maintenance of crisis intervention team training. He gives a short history of the crisis intervention team training, which was modeled by the Memphis Police Department and

is a nationally recognized best-practice model. He explains this more fully. He adds that the Anchorage Police Department has moved to incorporating the longstanding separate training for crisis intervention team training for APD officers and is in the academy. He continues that Juneau is currently in the process of developing a CIT academy for its police department. It is a partnership with the Juneau Community Foundation. The last place that CIT is actively being developed and implemented is out in the Valley, and the Mat-Su Health Foundation has been a partner in that effort.

TRUSTEE SMITH asks if it is possible to get a copy of what is being taught in that 40-hour content, the curriculum.

MR. WILLIAMS replies yes; it is a three-ring binder that is three inches deep. He states that there is an increase of \$13,000 over FY17.

MR. JESSEE points out that it is really important for officers to have this information and to feel that they have some other choices when running into situations on the street where the classic “put the weapon down” is not getting the job done. He states that the funding that the Trust provided to this over the years is why this is catching fire, and Alaska is going to be a real leader. He continues that the training gives other options on how to deal with folks, especially the joint response where there may be mental health professionals there that can help in the situation. He adds that he thinks it is going to prevent and has prevented beneficiaries from getting killed.

MR. WILLIAMS asks for any questions or comments.

TRUSTEE WEBB states that it is a huge step that the training is now in the academy, but asks what the end point will be. He asks where this is headed; to be built into the State with the Police Standards Council requirement for officer training; will it be built into the trooper academy.

MR. WILLIAMS replies that is where it is heading nationally; it is getting built into the police standards for all training. He explains this in greater detail.

A short discussion ensues.

TRUSTEE EASLEY states that under Capacity, Training and Competencies she does not see capacity. She asks what is being done to get more people into those positions and where will that money come from.

MR. WILLIAMS replies that in this particular area, capacity is about and falls more into the competencies and training aspect. He states that there is no strategy for proactively going out and trying to recruit more law enforcement.

TRUSTEE EASLEY asks if there is a need to see it in these to know that it is there.

MR. WILLIAMS replies that he does not necessarily see the recruitment of law enforcement as a key role of the Trust.

A short discussion ensues.

MR. WILLIAMS continues his presentation, moving through the training categories.

TRUSTEE WEBB asks about the base level of funding and where it factors into CIT.

MR. WILLIAMS replies that the base level of funding that went to APD was used primarily to pay overtime costs for APD, only APD, so that the patrol time could be filled on the street while the other officer was at the 40-hour training. Every other law enforcement agency, correctional agency, and universities did that on their own dime.

A discussion in greater detail ensues.

TRUSTEE SELBY states that it would make sense to training the trainers and asks if that is what is being done.

MR. WILLIAMS replies that it was never originally intended to be a mandate for all law enforcement to be trained.

The discussion continues.

MR. WILLIAMS moves on, continuing his presentation.

TRUSTEE DERR points out the wording: "Specialized skill and service training on servicing criminally-justice-involved beneficiaries." She asks if those people are in jail, and what is criminally justice involved.

MR. WILLIAMS replies that criminally justice involved refers to someone with a pending criminal case and is out in the community.

TRUSTEE DERR asks who is getting the training.

MR. WILLIAMS replies the community provider staff. This is not law enforcement, although law enforcement attend. The focus of the training is making sure the community system would recognize clients' conditions in developing treatment plans. He moves on to Sustain and Expand Therapeutic Court Models and Practices. He states that Mr. Jessee mentioned that the Fairbanks and Juneau therapeutic court, despite significant effort to get capacity and sustain capacity operating at a certain level, has not met that capacity. He continues that between the Court System, the Trust, the partners in Fairbanks, a joint decision was made to not spend the funding on this project because the cost/benefit is not there. There were two major pieces to that; one was target population. Accessing the services in the community was not available for all the target population, and it is very hard to divert someone to something that is not there. The second piece is the juvenile justice numbers, since this court started operating, have consistently been dropping. Those were two of the largest variables that played into the decision. He states that the Juneau Mental Health Court, a longstanding court, has been utilizing at a 70-plus percent on a consistent basis. The recommendation from staff and all the partners is to maintain the funding for that. He continues that the last piece to this strategy is Flex Funds. As these reforms

are taking place, there needs to be mechanisms to provide beneficiaries access to the services beyond the traditional funding streams. These funds are used for therapeutic court participants, and right now they are accessed to put a deposit or first month's rent on some housing units. He continues that the next largest chunk of these funds get used to pay for substance abuse treatment assessment, medication and transportation. Then there are a host of smaller things like food and clothing.

