

ALASKA MENTAL HEALTH TRUST AUTHORITY
PLANNING COMMITTEE MEETING

October 26, 2016
9:08 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; Kate Burkhart; Patrick Reinhart; Sherrie Wilson Henshaw; Faith Myers; Dorrance Collins; Susan Musante; Lisa Cauble; Brenda Moore; Charlene Tautfest; Michael Powell; Jim Waldinger; Coy Jones; Nancy Burke; Susanne Fleek-Green.

PROCEEDINGS

CHAIR MICHAEL calls the meeting to order and does a roll call. She states that Trustees Selby and Webb are on their way, and all the other trustees are present. She asks for any

announcements. She states that she and Trustee Easley attended the UAA Behavioral Health Workforce Summit yesterday and thought it was very well done.

MR. BALDWIN states that one of the amazing things about that summit was that the group stayed throughout the whole day. He continues that one of the “ahas” was the need for integration across interdisciplinary work across different settings, and there was a lot of dialogue around making sure there was more interdisciplinary work in development of curriculum and programming.

MS. WAILAND states that she was able to stay and participate in the breakout sessions. A number of interesting things developed in the end. The first is the recognition that the policymakers, leaders, providers and university have alignment. She continues that there was some creative thinking around how to teach in the same kind of team-like manner that is wanted around integrated care in the field. She adds that there was some very innovative and forward thinking, and other ideas that were practical and doable.

CHAIR MICHAEL moves on and asks for any changes to the agenda. There being none, she asks for a motion.

TRUSTEE DERR makes a motion to approve the agenda.

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves to the minutes for August 9th and 10th, 2016.

TRUSTEE DERR makes a motion to approve the minutes of the August 9th and 10th, 2016, meeting.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL states that the first presentation is the Rural Health Clinics Guidelines Update.

RURAL HEALTH CLINICS GUIDELINES UPDATE

MR. WILLIAMS states that he and Luke Lind have been looking at the history of Trust funding related to health clinics, where they have been going, and how it has happened. He continues that, historically, the Denali Commission managed the funding that went out to these health clinics. He adds that when the Denali Commission stopped managing the funding, the Trust was getting direct requests from various entities to fund health clinics. He states that there is a quick summary of this history in the background section of the memo. The context for this is around Trust funding, in general, recognizing that the State fiscal situation in revenue is declining. He explains that as that declines, there will be an anticipated increase demand in terms of grant

requests for various types of services. He talks about the revision to the guidelines for various programs to narrow the focus from what potentially could be funded through those programs, and making sure that applicants understand what is funded and the guidelines. He continues that the Web site has been updated, and webinars have been done to educate grantees. He states that one of the roles of health clinics is providing a model for a career path for individuals in their communities. Health clinics are critical for the beneficiaries out in rural Alaska, as well as the tribal health system. He goes through the guidelines, and states that the next step is figuring out how to communicate this out to the partners. He hopes to come up with a process that will ensure maintaining relations and access in rural Alaska for beneficiaries in a very targeted way.

TRUSTEE DERR asks if the Trust will not approve funding after a project has been completed.

MR. WILLIAMS replies that, in the past, applications have been received where the clinic has been completed, and we are looking for ways to add or reduce the overall cost to the individual entity that constructed the clinic.

TRUSTEE NORENE states that this answers a lot of the concerns that the trustees have expressed, and he thinks that this is the right track.

MR WILLIAMS continues that there are partnership grant guidelines, and we now will develop a similar document for health clinics.

CHAIR MICHAEL thanks both Mr. Williams and Mr. Lind, and states that the next item on the agenda is Nancy Burke and Susanne Fleek-Green.

MS. FLEEK-GREEN states that she is Mayor Ethan Berkowitz's chief of staff at the Municipality of Anchorage, and that Mayor Berkowitz is unable to be here today. She continues that bringing Ms. Burke on board as homeless coordinator has made a huge difference in the office and in the ability to face the challenges in addressing homelessness. She states that Ms. Burke will talk about the impact that the Trust support for the homeless coordinator has made at the Municipality and statewide, as well. She adds that a lot of things were done in the last year, and the Mayor is excited for what can be done next, especially with the social impact bond program and getting that launched in the next 12 months. The hope is that it becomes a model not just on homelessness, but on a lot of the other social challenges that are being faced in Anchorage and statewide.

MS. BURKE states that the presentation is a summary of where we are in terms of the program work. She continues that the single adult populations, as the areas needing the most community organization and programming support, have been identified. Groups are starting to look at families and youth and will continue focusing on veterans, along with people exiting the corrections system. She adds that it is not a complicated formula, but it is a complicated implementation because of all of the requirements that are tied to the funding.

CHAIR MICHAEL asks to go through the presentation briefly.

