

ALASKA MENTAL HEALTH TRUST AUTHORITY

PLANNING COMMITTEE

October 22, 2014

10:20 a.m.

Taken at:

Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 120
Anchorage, Alaska 99508

OFFICIAL MINUTES

Trustees present:

Paula Easley, Chair
Mike Barton (via telephone)
Laraine Derr
Larry Norene
John McClellan
Russ Webb
Mary Jane Michael (via telephone)

Trust staff present:

Jeff Jessee
Miri Smith-Coolidge
Kevin Buckland
Michael Baldwin
Marilyn McMillan
Katie Baldwin-Johnson
Nancy Burke
Amanda Lofgren
Natasha Pineda
Carrie Predeger
Lucas Lind

Others participating:

Theresa Holt, Long-Term Care Ombudsman; Patrick Reinhart, Governor's Council on Disabilities & Special Education; Heidi Wailand, Agnew:Beck; Dr. Melissa Kemberling, Mat-Su Health Foundation; Lizette Stiehr, Alaska Association of Developmental Disabilities; Michael Bailey, Alaska Association of Developmental Disabilities; Kathy Craft; Denise Daniello, Alaska Commission on Aging (via telephone); Tom Chard, ABADA (via telephone).

PROCEEDINGS

CHAIR EASLEY calls the Planning Committee to order. She begins with a few announcements. She states that the new long-term care ombudsman is Theresa Holt, and Patrick Reinhart will be taking her place on the Governor's Council on Disabilities & Special Education.

MS. HOLT states that today is her last day, and she is helping Mr. Reinhart out.

MR. REINHART states that he looks forward to working with the Trust, and gives a short background on himself.

CHAIR EASLEY thanks both and moves on. She asks for any changes or additions to the agenda. There being none, the agenda is approved. She moves on to the minutes of April 23, 2014, and then the minutes of August 6 and 7, 2014.

TRUSTEE WEBB makes a motion to accept the minutes of April 23, 2014.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

TRUSTEE WEBB makes a motion to accept the minutes of August 6 and 7, 2014.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

CHAIR EASLEY states that there is one more announcement, and calls on Mike Baldwin.

MR. BALDWIN states that HB 30 was passed into law that set out a schedule for all state departments and divisions to undergo a performance review and an audit. The first one sets up the divisions and departments to be reviewed every ten years. He continues that the first audit and review was of the Department of Corrections, and that is in the process of being finalized. He explains more in detail and states that as more is learned, it will be passed on to the Trustees.

TRUSTEE WEBB asks for a copy of the contract for that performance review.

MR. BALDWIN replies affirmatively. He states that Heidi Wailand will talk about the behavioral health assessment.

CHAIR EASLEY introduces Heidi Wailand with Agnew:Beck.

MS. WAILAND thanks all for the invitation, and asks Mr. Baldwin for a quick introduction of the project.

MR. BALDWIN states that a large project assessing the publicly funded behavioral health system in Alaska has been undertaken. He continues that the question that comes up is: What is the publicly-funded behavioral health system and what does it do. He adds that over the last two years, folks have come together to develop the project. Agnew:Beck was awarded the contract, and are about eight months into the project.

MS. WAILAND shares some slides that were created for the second steering committee meeting. It gives a refresher on the overall scope of the project, some of the work done to date, and where it is all headed. She states that the first and foremost goal of this project is to describe the behavioral health system. She continues that the second goal is to assess the needs of Alaskans for publicly funded behavioral health services. She adds that the third goal is to assess the current capacity of the system to deliver those services. She states the hope to develop a methodology that can be reviewed and used on an ongoing basis. She continues that the final goal is to identify barriers and make recommendations for systems change. She states that Agnew:Beck was awarded the contract with subcontractors Hornby Zeller Associates. She continues that Hornby Zeller has primarily been focused on the quantitative analysis, and Agnew:Beck on the project management and the quality of analysis. She states that she is proud and excited to share that some strong relations have been established. She continues that as part of the RFP design, there was a concept that there would be a data work group with a cross-section of individuals from the boards. She adds, that is working really well, and she is also proud to have been able to establish a strong connection with ANTHC and the Tribal Behavioral Health Executive Committee and directors. She states that the Mat-Su Health Foundation has worked on the environmental scan and has data needs, which are trying to be met. She continues that a lot of the work over the first eight months was getting the data. She adds that they will be working with the most accurate Medicaid dataset available, which is called JUCE.

CHAIR EASLEY asks what the acronyms EDI and DET stand for.

