

MEETING AGENDA

Meeting: Planning Committee
Date: April 20, 2017
Time: 8:45 am
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (844) 740-1264 / Session Number: 805 183 279 # / Attendee Number: #
<http://thetrust.webex.com>
Trustees: Mary Jane Michael (Chair), Laraine Derr, Paula Easley, Larry Norene, Jerome Selby, Carlton Smith, Russ Webb

Thursday, April 20, 2017

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8:45 am	Call to order (Mary Jane Michael, Chair) Announcements Approve agenda Approval of Minutes <ul style="list-style-type: none"> December 12, 2016 January 5, 2017 	4 14
8:50	FY19 Budget Planning and Stakeholder Process <ul style="list-style-type: none"> Trust Staff 	
9:00	DHSS Update – Federal ACA Repeal, State Reform Initiatives <ul style="list-style-type: none"> Monique Martin, DHSS Deputy Director 	
9:40	Economic Impact of Alcohol & Drug Abuse in Alaska <ul style="list-style-type: none"> Jim Calvin, McDowell Group, Principal 	21
10:20	Break	
10:30	Governor’s Council on Disabilities & Special Education – FASD working group update <ul style="list-style-type: none"> Christie Reinhardt, GCDSE, and Jean Gerhart-Cyrus Board Member 	36
10:50	Health Information Exchange Update <ul style="list-style-type: none"> Heidi Wailand 	43
11:05	Potential Program Related Investment – Choices & Alaska Mental Health Consumer Web <ul style="list-style-type: none"> John Morrison & Aaron O’Quinn, Trust Land Office 	
11:30	Adjourn	

Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance 2017 / 2018 / 2019

(Updated – March 24, 2017)

Planning Committee Dates:

- August 1-2, **2017** (Tue, Wed)
- October 17, **2017** (Tue)

- **January 4, 2018** (Thu)
- **April 18, 2018** (Wed)
- **Jul 31- Aug 1, 2018** (Tue, Wed)
- **October 17, 2018** (Wed)

- **January 3, 2019** (Thu)
- **April 17, 2019** (Wed)
- **Jul 30-31, 2019** (Tue, Wed)
- **October 16, 2019** (Wed)

Resource Management Committee Dates:

- August 3, **2017** (Thu)
- October 17, **2017** (Tue)

- **January 4, 2018** (Thu)
- **April 18, 2018** (Wed)
- **Aug 2, 2018** (Thu)
- **October 17, 2018** (Wed)

- **January 3, 2019** (Thu)
- **April 17, 2019** (Wed)
- **Aug 1, 2019** (Thu)
- **October 16, 2019** (Wed)

Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance 2017 / 2018 / 2019

(Updated – March 24, 2017)

Finance Committee Dates:

- August 3, **2017** (Thu)
- October 17, **2017** (Tue)
- **January 4, 2018** (Thu)
- **April 12, 2018** (Wed)
- **August 2, 2018** (Thu)
- **October 17, 2018** (Wed)
- **January 3, 2019** (Thu)
- **April 17, 2019** (Wed)
- **Aug 1, 2019** (Thu)
- **October 16, 2019** (Wed)

Full Board of Trustee Meeting Dates:

- May 3-4, **2017** (Wed, Thu) – Mat-Su
- September 6-7, **2017** (Wed, Thu) – Anchorage – TAB
- November 16, **2017** (Thu) – Anchorage – TAB
- **January 24-25, 2018** (Wed, Thu) – JUNEAU
- **May 9, 2018** (Wed) – TBD
- **September 5-6, 2018** (Wed, Thu) – Anchorage – TAB
- **November 15, 2018** (Thu) – Anchorage – TAB
- **January 30-31, 2019** (Wed, Thu) – JUNEAU
- **May 8, 2019** (Wed) – TBD
- **September 4-5, 2019** (Wed, Thu) – Anchorage – TAB
- **November 14, 2019** (Thu) – Anchorage – TAB

ALASKA MENTAL HEALTH TRUST AUTHORITY
PLANNING COMMITTEE MEETING

December 12, 2016
1:00 p.m.

Taken at:

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

OFFICIAL MINUTES

Trustees present:

Mary Jane Michael, Chair
Jerome Selby (via Speakerphone)
Laraine Derr (via Speakerphone)
Larry Norene (via Speakerphone)
Russ Webb
Carlton Smith

Trust staff present:

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

Others participating:

Faith Myers; Dorrance Collins; Dave Fleurant; Randall Burns; Chris Kowalczewski; Roy Scheller; Patrick Reinhart; Jim Gottstein; Diane Casto (via Speakerphone); Van Dusen (via Speakerphone); Kate Burkhart (via Speakerphone).

PROCEEDINGS

CHAIR MICHAEL calls the Planning Committee meeting to order and recognizes the trustees that are present and online. She asks for any announcements. There being none, she moves to the agenda and states that there are a few modifications.

MR. JESSEE states that at 1:25, he will be presenting and discussing a memo in the packet concerning project updates around disability rights issues. He continues that Jim Gottstein is here and would like to present some information related to that particular topic.

MS. BALDWIN-JOHNSON notes that a discussion of the 1115 waiver and forensic evaluations at API was on the agenda and will be postponed because Stephanie Colston, who prepared a memo, is unable to be here today. She states that there will be a quick update, and then a more thorough discussion in January.

CHAIR MICHAEL asks for a motion to approve the agenda.

TRUSTEE SMITH makes a motion to approve the agenda, as modified.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL asks for a motion to approve the minutes of October 26, 2016.

TRUSTEE SMITH makes a motion to approve the minutes of the October 26, 2016, meeting.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL states that the first item on the agenda is the 115 waiver and forensic evaluation at API.

115 WAIVER AND FORENSIC EVALUATION AT API

MS. BALDWIN-JOHNSON states that the question that was raised focused on reimbursement of the competency restoration evaluations, some of the implications, and what considerations on the behavioral health reform initiative will be taken. She asks Randall Burns to continue.

MR. BURNS states that the real question and major issue has to do with the process, the mechanics, and just the complications of performing the evaluations, and the existing system.

MR WILLIAMS asks Mr. Burns to briefly walk through the current process.

MR. BURNS replies that he can do that, but asks to wait until the January meeting.

MS. BALDWIN-JOHNSON requests that the trustees have a chance to review what Ms. Colston has prepared and forward any questions to Chair Michael so they can be included in the January 5th discussion.

CHAIR MICHAEL asks for any other comments.

MR. BURNS mentions that a contract with WICHE to do an evaluation of the forensic evaluation services was made. He adds, that report will be heard next time.

CHAIR MICHAEL asks Mr. Williams to send an e-mail to the trustees reminding them to send any questions regarding the document in the packet by Friday. She moves on to psychiatric disability rights.