CHAIR MICHAEL asks if the \$155,000 is adequate.

MR. WILLIAMS replies that it is pretty close, given the capacity of each of the courts.

TRUSTEE WEBB asks who has taken over responsibility for the Juneau Mental Health Court.

TRUSTEE DERR replies that she thinks Judge Nave is really involved in it and has taken over part of it.

A short discussion ensues.

CHAIR MICHAEL calls a break to prepare for the consultants that will be on-line and states that Mr. Williams will come back to this.

(Break.)

CHAIR MICHAEL calls the meeting back to order and reminds the trustees that there are quite a few callers on-line and to remember to use the microphones. She states that the next presentation is on the Medicaid reform and redesign update by the consultants, Charlie Curie and Stephanie Colston. She asks Katie Baldwin to give an introduction.

MS. BALDWIN replies that they are not on-line yet.

TRUSTEE EASLEY asks if the people in the room could introduce themselves; some have never been here before.

MS. BROWN states that she is Lisa Brown and works for the Division of Behavioral Health.

MR. McLAUGHLIN states that he is Jim McLaughlin and works for the Division of Behavioral Health in the Treatment and Recovery Grant Management Section.

MS. ROSAY states that she is Lisa Rosay, Division of Behavioral Health, Policy and Planning.

MS. CAUBLE states that she is Lisa Cauble, Director of the Alaska Training Cooperative at UAA Center for Human Development.

MR. REINHART states that he is Patrick Reinhart, Director of the Governor's Council on Disabilities and Special Ed.

MS. HOLT states that she is Theresa Holt, Office of the Long-term Care Ombudsman.

MS. HEFFERN states that she is Sandra Heffern, Effective Health Design.

MR. WALKER states that he is Michael Walker, DBH.

MS. BALDWIN introduces Stephanie Colston and Charlie Curie who have been working in the capacity of consulting with the Trust. They will provide an overview and update on where things are and are prepared to touch on the 1115 and the ASO. Then they will provide an opportunity for questions, dialogue and discussion.

MR. CURIE states that he is a principal of The Curie Group, a consulting group focused primarily on addressing behavioral health issues, health care reform issues, mental health, substance use, service delivery issues, working with providers of managed care and state governments, and entities such as the Alaska Trust. He goes through his background and introduces Stephanie Colston. He states that she was his senior adviser for substance abuse while at SAMHSA, and also has experience in the provider arena. She has had her own consulting firm for the past four years.

MS. COLSTON states that she started in the mental health system at the state agency level and gives a more detailed description of the different positions held over the past 40 years. She adds that she has had her own consulting agency since 2012. She states that a lot of the work they have been doing with the Trust and with the Department of Health and Social Services and DBH is around the Medicaid redesign and the health care reform efforts that are being put forth right now. She continues that it is clear that the system and the key officials in the system are interested in achieving a rational system of care that meets the holistic needs of Alaskan families. The goal is to move to a system where there is an infrastructure in place where the State is able to shape a system that is meeting the needs of consumers based upon appropriate, clear assessment, based upon access to care, and based upon evidence-based services being available; a way of monitoring and assessing outcomes throughout the system in order to determine the success of the system or to determine how well the system is doing, have a way of continuous process of increasing access, quality, and cost effectiveness. She adds that the State has undertaken a very comprehensive review of the best approach to that. The Trust has been very active with that process, especially focused on what to do with behavioral health services. She states that one of the decisions that is recommended, and the Trust and the Department have been pursuing, is the idea of carving in behavioral health when it comes to this type of managed system, especially when it comes to Medicaid. Carving in behavioral health means that behavioral health and physical health are considered under the same contract, the same rate structure. She continues that there can be a carved-out managed approach with behavioral health care in order to manage and build up the behavioral health infrastructure. She moves to her slide presentation, beginning with a summary of Elliott D. Pollack, a company review of behavioral health managed care scenarios across the country. She briefly highlights some of this data as a matter of bringing things into focus for the conversation on what has been done and accomplished by us in Pennsylvania. In carving out behavioral health, there is an ability to focus on assuring that there are standards, processes and procedures in place which help assure that people with the most serious mental illnesses, people with chronic, serious addictive disorders, as well as folks with co-occurring disorders and children with serious emotional disturbances, become a major focus of the State and of the public behavioral health system to assure that their

needs are being addressed. A way of evolving and strengthening a behavioral health infrastructure, including a provider network, is to have a behavioral health carveout.

