

ALASKA MENTAL HEALTH TRUST AUTHORITY
PLANNING COMMITTEE MEETING

December 15, 2015
1:30 p.m.

Taken at:

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

OFFICIAL MINUTES

Trustees present:

Mary Jane Michael, Chair
Paula Easley
Larry Norene (via Speakerphone)
Russ Webb
Carlton Smith

Trust staff present:

Steve Williams
Jeff Jessee
Miri Smith-Coolidge
Kevin Buckland
Carrie Predeger
Carley Lawrence
Amanda Lofgren
Mike Baldwin
Katie Baldwin-Johnson
Luke Lind

Others participating:

Scott Ciambor; Sue Steinacher (via Speakerphone); Bryan Butcher; Mark Romig; Brian Wilson (via Speakerphone); Monique Martin; Karen Forrest; Al Wall; Charlie Curie; Stephanie Colston; Gina Brimmer.

PROCEEDINGS

CHAIR MICHAEL calls the meeting to order and asks for a roll call. She moves on to approval of the agenda.

TRUSTEE WEBB makes a motion to approve the agenda.

TRUSTEE EASLEY seconds.

CHAIR MICHAEL states that the first topic is Medicaid and supportive housing opportunities. She recognizes Amanda Lofgren.

MS. LOFGREN begins with a couple of updates on Medicaid and how supportive housing fits into that. She states that New York published an article that created a lot of confusion, unclarity of what Medicaid will pay for in terms of housing and permanent supportive housing. She continues that through a lot of the Medicaid reform initiatives, particularly the 1915 (i) and 1915 (k) home and community services, one of the considerations is providing services such as community support, housing counseling and the supportive services that support individuals in maintaining their permanent supportive housing. She adds that Medicaid does not pay for actual rent or room and board. She continues, that clarification was received from the technical assistance collaborative and some of the other contractors. She states that some other work that is happening with partners with the Division of Behavioral Health Senior and Disability Services, Alaska Housing Finance Corporation is the community living program, which is redefining and restructuring the general relief program. She continues that the State was a recipient of the 811 in addition to the moving-home vouchers which is targeting beneficiaries. She introduces Scott Ciambor, who will go through the current supportive housing and the work that is happening with the statewide coalition.

MR. CIAMBOR states that he is a planner with the Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse and is currently the Chair of the Alaska Coalition on Housing and Homelessness. He continues that both entities are looking at housing issues and primarily special-needs housing, permanent supportive housing. He gives a short history of his background and experience. He states that whenever he talks to groups and communities it is very important to make sure that everyone is on the premise that it is a community's responsibility to provide the housing and appropriate homeless services to those experiencing homelessness in the community. He continues that the goal of this presentation is how to get the tools to communities so they can do the analysis and put the housing stock in place that is needed in their community. He adds that it is really important for Trust beneficiaries or agencies that work with the homeless to recognize that the effectiveness of the approach to any homeless in the community also relies on the fair market. If there are no vacancies in the one-bedroom rental market, or if they are not cost effective enough for the voucher, then the rental assistance and voucher programs may not be effective. He states that communities need to understand that the combination of housing and healthcare go hand in hand. Affordable housing has dual meanings, and it is good to distinguish the difference. He continues that of all the various categories targeting low income, special needs tend to be called the affordable housing industry. He adds that the other definition for affordable housing is whether or not the housing that is had as an individual takes up 30 percent or more of this individual's income. Every single community