PSYCHIATRIC DISABILITY RIGHTS

MR. JESSEE states that the memo in the packet is a response to a request from Trustee Webb for some updates in a number of areas. He briefly goes through the memo beginning with the patient grievance procedures and states that there is a time line that shows what has been accomplished to date. He states that in November there was a meeting with the API advisory group chair, Brenda Moore, to establish a plan for identifying ongoing current problems and looking at tailored solutions to those. He adds that the plan is to continue to work with Ms. Myers and Mr. Collins, as well as the boards, the Disability Law Center and the partners to ensure that patient rights are protected and to pursue any necessary legislation and/or regulation changes. He asks for any questions or comments.

MR. COLLINS explains that, through committee, the grievance procedure was revised in 2007; but then management set about to rewrite it. He continues that it was then rewritten, and everything that was put in was taken out. Three months ago a new copy of the grievance procedure was received and patients have a right, by law, to bring their grievance to an impartial body. He states that it is a nurse that opens up the grievance box and takes out the grievance, which is not impartial. It is a terrible grievance procedure. He thinks that the law is poorly written. It is vague and allows the Department of Health and Social Services to create what they want for convenience, and, he adds, that patients are mistreated. He states that the only way to fix it is through revising the law.

MS. MYERS states that what is needed from the Trust Authority is a support letter calling for the improvement of rights for the disabled Trust beneficiaries starting with the grievance and appeal process. She adds that the Trust should also put improving patient rights on agendas, as it is an ongoing effort.

MR. COLLINS states that it is not just about API, but also Fairbanks Memorial, Bartlett in Juneau, which both do civil commitments. He continues that the Trust is the largest patient advocacy organization in the state of Alaska and has a role to say something. He adds that the Trust will be listened to.

MR. JESSEE states that the approach, from the Trust perspective, has been to work with the partners -- particularly the Mental Health Board and the Disability Law Center -- because this is an area of great importance and within their sphere of responsibility. He asks Ms. Burkhart to talk about the meeting in November and what the plan is coming out of that.

MS. BURKHART states that in the conversations around this issue it is important to understand that while the procedure by which patients register their concerns and complaints is important, it is also important to identify the root causes of negative patient experiences and to support the hospital in finding solutions. She adds that there are still patients that do not feel empowered to participate in their treatment, do not feel included in their discharge planning, and are not feeling respected or supported by staff. They often feel coerced in going along with treatment planning as well as medication recommendations and have also reported limited access to outside advocacy, particularly legal advocacy. She states that patients feel more comfortable raising their concerns and complaints with outside advocates. She continues that this group decided to dig in, see what the root causes are, and work with the hospital to solve them with the understanding that there are a lot of things going on. She states that there is the privatization study, reform issues, the recommendation from the criminal justice work group, the issues around the increasing demand for forensic capacity, and the pressure this is putting on the civil commitment capacity.

MR. JESSEE states that, by definition, nearly all the patents admitted in API are in some state of psychiatric crisis. It is not easy for them to effectively take advantage of a grievance procedure even if it is very detailed. He continues that having someone not connected with the hospital, on site, could help the patient take advantage of the procedure. He states that the work with the groups will be continued to come to an agreement on what statutory changes are necessary and then, as legislative liaison, it will be his task to get those passed. He asks for any questions.

CHAIR MICHAEL states that she heard the request to write a letter and asks if there is something that can be done in the meantime to show Trust support for this issue that has been on the record for a long time.

MR. JESSEE replies that a letter can be written for the trustees to review and approve that would state the importance the trustees feel on this issue.

MR. JONES states that there will be a draft letter at the January 5th meeting.

CHAIR MICHAEL agrees.

MR. FLEURANT states that there is a model in California where the state contracts with a nonprofit agency to provide the patient advocacy services that are being discussed here. He continues that he is in the process of getting more information about what that long-term contract with the State looks like. He adds that this type of planning cannot be done without acknowledging the fact that there are stressors on API that makes it difficult to protect any individual's rights, and those are the individuals that do not have a primary diagnosis of mental health.

CHAIR MICHAEL thanks Mr. Fleurant, and asks Mr. Jessee to continue.

MR. JESSEE states that the second section of the memo, as requested, is review of the criminalization of patients at API. He continues that there was a period of time where the incidents of reports and arrests spiked considerably and a lot of concern was raised by many people. Gavin Carmichael, the current director, provided a copy that gives an idea that that spike in arrests were where the staff were allegedly assaulted by patients. He adds that this chart shows a dramatic increase in arrests in 2014, and, subsequently, a very substantial decrease in 2015 as this issue was addressed at various levels. He goes through and explains in greater detail. He cautions about drawing any conclusions based on this data on the overall level of assaults. He states that the final section of this memo is the review of Alaska mental health statutes that was instigated with the Commission of the University of Nevada, Las Vegas, to work with the Criminal Justice Working Group and the Title 12 Legal Competency Subcommittee to take a complete review of Alaska statutes covering commitments for determining competency to stand trial and related involuntary civil commitments. He continues that the Criminal Justice Commission was created, by statute, and was charged specifically with making statutory recommendations to the Legislature and the Governor. At that point, it was believed that was the best way to handle the UNLV recommendations. He adds that the good news is that the Commission, recognizing the importance of continuing that work, agreed to continue the behavioral health subcommittee. There is a coordinating meeting coming up, with the expectation that the subcommittee will meet in early January.

MR. WILLIAMS adds that there are several considerations at play for taking the full report and all of its recommendations and moving them forward for statutory change.

MR. JESSEE asks for any questions. There being none, he recognizes Jim Gottstein.

MR. GOTTSTEIN states that he is with the Law Project for Psychiatric Rights. He handed out an affidavit from Dr. Peter Goetzsche, who gave a presentation in Alaska sponsored by the Trust. He adds that the video of that is online on YouTube on the psych rights channel. He also handed out his law review article, "Involuntary Commitment and Forced Psychiatric Drugging in the Trial Courts: Rights Violations as a Matter of Course." He states that the main thing he would like to talk about is the extremely counterproductive nature of the pervasive use of psychiatric drugs in the system and the rights part of it is where people are forced to take it. He continues that since this article the evidence just keeps piling in. People diagnosed with serious mental illness in a public mental health system are now dying 20 years earlier than the general population. He adds that there is no uproar about this dramatically decreased life span for this population, which shows how little society cares about the beneficiaries. He states that it is pretty clear that 80 percent of people suffering from a first psychosis can recover if a selective of neuroleptics are not used. He explains that neuroleptics are recognized as chemical lobotomies. If they can be avoided in the beginning, then 80 percent can get on with their lives and recover. He continues that with the ubiquitous use of these drugs, only 5 percent are recovering. He adds that, in the middle, when people are put on them and try to get off, only 40 percent recover. He states that it is critically important to establish a system that has a selective use of neuroleptics to try to determine who can get better and get through it without the use of them. He thinks that it is critically important for the Trust to totally take its focus away from supporting the use of

psychotropic drugs and support the use of nondrug alternatives that have been shown to be more effective. He states that there is a case in the Alaska Supreme Court where he is arguing that the State cannot constitutionally drug someone against their will if a less intrusive alternative could be provided. He adds, that will be decided in about a year or so. He states support for the efforts of Ms. Myers and appreciates being put on the agenda to give remarks.

CHAIR MICHAEL thanks Mr. Gottstein for all of his work for advocating for patient rights and the whole medication issue. She adds that he has made huge progress for people. She asks for any questions.