TRUSTEE SMITH asks about moving to a system with infrastructure in place, mentioning networks. He asks what the system looks like, and what is the network.

MR. CURIE replies that overall a network would be assuring that there are providers in place that represent the continuum of care that has been defined and is needed to meet the needs of the population. He explains in greater detail and continues his presentation. He moves on to the Administrative Services Organization, and a definition is the State contracts with a third-party organization with special expertise. In this case, looking at behavioral health systems management, to provide specified administrative services necessary to manage the system of care. It gives the State the expertise. He adds that a major part of that is provider network development. He explains this more fully. He asks Ms. Colston to talk about the ASO and the functions in more depth.

MS. COLSTON states that in the potential function of an ASO, the organizational management ends up being a significant function across the country. She continues that reauthorization generally means care coordination, including primary care. She adds that it is very important to project trends based on service utilization that the ASO has. She explains more fully as she goes along. She states that there is enough evidence-based screening and assessment instruments today to allow Alaska to utilize some of those, and more standardized so that every provider is using the same tool. She continues that another function is data management, which she explains. She adds that a major complaint is paying providers on time. This is an issue that needs to be paid attention to at the state agency.

TRUSTEE EASLEY asks if there are any third-party organizations with special expertise in behavioral health who may be interested in providing the services just talked about in Alaska.

MR. CURIE replies that there is one that came forward recently, and there is probably a good half-dozen out in the country that would have an interest in examining that. He states that any regional approaches in Alaska could be more in the form of an accountable care organization.

TRUSTEE DERR states concern about the number that will be able to do this and the problems there were with developing a new data system at the State department. She adds that payers went unpaid for quite some time.

MS. COLTON moves on to 1115, project waivers for behavioral health, and states that Section 45, Sub 5 of Senate Bill 74, directs the Department to apply. The purpose of 1115 waivers is they are research and demonstration projects and include approaches such as expanding a facility for individuals who are not otherwise Medicaid eligible; provide services that are not typically covered by Medicaid; and to use innovative service delivery systems that focus on improving care, increasing efficiency, and reducing costs. She continues that in an 1115 application any state has to comprehensively describe what they will do, where they are now, and how they will get where they want to be in this five-year research and demonstration project. She adds that it is a five-year period of time and there is an additional three years, if needed. She describes the system in more detail.

A short discussion ensues.

MS. COLSTON moves on and talks about a National Governor's Association Medicaid toolkit that was released about three weeks ago, and is about fund lines for 1115 waivers. She took the waiver from that toolkit and talks about Alaska and explains some specific information of interest to the trustees. She states that she was asked by the Division of Behavioral Health of the Department of Health and Human Services to conduct readiness assessments of the Division of Behavioral Health and the Alaska behavioral health provider community. She continues that those readiness assessments were completed in July, and that process is done. The Department has asked a sample of behavioral health providers to have a readiness assessment that would be a bit different than the face-to-face interviews with the DBH staff. She adds that management, clinical, financial, infrastructures, and capacities will be conducted through document review; and has asked that the answers to the questions be back by October 1st.

TRUSTEE EASLEY asks what would happen if the providers overall fail the readiness assessment test.

MS. COLSTON replies that she will be looking at audits, budgets, management reports, what their cost for providing a unit of service is, which is needed when negotiating with someone on rates. She states that there is a series of questions that are designed to say: Do you really understand how to integrate these two data sources, and are they being used to made decisions? It is not a case of pass/fail.

MR. CURIE adds that this is an area where the Trust, working with the Department and with the providers, can determine the areas that need to be addressed in order to help prepare providers for a more managed environment as they get used to the process. Part of the key is transparency.

MS. COLSTON states that Alaska, both the Department and the Trust, are to be congratulated for taking this approach, recognizing the need to prepare the system for the kind of change that is being considered, and are willing to invest funding. She continues the presentation, explaining as she goes along.