needs to understand what the whole spectrum looks like in their own community. He goes through the responsibilities on the State level and then on the local level. He talks about the collective impact and states that it is important in going forward because of the need to develop more housing in the state, especially within the continuum of care; there will be a need for communication with the Legislature and communication on the local level so that the resources necessary to develop the system can be acquired. He states that one of the basic foundations of collective impact is that folks working on an issue are using the same language, and at this point all are using different languages. He moves to what is considered the continuum of care model which he explains in greater detail, talking about emergency shelter, transitional housing, and permanent supportive housing. He states that the definition for continuum of care, in general, is more of a planning process coming down from HUD to make sure that the community uses resources to end homelessness and is able to assess that system to see how it is working and what can be improved. He continues that there are two continua of care in Alaska: one is in Anchorage and the rest is the balance of the state. He explains that the funding from HUD directly for those programs that participate is \$3.5 million for Anchorage and about \$900,000 for the balance of the state, which is for the 12 programs in the balance of state communities. He talks about the funding sources for the continuum of care. He states that the Alaska Coalition of Housing and Homelessness was created in the '90's and is an all-volunteer board. He continues that they are currently recruiting for an executive director. The coalition is supposed to manage that balance of the state continuum of care. In the case of managing the homeless situation in all those communities, one of the key barriers has been access to information. He goes through how that is analyzed and talks about how the permanent supportive housing is run by the Juneau Alliance for Mental Health. He states that the Coalition has been excited to participate in the Trust/DBH efforts to work with the Technical Assistance Collaborative to figure out how to get more permanent supportive housing in the state. He continues that TAC is working on the culminating report addressing all of the key components in order to make that happen.

MS. LOFGREN states that the draft of that report will be received tomorrow. She continues that after reviewing and providing some comments and edits it, will be sent out to the trustees.

MR. CIAMBOR continues his presentation, going through and addressing each slide.

TRUSTEE EASLEY asks how many communities participate in the annual point-in-time count.

MR. CIAMBOR replies that only 15 of Alaska's 352 communities participated. He states the need to do a better job of having the hub communities participate.

TRUSTEE SMITH asks what is the definition of "communities."

MR. WILSON states that they define communities as cities and the state; they were broken down into census areas because some of the communities have a handful of people and Anchorage has 300,000.

TRUSTEE SMITH asks if there is a minimum number of people in the census area.

MS. STEINACHER states that she is in Nome and has a comment about the point-in-time and rural communities. She continues that in Native villages there are no homeless people because

everyone knows everyone else. She adds that what they have are massively overcrowded homes. In Nome, the only homeless are the chronic alcoholics wherein there are families with six kids sleeping on a mat in a room. The way the homeless count counts homeless is not going to work in rural Alaska. She states that there needs to be a way to capture the massive overcrowding.

CHAIR MICHAEL thanks Ms. Steinacher and appreciates her comments.

MR. WILSON states that the average census area population is 24,490 people. He continues that taking Anchorage out of that and the balance of state census area is 28 communities with an average population of 14,943.

MR. CIAMBOR moves on to the housing inventory count, explaining in greater detail.

MS. LOFGREN adds that one of the things that is going to be very specifically recommended in the permanent supportive housing strategic plan is to actually identify the specific number of new units that need to be brought on and then how to collectively work together on how to implement that.

MR. CIAMBOR moves on, explaining the framework that has been set up for evaluation. He states that there are handouts on Kodiak, Ketchikan and Barrow. He goes through Ketchikan as a case study, explaining as he goes along. He states that if Housing First permanent supportive housing is the best practice, then there is a need to talk about finding leadership and then a long education process. He moves on, stating the need to make sure this collective impact language is used to analyze the same for every agency that works on the issue. He states that the Governor's Housing Summit is coming up, and the State coalition has stated that one of the reasons nobody is addressing this in local communities is that it is not required. He suggests making sure that the comprehensive plan is in legislation and is addressed in every municipal comprehensive plan. Housing is very important. He talks about providing data and gives a few examples of how it has been done in other states. He states that eventually putting these fundamental pieces into place will require funding. He adds that this is where we are.

MS. LOFGREN thanks Mr. Ciambor and states that the work that the coalition does for both Anchorage and statewide is tremendous and invaluable in getting closer to be able to access the data and work with the communities to expand permanent supportive housing across the state. She also thanks Brian and Mark for coming out today and giving us the opportunity for some high-level updates on housing that relate to beneficiaries, and also getting the dialogue and conversations started about how to collaborate and coordinate with AHFC more in actually getting the housing and expanding permanent supportive housing across the state.