TRUSTEE NORENE states that he has attended a few of Mr. Gottstein's talks, and the part about the use of these drugs with children was impactful. He asks him to take a brief minute and explain why that is of interest to him.

MR. GOTTSTEIN replies that one of the reasons that Soteria did not get many first-timers is that their residents started out being drugged as children. He states that the absolute worst are children in foster care because they have been found to be the subject of abuse or neglect. The impact of yanking children out of their homes is what will cause them to be upset and act out. Often times the foster placements are pretty horrific and, almost all the time, they are not made to feel like part of the family, which makes them upset. He continues that there is this kind of universal mental health evaluation that tracks children into getting psychiatric treatment, which is virtually always drugs. These children are told that there is something wrong with their brain and they do not have any control over their behavior. They are told that they need to be on these drugs for the rest of their lives, which is a recipe for a disastrous life for these children. He states that most of the psychiatric drugs given to children on Medicaid are not actually authorized under Medicaid; they are not covered, and the government basically ignores that. From his perspective, the Bring the Kids Home project took them from kid-drugging prisons outside the state to building kid-drugging prisons here in the state, and we could do better than that.

CHAIR MICHAEL asks for any other comments. There being none, she calls a five-minute break.

(Break.)

CHAIR MICHAEL calls the meeting back to order and moves to Predevelopment Guidelines for Development.

PREDEVELOPMENT GUIDELINES FOR DEVELOPMENT

MS. BALDWIN-JOHNSON states that the Trust has been a supporter of the predevelopment partnership program for a number of years, and trustees have authorized funding annually. She continues that requested at the April Finance Committee meeting was some more knowledge about the individual projects that are coming through predevelopment. She was asked to come back with a proposed process that would account for the vetting of the projects. She states that prior to deciding whether or not to move forward on an application, seven items are gone through: First, is to make sure that mission is to serve Trust beneficiaries; the services provided are

important and critical; the business plan can be articulated in a reasonable way; partners have been engaged; there is community support for that program and services; and that there is interest and support from other predevelopment partners. She states that there is a discovery phase when not much is known about the project. She continues that Ms. Kowalczewski needs to be able to designate some time for the contractor to meet with the organization and do that pre-discovery. At this point, there is no mechanism for that, and it is happening; but the contractor is not getting paid, and that is not a reasonable situation. She states that one of the recommendations discussed at the partnership meeting was that funding partners could authorize maybe \$10,000, or something in that vicinity, that could go into a pool for that discovery part.

MS. KOWALCZEWSKI gives an example of how that works using the Consumer Web project. She states that the complexity there is the need for an initial understanding of what was needed for new space and then looking for an existing facility that would be appropriate, which has not yet been successful. She continues that this pool will give some flexibility in continuing to be involved and to research facilities. Once an appropriate facility is found, then a full-fee proposal for providing the services is put together. Then, a concept design for how the facility would need to be renovated is done. She adds that the pool at the beginning would give the flexibility to do that research before a firm fee proposal is put together.

CHAIR MICHAEL asks if that would just be discretionary money.

MS. BALDWIN-JOHNSON states that the recommendation is that each partner organization contributes \$10,000 and it is pooled, creating a resource that can be accessed to do that front-end discovery.

A short question-and-answer discussion ensues.

MS. BALDWIN-JOHNSON asks if the trustees are okay with what has been proposed and if she can move forward to finalize it.

CHAIR MICHAEL asks for any objection from the trustees in going forward with this proposal. There were no objections and she moves to the developmental disability systems assessment. She introduces Roy Scheller, the executive director for Hope Community Resources.

MS. LOFGREN begins talking about the DD system assessment, how it came about, and where it is today. She states that the system has changed over time, for a lot of different reasons. She continues that the final rule from CMS catapulted it into a major change, particularly around conflict-free case management and to a developmental disability system with over 80 percent of people receiving services from the agency that also provided care coordination. She explains in greater detail.

MS. WAILAND talks about how this project fits into the comprehensive mental health program plan and what has been learned. She states that this project is a good example of how to approach comprehensive planning and explains how all of the forces that were impacting the developmental disability system currently were identified. She continues that the focus of the first phase of the project has been to establish the clear vision. She adds that families,

beneficiaries, providers and SDS have been engaged in providing the perceptions of the system, which underscores how important it is going to be to build a common vision in the coming month.

MS. LOFGREN states that there is a lot going on, and next is an opportunity to identify the gaps that need to be filled and get those worked on. She explains how the little steering committee came together and came up with a format for all of the focus groups with all of the target populations. She continues that the target is to be able to demonstrate that the services provided are effective and then start identifying what those evidence-based best practices are and do some more work around environmental scans. It will be an evolving process.

MR. SCHELLER states that it was a powerful moment for people to begin to understand how easy it is to slip down the slope and spend time talking about the politics and the problems rather than the vision and how it is done. He continues that this kicked off with a lot of positive energy, and explains more fully. He summarizes that a vision helps prevent the unintended consequences that have negative impacts on people.

CHAIR MICHAEL thanks Mr. Scheller, and also thanks him for his many years of service in which he accomplished a lot.

MS. LOFGREN states appreciation for Mr. Scheller keeping us on track, and recognizes his leadership in this project.

MR. JESSEE wants to let people know that Hope Community Resources under Roy Scheller's leadership is in the process of getting five of those people out of API into a community-based program.

CHAIR MICHAEL moves to the preliminary discussion of the trustees' work session on the 4th of January, and recognizes Greg Jones.

MR. JONES states that the Trust has to work to reconnect with the advisory boards, the partners, and rebuild the Trust's relationships with them, based on meetings that had been held. He continues that a method needs to be defined for doing that, and the agenda would be jointly conceived by all the participants. He adds that the Alaska Mental Health Board and ABADA are both going to be meeting before the workshop to coordinate their efforts and have suggested holding the workshop at the meeting later in January in Juneau. He states that this meeting is important to carry through because it is a foundation of what can be used to build the organizational assessment that the board has talked about going forward with. He adds that he will continue to pursue the workshop and try to make that happen as early as possible, at a time that is convenient for all.

CHAIR MICHAEL asks for any comments or questions.

TRUSTEE DERR asks if the committee meetings are still on January 5th.

MR. JONES replies yes.

TRUSTEE DERR states that something for the 19th was mentioned.

MR. JONES replies that the December 19 meeting was an invitation sent to the advisory boards to sit down and talk about planning the workshop. It would be a very informal meeting.

CHAIR MICHAEL states concern with waiting until Juneau, citing the need to be in alignment in going to meet with the Legislature.

A discussion ensues.

MS. BURKHART explains that their board representatives operate as entities and not individuals. The board chairs did not want to pursue a discussion where they and their representatives were not operating without the full support and input of their membership. She continues, that is why the board chairs directed her to work to schedule a meeting to develop consensus so that each organization can be fully represented in this discussion. She adds that the recommendation about coordinating with the trustee meeting was nothing more than a recommendation. She states that she will not be able to organize a board meeting before January 4th.