MR. CURIE understands that the Trust had committed to helping support two onsite visits to examine states that have done a managed approach and have an ASO or a managed structure to be examined firsthand. He states that one of the keys would be constituency-to-constituency contact. He continues that there is also the opportunity to do an 1115 substance use disorder waiver. CMS gave guidance that this would be looked upon most favorably to do for all of it to be put together instead of first and then an SUD amendment later instead of just doing an SUD waiver. He adds that Alaska is planning on taking that approach based on the CMS federal guidance.

MS. COLSTON states that is important from a strategic perspective because it allows Alaska a lot more flexibility with the behavioral health waiver, and with the understanding that in that first year of implementing the behavioral health waiver an amendment would be submitted for the SUD waiver. That would allow that amendment to focus more on the SUD system, and then the original waiver might be able to focus more on mental health.

MR. CURIE states that they did a review of several states that have a managed approach and talks about some of the results with that process.

TRUSTEE WEBB asks about the best time to make the onsite trips.

A short discussion ensues.

TRUSTEE EASLEY asks if there are plans to include funding for peer support in the behavioral health service package.

MR. CURIE replies absolutely. He states that peer support is a very viable service and support that not only brings about better care, access to supports and services to facilitate recovery, but is also very cost effective.

TRUSTEE WEBB asks if any of the waivers that they have been involved with have dealt with the criminalization of the mentally ill and then transfer to the criminal system of people who are mentally ill as a result of lack of access to or the inadequacy of the service system.

MR. CURIE replies, in his experience, in terms of overall systems, interface is an important part of that in talking about access to care.

A short discussion ensues.

TRUSTEE WEBB asks if they have had experiences in finding innovative ways to eliminate those silos in a waiver process.

MR. CURIE replies, yes, through both the waiver process and using ASO, NCO, and contractual standards which would require that a provider network would have the capacity to provide integrated services to individuals that has IDD, a mental health diagnosis, and assuring that there is that capacity developed.

TRUSTEE DERR asks about the traveling and talking about a lot of people involved. Could the same thing be achieved with a big teleconference or a town hall type thing if the main goal is an exchange of information.

MR. CURIE replies that has been brought up in conversations with the Department and Trust. He states that there is value to have the face-to-face and take a look firsthand in terms of what operations services look like, but everyone cannot be there. He continues that talked about were sessions that are in place being teleconferenced, and there would be places around Alaska that the constituency groups would join by video teleconference and have in realtime that experience of being able to ask questions remotely.

TRUSTEE EASLEY asks to go back to the budget neutrality issue. She states that behavioral health services are going to cost a lot more for Trust beneficiaries. She asks about how budget neutrality is achieved and is one way by reducing some of the services.

MR. CURIE replies, by looking at the high utilizers, those individuals in the emergency rooms that are costing a lot of money could be treated in less expensive levels of care. He states that usually is the quick way that some of the reductions have been achieved.

CHAIR MICHAEL states that the Department of Administration is conducting a feasibility study for a health care authority and asks how that would be impacted by the ASO or what would the relationship be.

MS. COLSTON replies that Senate Bill 74 directs the Department of Administration to conduct a study as to whether a managed care entity of some type, health care authority, could be a state entity or nonstate and would actually manage all of the Medicaid benefits.

A short discussion ensues.

TRUSTEE SMITH asks Mr. Jessee about the timing for the trustees to be briefed with this kind of a consultation.

MR. JESSEE replies that directly with Mr. Curie and Ms. Colston, it is up to the trustees. We can schedule updates on a regular basis for program committee meetings.

CHAIR MICHAEL asks for a feel on how it is working with the Departments and the State, and how is it going in terms of short- and long-term commitment to this process.

MR. CURIE replies, based on his experience, that he is very encouraged about this being a successful long-term process. He states that what strikes him about Alaska is a Legislature that passes Senate Bill 74. There is an alignment in this situation between the Legislature and what DHSS has determined it needs to be doing in developing a structure of accountability around services. He continues that there is a good foundation, and the key would be moving forward to continue an education process.

MR. JESSEE agrees and thinks that this Administration is definitely actively pursuing all of the elements in there.

TRUSTEE EASLEY asks Ms. Colston, as these provider assessments are done in the next few months, how she anticipates the response of providers to this whole program.