MS. BURKE begins by stating that there are three main partners: the Municipality, the United Way, and the Coalition to End Homelessness. She states that there is a partnership agreement,

an MOU, between these three that states all will: plan together; implement programs together; and make the best use of resources coming in to the community, because no one expects to see much by way of new government dollars going forward. She continues that the presentation is focusing on the subset of the total homeless population. She adds that needed is data collection assistance; coordination of those resources; looking at how people were accessing the services needed; and then permanence. She continues going through her presentation, explaining as she goes along. She states that the goal is zero deaths on the street this winter.

CHAIR MICHAEL asks if the people that are housed are out panhandling.

MS. BURKE replies no.

CHAIR MICHAEL asks if any planning around the need for another 160 beds has been done.

MS. BURKE replies that they have not planned around a facility because, following the spirit of the Americans with Disabilities Act and access to community resources, people need to be provided with options, and the community does need a certain number of co-located options where supportive services can be layered. She explains in greater detail.

CHAIR MICHAEL asks for any questions.

A short question-and-answer period ensues.

TRUSTEE NORENE asks about any interest generated from Native corporations.

MS. FLEEK-GREEN replies that the Mayor has had conversations with many corporations about their social responsibility; not just Native corporations. She states that AFN just passed a resolution to increase their work on homelessness, and we are reaching out to them to talk about how they would like to engage. She thinks that the answer is that everyone that is benefiting economically in Anchorage will benefit more when Anchorage is a better place for people that are struggling.

TRUSTEE SMITH asks how to increase engagement of the public.

MS. FLEEK-GREEN replies that Anchorage has a very strong and active neighborhood community council network. It is very neighborhood-centered, and they are very active in this discussion.

CHAIR MICHAEL asks where we are with Clitheroe.

MS. BURKE replies that there is a little bit of \$5 million sitting in the DHSS facilities section, and the Municipality has the first chunk of that for predevelopment to look at the sites where the Clitheroe Center is still standing. She states that the thing that is special about the Clitheroe Center is that it does dual diagnosis -- mental health and substance abuse, with a pretty special niche to make sure that is covered for the community.

MS. BALDWIN-JOHNSON states that Mat-Su Health Foundation is very interested in moving forward with essentially convening their community partners around the continuum of treatment in the community. She explains more fully.

MS. FLEEK-GREEN thanks all for being able to have Ms. Burke as someone solely addressing this issue. She states that it would not have been done otherwise.

CHAIR MICHAEL thanks all and states that the API privatization feasibility study is next on the agenda. She introduces Michael Powell who works for the Division of Behavioral Health.

MR. POWELL states that he is the project coordinator, helping to oversee the project, and providing any assistance needed in the process.

MR. WALDINGER introduces himself and his colleague, Coy Jones. He continues that they work for the Public Consulting Group which is a management consulting firm that has been around for about 30 years and works mostly with state health and human service agencies. He adds that they focus most of their time on mental health and substance abuse issues, and helping service agencies at the state and provider levels. He states that they were contracted by the State to do a feasibility assessment for API, and are kind of midstream right now.

MR. JONES adds that they are about three-fifths of the way through the work, and now have some substantial things to test out with the stakeholders. He continues that they are at a critical point in determining where it goes. He states that they are continuing to meet with community providers, as well as labor union representatives, and are finally beginning to come to a close. He explains in more detail. He continues that this will be finished in the next three or four weeks, and then the process of writing the final report will begin; presentation will be made to the DHSS and the Trust, and also legislative hearings. He asks for any questions.

TRUSTEE SMITH asks about the cost structure.

MR. JONES replies that care at API is expensive, and there is no way of getting around that.

TRUSTEE SMITH asks about the top three elements of the cost structure, and adds that labor would be one.

MR. JONES states that all the driving costs are related to labor in some way, explaining more fully.

TRUSTEE WEBB asks what elements of care have been identified as lacking that would impact the potential viability of API as a private facility.

MR. JONES replies that the next stage is looking at privatization options, and a piece of that scope is to look at how services can be distributed within the larger system. He states that API is always going to be limited to influence housing and where people can discharge to. He explains this and states that they are trying to figure out how to quantify the sorts of changes in service delivery to be able to do more with less with just kind of smart investments in the type of treatment that is being made.

CHAIR MICHAEL states that in the audience are probably the strongest advocates for patients of API, and acknowledges Dorrance Collins and Faith Myers. She encourages talking to them about any of the concerns regarding API that may contribute to the work.

MR. JONES states that they have already met with them.

MR. POWELL shares a handout from Ms. Myers with the trustees.

CHAIR MICHAEL thanks both, and calls a break.

(Break.)

CHAIR MICHAEL calls the meeting back to order and recognizes Carley Lawrence with a discussion on advocacy.

MS. LAWRENCE states that at the last board meeting Trustee Selby brought up a couple of questions about advocacy, gearing up for the legislative session, and also some specific questions about community health centers. She begins with a brief update about some of the items that staff has identified as potential advocacy issues this session. She adds that this will be discussed more at the November board meeting. She states that the items identified are: Title 4 alcohol tax; Medicaid reform; criminal justice reform, S891; and the budget. She asks Katie Baldwin-Johnson to continue.