MR. JONES states that there is flexibility, and we may be able to meet in the second or third week of January, if schedules can be put together, and we will pursue that.

CHAIR MICHAEL asks for any further comments or questions from the trustees. There being none, she asks Mr. Jones to keep the trustees informed on what the plan is so people can make their travel arrangements.

MR. BALDWIN states that Patrick Reinhart is online and was wondering if he could have a few minutes on the ABLE account.

CHAIR MICHAEL recognizes Mr. Reinhart.

MR. REINHART states that he learned that the Department of Revenue is ready to launch the Alaska ABLE account as of this Friday, the 15th. It is a soft launch and a couple of months ahead of schedule. He continues that there is a lot of work to do in terms of training people up, based on public assistance and others around the state to get the word out. They will be available for families that qualify for them to start saving money and hopefully get them out of a cycle of poverty. He adds that he just wanted to pass that along and will keep everybody in the loop.

CHAIR MICHAEL thanks Mr. Reinhart, and states that it is great news to hear that it is finally getting operational. With that, she asks for a motion to adjourn.

TRUSTEE WEBB makes a motion to adjourn the meeting.

TRUSTEE SMITH seconds.

There being no objection, the motion is approved.

(Planning Committee meeting adjourned at 3:06 p.m.)

ALASKA MENTAL HEALTH TRUST AUTHORITY
PLANNING COMMITTEE MEETING

January 5, 2017
8:30 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:

Greg Jones
Jeff Jessee
Steve Williams
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 (via Speakerphone); Patrick Reinhart; Denise Daniello (via Speakerphone); Stephanie Colston (via Speakerphone); Charlie Curie (via Speakerphone); Randall Burns; Duane Mayes; Tiffany Hall.

PROCEEDINGS

CHAIR MICHAEL calls the Planning Committee meeting to order and states that all trustees are present. She asks for any announcements. There being none, she moves to the agenda and asks for approval.

TRUSTEE NORENE makes a motion to approve the agenda.

TRUSTEE SELBY seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL begins with the CEO update, recognizing Greg Jones.

CEO UPDATE

MR. JONES began with the Trust advisory boards who were concerned about the recent events at the Trust and the TLO; including the management change and the perception of change in direction. He continues that he contacted the executive directors and asked for a meeting to plan a process for working to heal the relationships. He learned that the Governor's office had been asked to look into some of the concerns expressed by the boards and the public. The concerns revolved around the Trust policies for investing principal funds, among other things. He adds that the goal is to remove any cloud that may exist over the Trust's management of its assets. He states that a meeting with the Legislative Budget and Audit Committee was attended where an audit of the Trust was authorized. This was primarily related to the Trust investment of principal funds. The approach has been to cooperate fully with LB&A. He did suggest to the TLO to pause any investment activities until this is completed. He adds that addressing the issues in a straightforward manner is the way to get there. He continued that a letter was drafted to Faith Myers and Dorrance Collins, which has been reviewed and is ready to go out. He moved on to the Medicaid reform update, stating various reform initiatives have been worked on with DHSS, and good progress has been made on several pieces of the SB74 legislation; including the 1115 behavioral waiver concept paper drafting, getting the coordinated care demonstration project RFP out, and key stakeholder engagements. The Department will be invited to the January 25 board meeting to do specific updates. He added that there will be coordination of which components of the funded efforts are on target and will undertake that analysis with the Commissioner's office to be discussed at the 25th meeting, as well. Staff has been working on the drafts of the legislative PowerPoint presentations to the Finance Committees of the House and Senate. The hope is to have the final presentation ready by January 17th. Also, the annual report is in draft and ready for its final review, and should go to print next week. He moves to the AHEN, the Trust contracted with CedarBridge Group, a national consulting firm that works with health information exchanges. There will be intensive stakeholder engagement processes and we will work with the board to develop a vision and establish a strategic plan. He added that a draft report has been issued and seems to be moving quickly. He reports that DHSS has awarded a recidivism reduction grant to six communities: Anchorage, Juneau, Fairbanks, and Mat-Su for fund case management; Kenai to build a re-entry coalition effort; and Nome for an expansion grant to develop its re-entry coalition for the region. He continues that McDowell

Research has been contracted to do a study of the economic impacts of the alcohol tax proposal, which should be available at the end of the month. He states that a great deal of time was spent on the comprehensive mental health program plan. There are about 23 different initiatives underway to plan and build the comprehensive plan, the program plan, and the coordinated plan infrastructure. He adds that the major milestones are the Medicaid design, the broad stakeholder engagement to develop the system vision, the 1115 concept paper, the vision for the behavioral health system reform, and then the Developmental Disability systems assessment to develop a common vision of what that system looks like.

CHAIR MICHAEL asks for any questions. There being none, she moves on to the 1115 waiver and forensic evaluation, the API follow-up, and recognizes Katie Baldwin-Johnson.

1115 WAIVER AND FORENSIC EVALUATION

MS. BALDWIN-JOHNSON states that this was a follow-up item to bring to the Planning Committee in relation to the 1115 behavioral health waiver and the API forensic competency evaluations, and whether this was an opportunity that should be thought about. She continues that Stephanie Colston prepared a white paper, and asks her to talk through it.

MS. COLSTON states that she was asked by Russ Webb to try to pose the issue of whether a Medicaid 1115 waiver might be the appropriate mechanism to address how to rework the forensic evaluations; specifically, competency restoration evaluations. She continues that the additional question was what type of treatment setting or inpatient community setting would be best for competency restoration within the context of Medicaid reimbursement and the 1115 waiver. The answer is that Medicaid funds can be used to reimburse for competency evaluations; and states have done that both before and during the implementation of 1115 waivers. She states that there are four options that the Mental Health Trust Authority has in regard to increasing or approaching Medicaid reimbursement for justice-involved individuals. The first one is that by expanding Medicaid the groundwork is laid for increasing Medicaid reimbursement for justice-involved individuals. Second is whether the State of Alaska wants to request a waiver of that institute for mental disease exclusion for the Alaska Psychiatric Institute. That issue was raised two or three times. Third is that it is typical in a state that justice-involved populations utilize substance use disorder services; those with mental illnesses and mental disorders are increasing. The last issue relating to an 1115 is how will this particular population be prioritized across all the other populations. The big issue there is budget neutrality.

MR. CURIE adds that the states need to continue to pursue what is in the best interests of their citizens.

CHAIR MICHAEL asks for any other questions.

TRUSTEE WEBB thanks Ms. Colston for putting in more effort than he ever possibly imagined when the questions were asked.

TRUSTEE DERR comments on the trouble of getting consistent data from the State for five years showing budget neutrality.

CHAIR MICHAEL asks if this piece is in the waiver that the State is applying for, or whether that is still under consideration.

MS. COLSTON replies that the target populations have not yet been identified.

MR. CURIE describes it as to be determined.

CHAIR MICHAEL asks for any other questions or any other updates in terms of the work being done.

MR. CURIE replies that the one update is in terms of the process of reviewing the approaches to be taken. There have been robust opportunities to examine ASO models and determine what has worked in other states.