MS. COLSTON replies that it will probably be like most states where some are terribly excited. She states that she has received calls from two providers to see if they are on the list. She continues that she has not seen the list and does not know. She adds that her approach is that she is gathering information and is trying to help improve the system.

CHAIR MICHAEL states that one of the highest priorities recently came out in terms of what the Trust should be helping with is housing and the shortages across the state. She asks what some of the other states are doing to address housing options and the development of housing.

MR. CURIE replies that states are taking a variety of approaches and there is real evidence-based developing around housing. He explains this more fully.

CHAIR MICHAEL recognizes Katie Baldwin.

MS. BALDWIN mentions that they are trying to coordinate a visit in person with Mr. Curie to come to Alaska the last week of August, and adds that some time can be scheduled for the trustees.

CHAIR MICHAEL asks for any other questions. There being none, she asks for any concluding remarks.

MR. CURIE states that this really covered an update of where things stand right now. His concluding remark is that it is great that Alaska has the Trust, an entity that really focuses on mental health issues, services to high-risk children with serious emotional disturbances. Not only is Alaska unique, but so is the Trust. He states that the staff is well qualified and competent, and it is a privilege to be working with the Trust.

CHAIR MICHAEL thanks them and asks for any last comments from the trustees. There being none, she states that there is a scheduled session over lunch, and we will reconvene at 1:00 p.m. to continue with the budget review.

(Lunch break.)

CHAIR MICHAEL calls the Planning Committee back to order and asks Mr. Williams to return to the FY18-'19 budget overview.

MR. WILLIAMS states that the next strategy is Continuity of Service and Care and begins with DOC Rural Reentry and FASD Education Pilot which has been in the Disability Justice focus area for two years. He makes a recommendation that this be reduced down to zero, which does not mean that it cannot come back at some point. The Mental Health Clinical Oversight in DJJ Youth Facilities is next. For historical purposes, the Trust and the Division of Juvenile Justice partnered for a few years to build up mental health clinicians in their facilities. This was successful not only in getting those positions, but then transitioning them into state General Fund/Mental Health dollars. He states that this is the last piece that has not transitioned and recommends that this remain at the same funding level as FY17. Next is DJJ Rural Reentry Specialist, and the joint recommendation is to maintain this mental health clinical oversight. He continues, explaining and stating the recommendations.

TRUSTEE SELBY asks if the Tribal Health Consortium folks might be interested in picking up some of the function through the clinics in the villages. He states, that would be a more satisfactory way to deliver rural assistance to the folks that need the help than trying to do it through a state agency that has very little presence out there.

MR. WILLIAMS states that he will look into it. He moves on to the Holistic Defense Pilot Project that was just completed out in Bethel. This involved funding a social services specialist in the Public Defender's office in Bethel that has been providing support to beneficiaries with criminal charges and making sure they get connected to the services and supports needed either

outlined as conditions of probation or bail. He adds, that piece of the pilot has been really successful and in FY16 the final two pieces of the pilot model have been added.

TRUSTEE WEBB states that this is a pilot program and asks if the Public Defender's office has been out there a long time.

MR. WILLIAMS replies yes.

A short discussion ensues.

MR. WILLIAMS continues through the budget overview, explaining fully as he goes through each row and answering questions as he goes along.

TRUSTEE EASLEY comments that about a year or so ago the trustees were going to get information to help decide which programs were effective and which were not.

MR. WILLIAMS replies that the trustees will get that information.

MS. BALDWIN states that they are scheduled in October to be wrapping up one of the big reports and are planning to bring that to the Planning Committee in October.

TRUSTEE EASLEY thanks them.

MR. WILLIAMS goes through the Behavioral Health Diversion Planning and concludes his presentation.

CHAIR MICHAEL asks for any other questions. She states that that was a great presentation, and a lot was learned. She moves to Substance Abuse Prevention and Treatment, and recognizes Katie Baldwin.

MS. BALDWIN begins with Partnerships, Recover Alaska. She states that the recommendation is that there are no changes for '18, and funding is the same amount, \$260,000. She continues that Recover Alaska is a private/public, very high-level stakeholder group coalition that is really focused on long-term, lasting policy change in Alaska to improve and decrease the negative impact of alcohol use and abuse in Alaska. She gives a short update.