MS. WAILAND replies that DET is the emergency stabilization treatment data, and EDI is electronic data interface. She states that organizations that are not using AKAIMS are able to transfer data through an interface. She shares some of the graphics that were created to describe systems. She states that the first draft of the provider survey has been completed. She goes through the project breakdown of the different tasks, and describes them as she goes along. She continues that Hornby Zeller Associates and Agnew:Beck talked a lot about not wanting to overestimate the need for capacity expansion and recognizing that unused capacity is important to look at before making any recommendations for expansion. She states the hope to produce, at the end of laying this out, three types of needs: First, would be unmet need; second, the concept of unmet demand; and third, the need for capacity expansion, which is being defined as total likely demand, minus total capacity. She concludes her presentation, stating that the survey results should be available soon, and December will be a great time for another steering committee meeting. She thanks all.

CHAIR EASLEY asks when the project is supposed to be completed.

MS. WAILAND replies originally June/July, 2015, but hopes to do it as early as early March.

CHAIR EASLEY thanks Ms. Wailand, and asks for any questions from the committee or Trustees.

TRUSTEE WEBB states congratulations on getting the data, which is huge and very important.

A short discussion ensues.

CHAIR EASLEY states that the Planning Committee will have some interesting challenges when the report is completed. She moves on to Melissa Kemberling, who will be representing the Mat-Su Health Foundation, which is a partner in this study.

DR. KEMBERLING states that she is the director of program planning and evaluation at the Mat-Su Health Foundation, the nonprofit arm of Mat-Su Regional Medical Center. She continues that the foundation seats half the governing board, and receives a quarter of the profits to reinvest in the community in the form of grants and special projects to promote health. She states that a community health needs assessment was done recently, and the top five priority issues were all related to behavioral health. She lists them as: Alcohol and substance abuse; child trauma, domestic violence and sexual assault; suicide and depression; and access to mental health. She states that this resulted with the foundation creating two new focus areas: A Healthy Minds Focus Area, which is focused on the behavioral health treatment system in Mat-Su; and a healthy foundation for families, which is focused on preventing adverse childhood experiences and helping parents that are dealing with them. She continues that a behavioral health environment scan was needed to see what was going on with behavioral health in the Mat-Su. She states, that was broken up into three separate reports: the crisis response system; the whole treatment system; and prevention. She talks about the crisis response system stating that a report will be published in about two weeks. She goes through a draft executive summary and chart, which she refers to throughout her presentation, explaining the methodology used. She states that the Mat-Su Health Foundation is focused on creating system change, and they want their money to impact the system. She continues that the plan is to share this information so that people will know that the data is out there. She adds that it will be combining this with a larger treatment system.

A short question-and-answer period ensues.

TRUSTEE WEBB thanks Dr. Kemberling for all of the work.

CHAIR EASLEY states that this is some amazing information. She asks Michael Baldwin to introduce the next presentation.

MR. BALDWIN states that next is an update on the research project with the Alaska Association of Developmental Disabilities on the MMIS projects. He introduces Lizette Stiehr, executive director of the Alaska Association on Developmental Disabilities, and Mike Bailey, the vice president of AADD.

MR. JESSEE states that the MMIS problem had a very significant impact on the provider system and, therefore, on the Beneficiaries as well. He continues that the Association approached the

Trustees about trying to dig into some of that impact information. He adds that the study was funded by the Trust and this is the report.

MR. BAILEY states a heartfelt sincere thanks from the provider community for the Trust's recognition of the challenges, and stepping up to provide some independent research. He continues that everyone is very pleased with the quality of the report produced by Information Insights. He adds that it validated a lot of the things that providers have been saying along the way. He continues that the director of Health Care Services, Margaret Brodie, took very seriously all the recommendations from this report, and stated that she would make sure that Xerox incorporated all of these recommendations in the corrective action plan. He adds that there will be ongoing discussions with the provider community to gather other provider associations together and collaborate. He states that this provides some objectivity to what is being explained to the auditors and the banks. Because it is an independent study, it has a lot more merit than just what the providers tell them.

CHAIR EASLEY states that it has bankers recognizing that it is not the fault of people who found themselves in disastrous situations.

MR. BAILEY states that it has validated it as an external factor.

MS. STIEHR states that Ellen Ganley does a good job in this report narrative of talking about how programs have had to hire extra staff, pay overtime, and how many people have quit in frustration. She adds that this has been a tremendous help for provider organizations in terms of understanding the problem and sharing it.

CHAIR EASLEY thanks both for their report.

TRUSTEE WEBB states that Margaret Brodie directed Xerox to implement all of the recommendations. He continues that this has resulted in some action.