MR. BUTCHER states that he is the CEO for the Alaska Housing Finance Corporation, and Mark Romig is the director of planning and program development.

MR. ROMIG states that the AHFC and the Trust have had a partnership for a couple of decades, and one of the efforts is a special needs housing grant program. He continues that the special needs housing grant program and the homeless assistance program are the two largest components of their capital budget. He adds that the Special Needs Housing Grant Program primarily focuses on Trust beneficiaries with a small nuance in it that can allow disabled folks

who are not beneficiaries to live in those units. He states that there are about 370 of those units scattered across the State. In addition, also managed collectively with the homeless assistance fund called the Basic Homeless Assistance Program, which touches about 12,000 people annually in the State. About 20 percent of those are Trust beneficiaries. He continues that there has been a change in federal policy. HUD will no longer fund emergency shelters in the continuum of care and are pushing all of the agencies that fund permanent housing towards integration of people with disabilities. He moves on, stating that their largest program in the state for affordable housing is their public housing programs; that is, Housing Choice voucher and public housing program. He continues that there are about 406 units of set-aside rental assistance through the Moving Home Program, the coming Section 811 Program, sponsor-based rental assistance that was used in Karluk Manor, and some project-based assistance used in a project in Kenai called Main Tree. All of these projects focus on people with disabilities, and the vast majority are probably Trust beneficiaries. He adds that there are also about 1400 of the 4300 regular vouchers that go to households where the head of household has a disability. HUD does not allow tracking people by mental or physical disability. He continues that, in addition, there are about 1400 units of public housing, also some project-based Section 8 that are owned as an entity. Another program that has a significant impact as related to the budget is the weatherization program. Under the weatherization program there has always been a priority for elderly, families with children and people with disabilities under this program. He states that there are a lot of debt programs that AHFC assists both private and nonprofit organizations with special needs through the mortgage department. He continues that HUD's 811 Program is now rental assistance, which has a significant number of units scattered all over Alaska. In Anchorage, NeighborWorks Alaska is a manager of most of them. He adds that the Section 202 Program is for the elderly population which receives rental assistance and USDA 515 program has about 1,000 units scattered all over Alaska that also receive rental assistance. He states that the Trust has participated in a number of different projects with capital funds, as well as other types of things.

MR. JESSEE states that AHFC is also one of the key partners in the recidivism reduction effort.

CHAIR MICHAEL asks how the economic times will impact Alaska Housing, and are there any policy changes in how business is done because of it.

MR. BUTCHER replies that about \$2 billion has been paid in dividends to the State over the last 29 years or so. He explains that when the State was in a fiscal crisis a lot of relief was not available to some of these programs. So when AHFC was making money, the State desperately needed the money. He states that Governor Walker has been very supportive of housing programs, and explains how that helped.

MR. ROMIG states that one of the challenges is adjusting the way these programs work based on the increased needs in various places. He explains in greater detail. He continues that he brought some handout materials, a PowerPoint on the tax credit program, which he would be happy to come back and explain and answer questions.

CHAIR MICHAEL states that would be helpful because there has been a bit of controversy about the low-income tax credit program and how that all works.

A short discussion ensues.

TRUSTEE EASLEY comments that this presentation helped bring the focus and all the information together, which was needed.

CHAIR MICHAEL agrees and thanks them. She calls a five-minute break.

(Break.)

CHAIR MICHAEL calls the meeting back to order. She asks Ms. Lofgren to introduce the guests.

MS. LOFGREN introduces the panelists: Monique Martin, Commissioner's office; Karen Forrest, deputy commissioner; Al Wall, division director; Charlie Curie; and Stephanie Colston. She turns it over to Ms. Martin for an update on the Medicaid expansion and redesign work.