CHAIR MICHAEL asks why Rasmuson is crossed off, and if they are no longer a partner.

MS. BALDWIN replies that Sultana, a part of Foraker, is essentially taking on the fiscal oversight for the Recover Alaska Initiative, and there was a need to figure out a way to pool the funds in one location that was not held through the Trust or at Recover Alaska.

TRUSTEE WEBB explains that originally it started out staffed by a person at Rasmuson, but it was a funding partnership with Rasmuson, Mat-Su Health, and the Trust. He states that now there are other funding partners, and the goal is to build a broad-based coalition across the state. He continues that Sultana is an administrative organization with an executive director and staff to do the work of holding the money.

TRUSTEE DERR asks where they are housed.

CHAIR MICHAEL replies Foraker, but it is not Foraker. She asks for any other questions. There being none, she asks Ms. Baldwin to continue.

MS. BALDWIN moves on to Behavioral Health System Reform which was previously in the nonfocus area section under Medicaid Reforms. The DBH capacity assessment and development has also been moved. The Provider Capacity Assessment, which includes technical assistance, has been included within this focus area for FY18 only. She states that the 1115 Behavioral Health Waiver has also been moved and that is to support continued development work and writing for the 1115 waiver.

CHAIR MICHAEL states that this focus area is Substance Abuse Prevention and Treatment, but has a lot of behavioral health items. She asks if the title of this focus should be changed to be more encompassing.

TRUSTEE WEBB states, from his perspective, it may be better to just set these things out as Medicaid Reform. He adds that everything does not have to fit under a particular focus area.

MS. BALDWIN states that it can be shown how this is connected and absorb existing resources in the focus area to cover that. She adds that there are pieces of Medicaid reform in other focus areas as well.

The discussion continues.

MS. BALDWIN moves on, stating that the funds have been approved to support the ASO effort and it is important that the cost of contracting for services of an ASO is negotiable. She continues that CMS is part of the negotiations for the application in the 1115 waiver. She adds that there are figures in here now, but it may not be the true cost of what is actually needed to cover for the ASO.

TRUSTEE SELBY states that he has great concerns about what he heard today about the trip to Virginia or Pennsylvania. He continues that he would like to discuss that more fully at the September meeting. He points out that the similarity between delivering service in Alaska and delivering service in Virginia and/or Pennsylvania are about as similar as the Sahara Desert is to the Rocky Mountains. He adds that folks down in the Lower 48 have no concept of how difficult it really is to deliver services in Alaska. He states that it does not work for him to fly people to Virginia or Pennsylvania to see how they are delivering. He continues that what does make sense would be to do teleconferences with focus groups or target groups, consumers, providers, different groups. He adds that the wisdom of spending a lot of money to do that is questionable.

CHAIR MICHAEL asks for clarification on where that funding is and how much it is.

MS. BALDWIN replies that \$100,000 was approved by trustees for the purpose of travel costs and site visits to look at the different models for the ASOs. She states, that is separate from this amount because that is FY16 money and is not reflected in this budget.

TRUSTEE SELBY states that he digressed a great deal.

MS. BALDWIN continues her presentation, explaining as she goes along.

TRUSTEE EASLEY asks if all this goes into the federal data, BRFIS.

MS. BALDWIN replies that the BRFIS is a federal survey, and then states can modify and add different modules to it as they see fit.

MR. BALDWIN adds that it actually has Alaska-based modules and surveys and not part of the synthetic data. He explains that this is where time is actually invested in surveying Alaskans. He adds that it is used federally, statewide, and then the State actually uses some of this information for the block grants and reporting.

MS. BALDWIN wraps up her presentation and asks for any questions.

CHAIR MICHAEL moves on to Housing and Long-Term Supports, and recognizes Amanda Lofgren.

MS. LOFGREN states that she will begin with housing and then will go into employment.

CHAIR MICHAEL calls a break.

(Break.)

CHAIR MICHAEL calls the meeting back to order, and recognizes Amanda Lofgren.

MS. LOFGREN begins her presentation of the budget for the Housing and Long-Term Services and Supports focus area with the Focus Area Administration and a \$35,000 reduction to the overall amount of money dedicated for this project. She continues going through line by line, answering questions as she goes along.

TRUSTEE DERR goes back to the housing coordinator, stating that there is nothing in there for FY17 approved. She continues, that was approved for three years.