CHAIR MICHAEL asks when the waiver will be submitted.

MR. CURIE replies July 1st. He states that an ASO is Administrative Services Organization that has experience in managing service delivery and care and does a range of things from provider network development and establishment, claims processing, utilization management review, and data management, with a comprehensive approach.

TRUSTEE EASLEY states concern about getting into the process and finding out that it is not revenue neutral. She asks if the State Legislature then needs to be approached.

MR. BURNS replies that the important issue is that it is a five-year demonstration. Over that time, it will be monitored closely as to whether or not it is being managed to end up being revenue neutral. He states that if it is not successful, there will be choices and then we will have to talk to the Legislature about the major issues around the ability on maintaining the cost neutrality. He states that WICHE did a report on API's forensic unit and its practices. Dr. Fox performed it and made some recommendations around what other states have done in terms of placement of their forensic units, which are still run by the Department of Health and Social Services, but in different facilities. He encourages the trustees to read and discuss it at the next Planning meeting.

CHAIR MICHAEL thanks all and moves to the long-term services and supports reform update, recognizing Amanda Lofgren.

LONG-TERM SERVICES AND SUPPORTS REFORM UPDATE

MS. LOFGREN begins by thanking Duane Mayes and his team for the amazing job at figuring out all of the different rules that come with all the different acronyms behind the Social Security Act. She states that the recommendations that came from HMA was the 1915 was not financially feasible as it currently was explored. The 1915(k) is an option, and the Division has been working hard on moving forward. She continued that in looking at the recommendations from HMA around individuals with developmental disabilities it was recommended to do a

supports waiver or the 1915(c) waivers. 1915(c) is a section in the Social Security Act that allows individuals, in nursing homes or institutional level of care, to waive that care in the institution, but receive it in the community. She adds that there are a lot of regulations and federal requirements that go along with that. She states that the recommendation for individuals with traumatic brain injury was to look at targeted case management. This is a population with not a lot of data, so by implementing a case management program is an opportunity to get the services needed and a better understanding of future needs for a more comprehensive service package. She moves to the ADRD populations and states that the recommendation is there is still more work that needs to be done to figure out what the best mechanism and approach would be. She adds that with all of the work with the 1115 demonstration, doing the 1915(i) for individuals with mental health needs was not necessary because there is so much work with the 1115. That is the status of the HMA contract. She states that part of the funding provided to the Department was to go back out to the communities and hold forums and share back the findings; and also for the work that lies ahead, the timelines and information, and to answer any questions. Duane Mayes and his team have been traveling out to different communities across the state; Kodiak, Ketchikan, Sitka, Wrangell, Barrow, Dillingham, Bethel, Kotzebue, and Mat-Su. She continues that the dialogue is important for families and beneficiaries to understand what is going on. It is important for individuals in the communities to hear and get the opportunity to connect with the Division staff, and for the Division to hear what the needs out there are. She states that she and Ms. Wailand have been working on the DD system assessment work to compliment the efforts of the Division in exploring the supports waiver. The stakeholder engagement process has been concluded with over 153 respondents and participants. The conversation was about the common understandings in how the individual defines some key issues. She continues that the intentions going forward is to use that to get some common agreement with both individuals, families, Senior Disability Services, participating providers, the Governor's Council, and the Trust. She adds that an infographic is being put together that talks about the unified vision process and the existing system with some data in there. She moves to the Dementia Care Initiative. She states that it is a 1915(i) option that targets individuals with Alzheimer's disease and related dementia that have substantial behavioral needs that require interventions. She adds that there is a lot more work that needs to be done.

MR. MAYES states that the 1915(i) is critical, and we will continue to work and evolve and develop that concept specific to ADRD.

TRUSTEE EASLEY asks if the number of people with Alzheimer's will really be able to be taken care of.

MR. MAYES replies that what is being offered is very minimal and there is a need to be very methodical, very strategic when the 1915(i) is being developed, and then hope for the best going forward. He states that not enough is being done for the ADRD population, and he has no qualms about going out and telling the public and the Legislature that.

MS. LOFGREN adds that SDS, Trust, Governor's Council, Commission on Aging, and other stakeholders have been working really hard on assistive technology to be able to figure out a more creative way to provide the least restrictive interventions at home. Assistive technology

and home modifications are something that needs to be kept up front because they are low costs that have long-term savings.

CHAIR MICHAEL thanks Ms. Lofgren and Mr. Mayes, and moves on to Recover Alaska with Tiffany Hall as the presenter.

RECOVER ALASKA

MR. JESSEE gives a short background stating that this effort started four years ago with the Rasmuson Foundation gathering a number of stakeholders from legislators, government officials, funders, and providers to talk about the negative impacts of alcohol and this partnership was founded. He welcomes Ms. Hall.

MS. HALL states that she started at Recover Alaska a year ago. It is an initiative working to reduce the negative impacts of alcohol across the state, which are excessive drinking and the harms that come with that. She continues that their steering committee comes together from across the state, tribal leaders, commissioners, legislators and three additional funding partners: Providence, the State of Alaska Department of Health and Social Services, and Southcentral Foundation. She states that Healthy Alaskans did a survey where Alaskans identified alcohol as being the No. 1 health issue in the state. She adds that it is a deep-seated problem with a long history, with a lot of intergenerational trauma that replicates this cycle. She states that the economic impact is huge. The costs are represented not only through the very direct impacts of alcohol on some of these unintended consequences; drunk driving, productivity at work, health care, and other things like this. She continues that the steering committee came up with eight big ideas and focused it down to five immediate which include positive social norms, a recovery resource center, media partnerships, advocacy and polling strategies, which she explains. She shows a quick video.

(Video shown.)

MS. HALL states that it is important to do some education on alcoholism and then move to the other side of the spectrum, which is recovery. There is a huge stigma with the anonymity of alcoholics in recovery, which is talked about as a moral failing. She continues that Recover Alaska was able to make a series called Day One, which was partnering with Quad Broadcasting, Video Dads, and some funding from Doris Duke. A study of eight documentaries were made of Alaskans in recovery to show some positive role models as good examples.

(Video shown.)

MS. HALL explains that these videos received a huge amount of positive feedback. She states that one of the other projects is advocacy, which encompasses all of the laws on alcohol around the state. She continues that they were successful with SB 165 which changed minor consumption laws, as well as the composition of the Alcohol Beverage Control Board. She states that an increased alcohol tax is being worked on. Research shows that increasing an alcohol tax is the best way to reduce consumption rates, morbidity, drunk driving, as well as underage drinking. She continues that they are working in partnership with United Way of

Anchorage and the Alaska 211 program on the Recovery Resource Center. She notes that another thing that is being worked on this year is collecting data for some solid numbers on the great need. She states that the poll around alcohol has been paused because of the cost. She adds that they are working with an evaluation team on Recover Alaska to help identify what is being measured and where the gaps are so that when this poll is done it will be as efficient and effective as possible. She thanks the Trust for all the support with the hope of continuing this effort.

A short discussion ensues.

CHAIR MICHAEL asks for a motion for adjournment.