MS. MARTIN states that she is a healthcare policy adviser in the Office of the Commissioner at the Department of Health and Social Services. She continues that they are in the process of drafting the final report which is due to the Department on January 15, in time for the legislative session. She adds that she will give the preliminary findings, but the report will show the costs and savings associated with some of these recommendations. She states that following the release of the report there will be a Webinar on January 21 giving an outline of what is in that final report document. She moves on, stating that there are a lot of other reform efforts underway at the Department. One of the big ones is the Tribal transportation and referral policy change that is pending from CMS. She states that the Department has advocated that transportation in Alaska is a critical component of access to care and originally was going to seek an 1115 waiver to try and achieve 100 percent federal match. The other piece of the 1115 waiver was referrals. During the President's summer visit, he and Governor Walker decided to change national policy to provide 100 percent federal reimbursement for transportation related to Tribal care and those referrals. This has the opportunity to save an incredible amount of money. She continues that a lot of the reforms come with different waivers or statute changes that will have to be pursued with the Legislature. The attempt now is how to incorporate all these different things and then how to prioritize them. She adds that also is the prioritization of some of those reforms or efforts that can be undertaken that will result in budget savings as quickly as possible. She states that Phase II of the contract, which has a deadline of April 1, has been put on the back burner. She continues, that will need a dialogue about what is the sense in moving forward in implementation of the reform recommendations. She adds that they would like to continue this dialogue with the Trust to keep all informed in going through this process and asking for support.

MS. LOFGREN states that she failed to introduce Thea and Heidi with Agnew::Beck, and also Sandra Heffern, an integral partner with AK reform.

MS. MARTIN invites all to attend the AK Health Reform presentation tomorrow, and thanks all for the ongoing support for the redesign efforts.

TRUSTEE WEBB recognizes Katie Baldwin-Johnson.

MS. BALDWIN-JOHNSON introduces Charles Curie of the Curie Group and Stephanie Colston of Colston Consulting who have been working with the Trust, the Division and Department and coordinating with other contractors that are working on the Medicaid redesign and reform effort, specifically thinking about behavioral health. She states that Charles Curie is the principal and founder of The Curie Group, a management and consulting firm specializing in working with national and international leaders in public and private healthcare, particularly in mental health services and substance abuse treatment and prevention areas. She continues that Stephanie Colston, of Colston Consulting, has a successful history in consulting with and administering agencies, programs and projects focusing on cost-effective solutions for substance abuse and mental health services and systems.

MR. JESSEE adds that Charles Curie was the head of SAMHSA in a prior administration, and made an effort to get to know the state, particularly rural Alaska. He has done consulting work with Native corporations and others since his time with the federal government.

MR. CURIE thanks both for the introduction and kind words. He states that it is a privilege to work with the Mental Health Trust Authority. He continues that he had the privilege of Stephanie Colston being his senior adviser for drug and alcohol prevention and treatment issues. He adds that she also has a strong background in mental health. He states that in the last several years, Medicaid has become more and more of a critical factor in assuring that there is a broad array of services available to the individuals who tend to be the public sector clients; people with the most serious mental illnesses; people with drugs and addiction; children with serious emotional disturbance. This is an opportunity to utilize the Medicaid waiver options. He adds that there has been discussion of Medicaid expansion in terms of what to do with those resources in an effort to rebalance the system. He continues that the efforts being put forth now are to identify a strong continuum of care, which is very important and critical. Part of what is going on now is a process of evaluating the appropriate role of government and the appropriate role of the Division of Behavioral Health. He states that, in looking ahead, how to develop the system that is providing care management and a managed system which maximizes resources and leverages behavioral health, at the same time achieving integrated care in treating people holistically. He adds, that is the challenge. He continues that there are a lot of solutions out there and a lot of opportunities to discuss specifically what would make the most sense for Alaska. He states that what has been found so far is a real motivation on the part of a range of parties in the system to be engaged in helping shape what the system could look like here. He continues that he is very open in having a dialogue in terms of questions and issues that are felt to be critical. He states that it is real critical for the State as it evolves its plan for clarity in terms of what the Department and Division sees as their roles in moving this along and arriving at that goal. He continues that, sequentially, it is going to be very important for Alaska to be moving in a direction where it understands the need to have elements of a managed care system that is evolved before arriving at that vision.