A short question-and-answer period ensues.

CHAIR EASLEY moves on and recognizes Mr. Baldwin.

MR. BALDWIN states that next on the agenda is an update of the Medicaid waiver information. He continues that this was a request from the Planning Committee for a clear summary of what the Medicaid waiver programs are, and we will use this as a starting point for a larger discussion around Medicaid waivers and Medicaid.

MS. LOFGREN states that putting together a brief synopsis of what the waivers are and how they fit into the State plan was difficult because there is nothing existing out there. She continues that the brochure is something that Senior and Disability Services has, and gives a brief overview of what the document says. She states that the State plan is the agreement between the Department of Health and Social Services and CMS that allows them to bill for the federal matching funds, FMAP, Federal Medical Assistance Percentage. She continues that the agreement between CMS and that State identifies how the program will be administered, who is

eligible, and what programs are available. She adds that the State plan is an evolving document and can change at any time. She states that it is important to recognize that in order to get into Medicaid waiver programs individuals have to apply for regular Medicaid first. She continues that then Senior and Disability Services actually administers the four existing waivers in the state. She states that those four waivers are separated into two separate areas; one is for individuals that qualified for the intermediate care facility; and the other is for individuals with intellectual and developmental disabilities. She continues that the criteria for this program, the services available, and the assessment used to assess eligibility, are all entirely separate. She adds that the IDD waiver program looks at diagnosis, functional ability, and need for support. She states that the second category of waiver services is based on an individual's nursing facility level of care, and the three other waivers fit under this criteria. She continues that this one is based on an individual's sole functional abilities based on bed mobility, eating, transferring, location, and toileting. She adds that the three waivers that support that is adults living independently. She explains this is adults 21 and older who experience physical disability or functional needs. She then moves to the adults with physical and developmental disabilities waiver, and states that these individuals must meet that functional level of care again, based on those five ADLs, but this group also has to have a developmental disability diagnosis. She continues that the last waiver is the children with complex medical conditions. She explains that these are children under the age of 22 that are oftentimes born with very severe medical conditions. She states that the 1915(k) is actually one of the recommendations under the Medicaid Reform Advisory Group that requires nursing facility level of care. She continues that the incentive is that it increases the federal financial participation rate by 6 percent. Instead of 50 percent, the State would get 56 percent of reimbursement from the federal government on that. She notes that not all services that are currently available under the waiver services are available under the (k) option. She continues that if the State does move to adopt the 1915(k) to replace existing waiver services, there could be some changes in that. She states that at the November board meeting we are looking at a two-hour meeting to do a Medicaid 101 and hit these, in addition to just SDS services, and also look at behavioral health services and how they fit together.

MS. BURKE states that the distinction that Medicaid serves our beneficiaries in many settings, in hospital and doctors' offices, in behavioral health, and in Senior and Disability Services, is important to be made. She continues that the programs that utilize waiver services are all located on the Senior and Disability Services side of the house. She adds that Medicaid is a much broader topic than waivers; although waivers are a frequent topic, because they provide critical resources. She thinks that the presentation in November will really benefit everyone.

MR. BALDWIN states that if there are any questions or anything about the context of the November board meeting, please send questions and topics you would like included.

A discussion ensues.

CHAIR EASLEY asks the Trustees about the presentation for November.

TRUSTEE DERR states that there is already direction.

CHAIR EASLEY moves on to updates, beginning with PRI.

MS. BURKE states that the PRI Committee has met, and the program-related investments conversation has been excellent. She continues that there is definitely progress being made on the policies and the framework for what is being done.

CHAIR EASLEY moves on to Focus Area updates.

MS. BURKE states excitement in speaking of Medicaid services and how the State may move forward in providing services to people with behavioral health issues. She continues that the Division of Behavioral Health released a request for funding proposals for an assertive community treatment team combined within intensive case management services. She adds that this is targeted at the Anchorage area, and is a tremendous advancement in the system. She states that it should really assist the community in addressing the needs of the folks with behavioral health. She continues that there will be rental match vouchers that will be available for the people in the program.

CHAIR EASLEY recognizes Natasha Pineda.