TRUSTEE SELBY makes a motion to reschedule the April 13th committee meeting to April 20th.

TRUSTEE DERR seconds.

TRUSTEE WEBB states that all the meetings are on the same day, and asks if the intent is to move all the committee meetings to the same day.

TRUSTEE SELBY replies that is the intent.

CHAIR MICHAEL asks if anyone has an objection to moving all of the committee meetings to the 20th.

There being no objection, the motion is approved.

TRUSTEE SELBY makes a motion to adjourn the meeting.

TRUSTEE DERR seconds.

There being no objection, the meeting is adjourned.

(Planning Committee meeting adjourned at 10:10 a.m.)

The Economic Costs of Alcohol Abuse in Alaska



Prepared for:
Alaska Mental Health
Trust Authority

April 2017

Purpose

- *The Economic Costs of Alcohol Abuse in Alaska, 2016 Update*. Fourth edition (2001, 2005, 2012)
- Alcohol abuse has many adverse health and social consequences:
 - Increased health care costs – injuries and chronic health conditions
 - Property damage – fire and motor vehicle collisions
 - Increased crime and criminal justice system costs
 - Lost or reduced worker productivity – absenteeism, diminished output while at work, and reduced earnings potential
 - Increased public assistance and social services – social welfare support
 - Increased public sector costs – alcohol-attributable expenditures
- Costs can be tangible (healthcare, criminal justice system, etc.) and intangible (diminished quality of life, pain & suffering, etc.)

Why Understanding the Economic Costs of Alcohol Abuse Matters

- Need to know the extent of the problem
- Compare the cost of prevention strategies to the cost of alcohol-attributable harms
- Build awareness of the public/private sector costs
- Inform planning, implementation, and tracking of prevention strategies

Methodology

- Alcohol Consumption
 - *National Survey of Drug Use and Health (NSDUH), National Institute of Alcohol Abuse and Alcoholism (NIAAA)*
- Productivity Losses
 - Mortality Causes and Potential Years of Life Lost (PYLL) – Health Analytics and Vital Records, and Alcohol-Attributable Fractions (AAF)
 - Incarceration – DOC data and alcohol attributable rates (Lewin Group's 2010 report, *Economic Cost of Excessive Alcohol Consumption in the United States, 2006*)
 - Diminished Productivity Causes – Lewin report adjusted for Alaska's demographics (DOLWD, ACS, NSDUH)
 - Hospitalization and Treatment Causes – Alaska Hospital Facilities Data Reporting Program (HFRP), DOLWD, and AAF
- Vehicle Traffic Collisions
 - 9 categories (medical, emergency services, market productivity, household productivity, insurance administration, workplace and legal costs, congestion costs, & property damage)

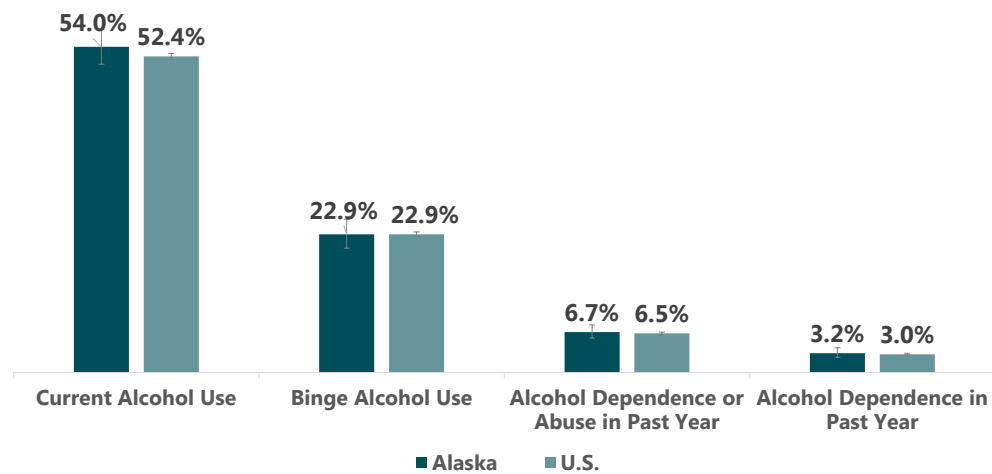
Methodology (continued)

- Criminal Justice and Protective Services
 - Offenses and Arrests – DPS, FBI, and Lewin Group’s alcohol attributable rates
 - Criminal Justice System – NIH report, *The Cost of Crime to Society: New Crime-Specific Estimates for Policy and Program Evaluation*, and Lewin Group report
 - Criminal Victimization – Bureau of Justice Statistics, DOLWD/ACS, and Lewin Group’s alcohol attributable rates
 - Protective Systems – *National Survey of Children and Adolescent Well-Being*, National Data Archive on Child Abuse and Neglect, OSC, National Institute on Drug Abuse (NIDA)
- Health Care
 - Inpatient, ED, and Outpatient Costs – HFDR, NIDA, and Lewin Group’s AAF
 - Treatment for Alcohol Abuse – DBH and Medicaid
 - Skilled Nursing and Long Term Care – NIDA and DSIDS
 - FAS/FASD – Health Analytics and Vital Reports, and Canadian study, *The Burden of Prenatal Exposure to Alcohol: Revised Measurement of Costs*
 - Prevention Services – DBH

Methodology (continued)

- Public Assistance and Social Services
 - Federal Government Costs – NIDA and OASDI, SSI, TANF, and SNAP
 - State Government Costs – NIDA and DPA
- Underage Drinking
 - PIRE 2010 study on Underage Drinking in Alaska adjusted to 2016\$
- Jobs/Income in Alaska’s Alcoholic Beverage Manufacturing and Sales
 - DOLWD
- Alcoholic Beverage Tax
 - DOR
- Implications for Alcohol Abuse Impacts on State GF Budget
 - Prevention Grants (DHB), Justice System (Court System)

Alcohol Consumption Patterns (2013-2014)

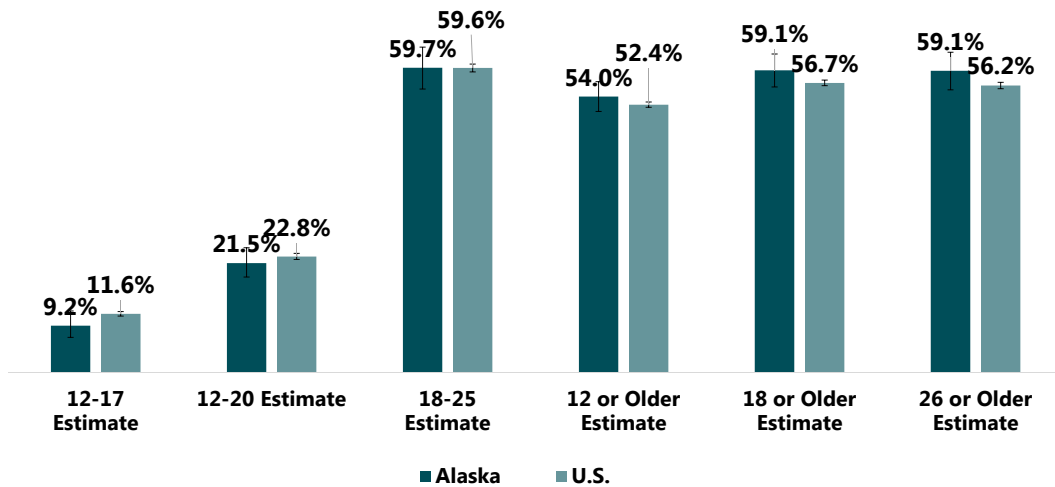


Source: National Survey of Drug Use and Health, SAMHSA

Alaskan Alcohol Consumption (2013-2014)