MS. BALDWIN-JOHNSON states that this was framed informally: key things that are important for trustees to hear; what is being heard among the constituents.

MR. CHARD states that he is the executive director of the Alaska Behavioral Health Association which has about 60 members. They include for-profit, nonprofits, tribal, nontribal, community clinics ranging from small mom-and-pop shops to substance abuse and mental health treatment in the state. He continues that their annual meeting was held a few weeks ago, and Senators Kelly and Coghill were invited to talk about Senate Bill 74 and have an open conversation with membership about how this was being implemented and the role of community behavioral health providers for planning and implementation. Both senators seemed open to the concept that these are in the works and not set in stone. He adds that for membership the top priority is the budget. The Medicaid rates have been stagnant since the '90s, and that has created a community behavioral health system that is incapable of meeting the needs. He explains in greater detail the other obstacles facing membership and reiterates that the four things are: Medicaid rate grants; optional services; and the SHARP program.

MS. BURKHART continues that at the presentation in September an overview of budget reductions over the last five years was provided, and flat funding is reduced funding. She adds that this conversation about the initial rate adjustment and then the rate rebasement that is supposed to follow is all happening in the context of a system that has seen its value that was appropriated to erode over time because of that flat funding. She states that it is important, because of the nature of the state and the diversity of the communities and providers of behavioral health services vary from community to community and fluctuate over time. She

continues that it is important to talk about the need for change management and to manage expectation which requires a great deal of communication. It is also important to understand that there is a very reasonable level of anxiety and concern among providers and consumers about what is happening and what is going to happen. She wants to reinforce that the health of the system is not just about how much is paid for services or how well the providers are taken care of, or the folks that actually deliver the direct services, but we also need to be acknowledging and recognizing and managing expectations and change. She goes through and explains in greater detail.

CHAIR MICHAEL thanks Ms. Burkhart, and asks for any questions.

TRUSTEE SELBY appreciates the update and asks how their ability to take best practices from different centers around the state and share those with other folks, which give the whole idea of working smarter.

MR. CHARD replies that we have for-profits in tribal and nontribal, smaller and larger, in the room that meet twice a year face-to-face and we have monthly teleconferences. He states that he sees these connections happening all the time. He explains this more fully.

MS. BURKHART replies that they attempt to connect folks to things that are working through showcasing effective programs in the context of board meetings and other events. She gives some examples and highlights.

TRUSTEE SELBY asks if there is an organized effort on the data collection issue, to try to improve that and get that data collected.

MR. CHARD replies that the providers are approaching it from a different angle than some others. One of the things done was bringing Qualifax up to talk about clustering DHR users and similarly talking about clustering the accreditation folks so they can learn from each other using the same tools.

MS. BURKHART adds, because the Trust has allocated funds toward this, that the idea is that the information goes to a central repository and is pulled down to the stakeholder for reporting. She gives an example and thanks the Trust for the support.

TRUSTEE EASLEY asks Mr. Chard about the total amount of grant money he believes is at risk.

MR. CHARD replies that folks in Fairbanks were looking at a 25-percent reduction.

TRUSTEE EASLEY states that the problems that providers have with regulatory and paperwork requirements have been talked about and asks if there is a way to bring the Legislature into this problem and have them put some pressure on the agencies to relieve some of the requirements on the various organizations without reducing safety to the beneficiaries.

MR. CHARD replies that Representative Neuman is probably one of the legislators that is most interested in that topic. He also states that the Division of Behavioral Health and the Department

have made some serious overtures and efforts recently to revisit the streamlining initiative that the boards, providers, and the State worked on successfully back in 2014. He thinks that conversation will come out of the Legislature in working on the integration.

CHAIR MICHAEL thanks all and states that the trustees really care about what happens with the centers and we hope that all of this effort will integrate with everything that is going on with the consultants and the Department.

MR. JESSEE states that at the joint conference with the University, he is pleased to announce that Kathy Craft was given a national award for workforce advocacy from the Western Interstate Commission for Higher Education,.

(Applause.)

TRUSTEE EASLEY comments that she was impressed that the president of the University of Alaska spent the entire day with all of these organizations and introducing himself to people.

CHAIR WEBB asks Ms. Craft to give a brief talk on what happened yesterday.

MS. CRAFT states that about 100 faculty, staff, stakeholders, providers and practitioners all got together to talk about how the University can better help advance the behavioral health access initiatives and things that are going on in state government with the Department of Corrections and re-entry. She continues that it is a step in the right direction and will become a part of the president's strategic pathways. He is definitely committed to this, and it was a very good meeting.

CHAIR MICHAEL asks for a motion to adjourn.

TRUSTEE WEBB makes a motion to adjourn the Planning Committee meeting.

TRUSTEE NORENE seconds.

There being no objection, the meeting is adjourned.

(Planning Committee meeting adjourned at 11:12 a.m.)