CHAIR MICHAEL states that it is important to develop an overall comprehensive health plan that sustains administrations and that there be a keeper of that plan. There is a need to ensure the future. She continues that getting through this legislative session and getting through it with Medicaid reform being approved by the Legislature is her biggest concern.

MS. FORREST states, from the Department's perspective, there is much interest in looking beyond the session, as well. She continues with the question of how to have a dialogue that moves into sustainability over the years. She adds that it would be helpful to have more conversation about how to build some dialogue with the Legislature in terms of talking about some of the priorities that are being seen.

MR. CURIE states that the Department and Agnew::Beck have done a tremendous job looking at various models in other states. He recommends, from a behavioral health perspective, as the new system is being envisioned, is to link up with counterparts in the states that have already gone through a process of Medicaid reform, Medicaid managed care, behavioral health Medicaid managed care, and have a dialogue to understand the benefits that have occurred and lessons learned.

TRUSTEE WEBB states the need to communicate the need for a thoughtful approach to legislators who are looking for the greatest potential savings. He asks how to get the legislators, providers and the public's support.

MS. MARTIN states that people are talking about it, and one of the next steps is to keep that dialogue going.

MR. WALL thanks the Trust for their involvement, guidance, and even just their interest in behavioral health services in the state. He also thanks the Trust for their best asset, their staff. He states agreement in the issue of keeping the conversation moving forward in a positive direction. He states that it is important to keep in mind that Alaskans that need care receive care. He continues that this week is the kickoff of the conversation about the system of care change overall, and there is so much moving. The way everything was done in the past is changing.

A discussion on sustainability ensues. The conversation continues.

TRUSTEE SMITH asks how to get a shared vision for healthcare in Alaska; a shared vision for healthcare delivery.

MR. CURIE replies that the Department is engaged with the broad base of who makes up the healthcare system. Clearly there are recipients, family members of recipients, providers and they basically have a plan around ongoing engagement. He states that it is important to pull together elements of a vision and in that engagement process, invite people to participate and share their own vision. This is what the Department is doing.

MR. WALL states that one of the aspects that is often missed, particularly from the government's perspective, is the tendency to invite people to the table that are in the same perspective zone. He continues that the perspective needs to broaden, and we need to talk to a wide variety of people, not just the ones that you are comfortable with. He adds that getting outside that box was really critical.

CHAIR MICHAEL agrees and states that people operate in silos.

The discussion continues.

MS. COLSTON talks about financial mapping and then rated funding.

TRUSTEE EASLEY states that she observed that at the Healthcare Policy Summit some of the more obstinate legislators and staff participated and paid attention. She adds, that was very encouraging.

CHAIR MICHAEL asks for any last comments to share with the Trustees.

MS. FORREST takes the opportunity to say thank you and looks forward to working on figuring out how to roll out the Medicaid redesign, how to strategize and prioritize; and emphasizes that it is a partnership with the healthcare system.

CHAIR MICHAEL asks to please keep the Trust informed as the strategies are developed.

MR. WALL states that a contractor was just signed on to help with the system-of-care overhaul. He introduces Gina Brimner who works with WICHE and is going to be the contractor for behavioral health for the system-of-care piece.

CHAIR MICHAEL states that was a great update and appreciates it.

MS. BALDWIN-JOHNSON reminds all that they will be presenting tomorrow at the early hour of 7:30 a.m.

CHAIR MICHAEL states that in terms of the visit to Nome and the discussion about a housing assessment, she asks if staff has followed up on that and where that stands.

MS. LOFGREN replies that a request was submitted for a couple of different pieces that are in addition to the needs assessment. She adds that one of the requests was to have a technical assistance contractor work with them locally to implement some of those pieces.

TRUSTEE WEBB makes a motion to adjourn the Planning Committee.

TRUSTEE SMITH seconds.

There being no objection, the motion is approved.

(Planning Committee meeting adjourned at 4:30 p.m.)