- **313,000** drank alcohol within past 30 days
- **39,000** experienced alcohol dependence or abuse in past year
- **19,000** experienced alcohol dependency in past year
- Nationally, Alaska ranked:
 - 31st for binge drinking
 - 26th for current alcohol use
 - 21st for alcohol dependence alone
 - 20th for alcohol dependence or abuse

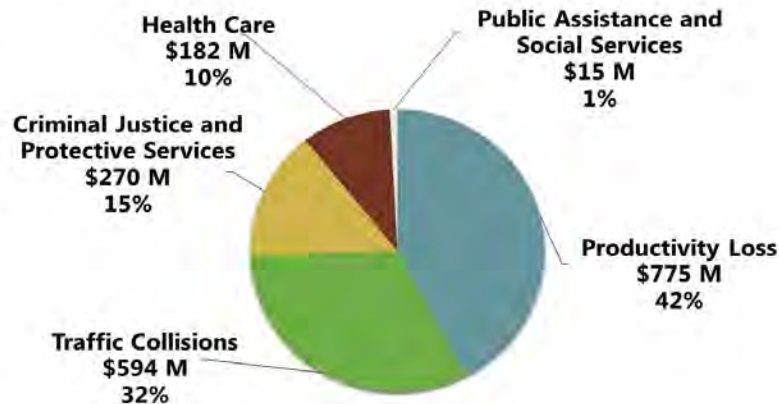
Current Alcohol Use (age 12+), by Age Group



Per Capita (age 14+) Consumption (2013)

- **1.6 M gallons of ethanol** consumed in Alaska (including consumption by residents and non-resident visitors)
- Alaska per capita consumption (**2.73 gallons**):
 - Beer – 1.06 gallons of ethanol
 - Wine – 0.52 gallons
 - Liquor – 1.16 gallons
- Average U.S. ethanol consumption – 2.34 gallons per capita (2013)
- Alaska consumption increased slightly in 2014, to 2.79 gallons per capita

Total Economic Costs of Alcohol Abuse – \$1.84 B



Source: McDowell Group calculations. Criminal justice and protective services estimate does not include intangible costs related to victimization, an estimated \$605 million in additional costs.

Criminal Justice and Protective Services – \$269.8 M

Cost Category	Alcohol-related Costs	% of Total
Criminal justice system	\$136.2 M	50%
Crime victim tangible costs	\$58.2 M	22
Child protective services	\$75.4 M	28
Total	\$269.8 M	100%
Crime victim intangible costs	\$604.9 M	
Total, incl. intangible costs	\$874.7 M	

Source: McDowell Group calculations.

Health Care – \$181.8 M

Cost Category	Alcohol-related Costs	% of Total
Medical inpatient	\$85.4 M	48%
Medical ED	\$32.7 M	18
Medical outpatient	\$22.6 M	12
Alcohol/Drug treatment	\$25.9 M	14
Prescription drug	\$10.7 M	6
Nursing Home/LTC	\$1.5 M	1
FASD	\$3.0 M	2
Total	\$181.8 M	100.0%

Source: McDowell Group calculations.

Public Assistance and Social Services – \$14.5 M

Cost Category	Alcohol-related Costs	% of Total
Federal social welfare	\$9.4 M	65%
State social welfare	\$5.1 M	35
Total	\$14.5 M	100.0%

Source: McDowell Group calculations.

Underage Drinking – \$350 M

- In 2013-2014:
 - **Underage Drinkers:** 9% of Alaskans age 12-17 and 22% of Alaskans age 12-20
 - **Underage Binge Drinkers:** 5% of Alaskans age 12-17 and 13% of Alaskans age 12-20
- In 2010, PIRE estimated costs from underage Alaskan drinkers at ~**\$350 million** (2016\$)
 - Youth violence represent **48%** of underage drinking costs, followed by youth traffic accidents (28%)

Traffic Collisions – \$594.3 million

Cost Category	Impairment-Caused Traffic Collision Costs
Medical	\$38.5 M
Emergency services	\$0.02 M
Market productivity	\$81.4 M
Household productivity	\$22.6 M
Insurance administration	\$9.3 M
Workplace costs	\$1.6 M
Legal costs	\$12.8 M
Congestion costs	\$1.3 M
Property damage	\$4.9 M
Direct Costs	\$172.5 M
Total, including quality-adjusted life years	\$990.5 M
Estimated portion attributed to alcohol (60%)	\$594.3 M

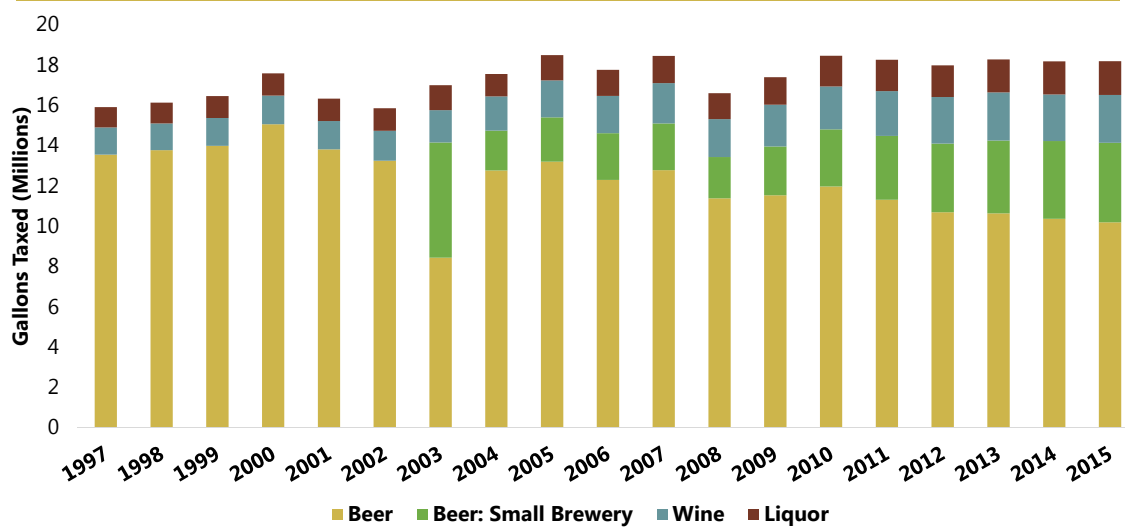
Source: McDowell Group calculations.