MS. LOFGREN continues with the community treatment teams that are a mobile-based interdisciplinary team to provide comprehensive wraparound supports to beneficiaries. She adds that this addresses multiple components on the theory of change that directly impacts beneficiaries to support them in the community.

A short discussion ensues.

MS. LOFGREN states that the next project aligns with the reentry intercept. She continues that there is a change here that the funding will actually go to Alaska Housing Finance Corporation in FY18 because they are a housing partner and have multiple programs. She states that it is important to maximize the resources to create efficiencies for all Trust partners. She adds that

AHFC has housing vouchers that are specifically dedicated to beneficiaries coming out of Corrections. She explains in greater detail and then moves on, explaining and answering questions as she goes along.

TRUSTEE NORENE asks how to receive reassurance that beneficiaries are going to get the benefit of the housing project.

MS. LOFGREN replies that there are currently 11 operating grants under the special needs housing grant and knows that the projects that are being funded are targeting the beneficiaries. She adds that it has not historically been consistent, but we are really working hard on clearing that up.

TRUSTEE DERR asks what the Department of Revenue does.

MS. LOFGREN replies that AHFC is in DOR. She continues to the Coalition Capacity Development. She states that, historically, there has been a specific project and \$200,000 to address the Homeless Coalition Capacity Development. That funding supported the statewide coalition coordinator position, the Anchorage coalition coordinator position, and the conference and technical assistance needs. By the Trust having those grants, AHFC has those grants. She explains that grantees are having to apply to both. She continues that they are working with AHFC to pool those resources so that it is one grant application for everyone, and also making sure the dollar amounts that are needed are the right size, because any remaining funds could go back into actually giving beneficiaries housing access. She highlights that the Anchorage coalition position will no longer be funded out of that \$200,000, but will be supporting them in other ways. She adds that the role of the statewide coalition is to really support all of the local coalitions and make sure they all are more coordinated and working together, such as the Reentry Coalition and the Housing Coalition. She moves on to the BHAP, the homeless assistance program, explaining it more fully, and then continues with her presentation.

CHAIR MICHAEL asks for any other questions about housing and long-term supports. There being none, she moves to Beneficiary Employment and Engagement.

MS. LOFGREN states that the Beneficiary Employment and Engagement focus area is a new one that started in 2015, and there has been a lot of stakeholder process and engagement to develop strategies and projects. She continues that in talking about employment it is not just the Department of Labor, but also the Department of Corrections, DHSS, and the Department of Education. She adds that in the beginning of this the data capacity was set up to be able to track the outcomes. There are more placeholders here because of the process of planning for specific strategies. She continues going through the strategies and projects, explaining as she goes along. She asks Katie Baldwin to continue.

MS. BALDWIN moves to the beneficiary program grants that have supported a number of the peer- and consumer-run programs as part of the Beneficiary Projects Initiative. She states that the recommendation is to re-cue it, and we are anticipating transitioning two additional programs off of Trust funding in '18.

TRUSTEE NORENE asks if there is any thought of the Web and NAMI working together, because that is a facility that would work with them, as well.

MS. BALDWIN replies that DeWayne, the executive director of the Web, is fully exploring those options to look where there could be some opportunities to share space or to connect where possible. She states that it is going to be part of the plan and the work that will be needed to be continued in '18 and '19.

MS. BALDWIN and MS. LOFGREN continue the presentation, explaining as they go along.

CHAIR MICHAEL asks if there are any questions on any of the staff's presentation today on the budget. She states that there was some good discussion. She asks for anything else on the agenda.

MR. WILLIAMS states that he is not sure how the trustees want to restructure the budget, but he will take a stab at it and e-mail it.

CHAIR MICHAEL agrees. She asks about the plan for tomorrow.

MR. BALDWIN states that the Resource Management Committee meeting will start at 8:30, then the Finance Committee, and then a Special Full Board meeting to address a few things.

TRUSTEE NORENE states that in the Resource Management Committee, John's update report will be moved to the beginning of the agenda.

CHAIR MICHAEL asks for a motion to adjourn.

TRUSTEE NORENE makes a motion to adjourn the Planning Committee.

TRUSTEE SELBY seconds.

There being no objection, the meeting is adjourned.

(Planning Committee adjourned at 3:20 p.m.)