MS. PINEDA goes over some of the highlights of what is going on in the Substance Abuse Prevention and Treatment focus area. She reports that she and Katie had the opportunity to host a lunch with the Division of Behavioral Health Prevention grantees that came together last month in Anchorage for their annual conference. She states they used that opportunity to help inform the focus area around the needs of coalitions in the State to move towards a more effective advocacy. She states that the three topics covered in the coalition behaviors were: how they are being currently advocated; how that works for them; and how data is used in decision-making. She moves on to the polling strategy, stating that the PEC was held on October 13, and a notice of intent to award was put out on October 14. She continues that they are currently in the protest period, and when that ends, they expect to move forward with the contract. She adds that it is a pretty excellent product. She states that the Positive Community Norms Campaign was funded in FY14 and FY15. She continues that there will be an annual report coming soon. She adds that Carley is actively participating on the marketing and media team, and she is actively participating on the evaluation team, as well as the leadership team. She states that the first media is anticipated to be produced and delivered in the spring.

TRUSTEE WEBB asks what a “world café style meeting” is.

MR. BALDWIN replies that it is a focus group methodology that creates an opportunity to have some pointed conversations with a more diverse group of folks and creates a round-robin process of addressing questions basically.

CHAIR EASLEY moves on and recognizes Katie Baldwin-Johnson.

MS. BALDWIN-JOHNSON states that they continue to engage in the Title 4 review initiative with the folks that have been participating on the various subcommittees that have been made up of representatives of industry, public safety, public health, the Trust, and many other partners, and

folks that have been engaged in that work. She continues that in moving forward into the legislative session, the intent is to form a legislative watchdog committee.

MS. LOFGREN announces that there is going to be a first annual Alzheimer's conference for long-term services and supports. She continues that it will be November 12-13, called Vision to Reality. In terms of bringing awareness and education in the state on Alzheimer's disease and related dementia, a small group put together a draft of a roadmap. She continues that the six goals from the roadmap are: Promote awareness and early diagnosis; improve access to appropriate housing services and support; optimize quality and efficiency of services; develop workforce trained in dementia care; improved quality of life for caregivers; and data development to monitor ADRD prevalence, cost and care, in addition to research. She adds that the hope is to finalize that draft and have it released in November, which is Alzheimer's Awareness Month, as well as Caregiver Awareness Month. She states that the second large stakeholder planning meeting was held in September, which was an opportunity to meet with the stakeholders to review the initial findings of the policy recommendation from the Institute for Community Inclusion. She continues, that also facilitated a hybrid world café model strategic visioning that identified work groups, the roles and responsibilities in terms of establishing strategies, indicators, and performance measures for the initiative to move forward. She adds that the work groups will start meeting in November. She talks about the opportunity of meeting with the State Vocational Rehab Council in Fairbanks and presenting on the initiative. She states that the Governor's Council has done a lot of great work with their Alaska Integrated Employment Initiative around transition-aged youth with intellectual and developmental disabilities, which is exciting. She states that anyone who is a certified benefits counselor has to be certified by one organization in the nation that is out of Virginia Commonwealth University. She continues that there are nine in Alaska.

MS. BURKE states that the Trustees are all invited to a presentation tomorrow morning on the core competencies program, which has been a major emphasis in the training cooperative. She adds that Kathy Craft is here.

MS. CRAFT states that a meeting with key substance abuse providers to talk about workforce was held on October 10. She continues that the 2016 to 2019 action agenda is being worked on, and we have the trends report for the projections for need in health workforce. She reports that the career and technical education group has been meeting with mining, oil, gas, maritime, and the health industries on working together with high school teachers and university faculty. She adds that they are working with the Department of Labor on the details of a 2014 scope of work. She states the need to make sure that the data usage agreements between DOL and the Trust can receive individualized data from each agency, and not just by region.

CHAIR EASLEY hopes that the Trustees can attend that meeting.

TRUSTEE WEBB states that one of the biggest issues around workforce issues relates to substance abuse issues. He continues that it is a huge cost for people who, if they lose a driver's license, are out of employment. He asks what has been done on that.

MS. CRAFT replies that the update on that would come from Carley, who has taken that over to work with the Alliance. She states that she is not sure. She continues, that was a large topic of discussion at the CTE, Career Technical Ed Conference. She adds that it is critical because kids are not coming out of high school with this knowledge.

MS. BURKE states that funding went into the public education campaign to target those people who might be at risk. She adds that this is an area that should be looked at and to think about how to use the resources to address the costs that come from substance use.

A short discussion ensues.

MR. BALDWIN states that last is about the Authority Grant roll-up. He asks that the documents be read and contact staff if there are any questions.

CHAIR EASLEY states that time has run out.

MR. BALDWIN apologizes for overpacking the agenda.

CHAIR EASLEY asks Carrie Predeger for her presentation.

MR. JESSEE states that there is no time. He continues that it will be added to the Full Board agenda.

CHAIR EASLEY adjourns the Planning Committee meeting.

(Planning Committee meeting adjourned at 12:31 p.m.)