Productivity Losses – \$775.1 M

Productivity Category	Alcohol-related Costs	% of Total
Premature death (primary diagnosis)	\$581.5 M	75%
Incarceration	\$ 41.5 M	5
Diminished productivity	\$145.6 M	19
Substance abuse treatment	\$1.5 M	0.2
Medical conditions	\$5.0 M	1
Total	\$775.1 M	100%

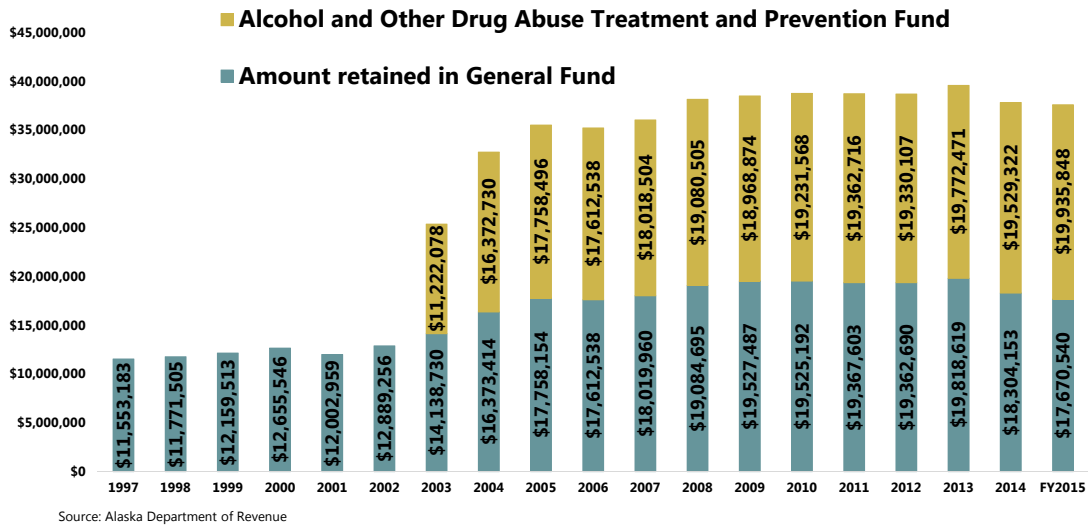
Due to rounding, some columns may not sum to total.

State Alcoholic Beverages Tax – Volume



Source: Alaska Department of Revenue

State Alcohol Beverage Tax Revenue (FY1997-2015)

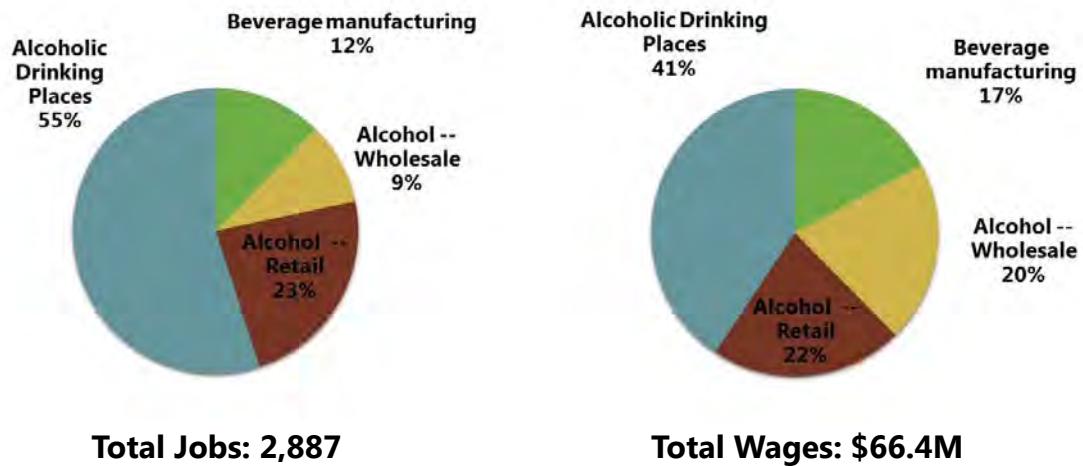


Local Government Alcohol Tax Revenue, 2015

Alaska Communities	Sales Tax Rate (%)	Total Revenue
City of Fairbanks	5	\$2,239,679
Fairbanks North Star Borough	5	\$998,195
City and Borough of Juneau	3	\$760,910
Dillingham	10	\$297,325
North Pole	5	\$211,997
Kotzebue	6	\$183,967
Craig	6	\$121,554
Galena	3	\$46,629
Barrow	3	\$31,013
Whittier	3	\$6,450
Unalakleet	5	\$4,291
St. Mary's	3	\$2,059
Total		\$4,904,069

Source: Alaska Taxable 2015

Jobs and Wages – Alcoholic Beverage Sector, 2014



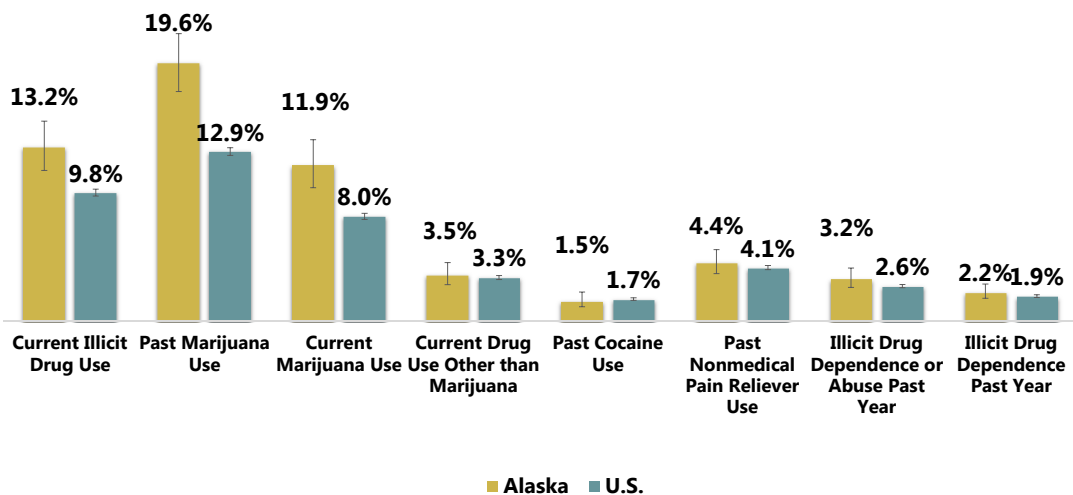
Source: Alaska Department of Workforce and Labor Development.

In Summary

- **\$1,840.0 M** – Total Economic Costs of Alcohol Abuse (2016)
- **\$66.4 M** – Total Alaska Alcoholic Beverage Sector Wages (2014)
- **\$37.6 M** – Total Alaska Alcohol Beverage Tax Revenue (FY2015)
- **\$4.9 M** – Local Government Alcohol Sales Tax Revenue (2015)

The Economic Costs of Drug Abuse in Alaska, 2016

Illicit Drug Use, 2013-2014

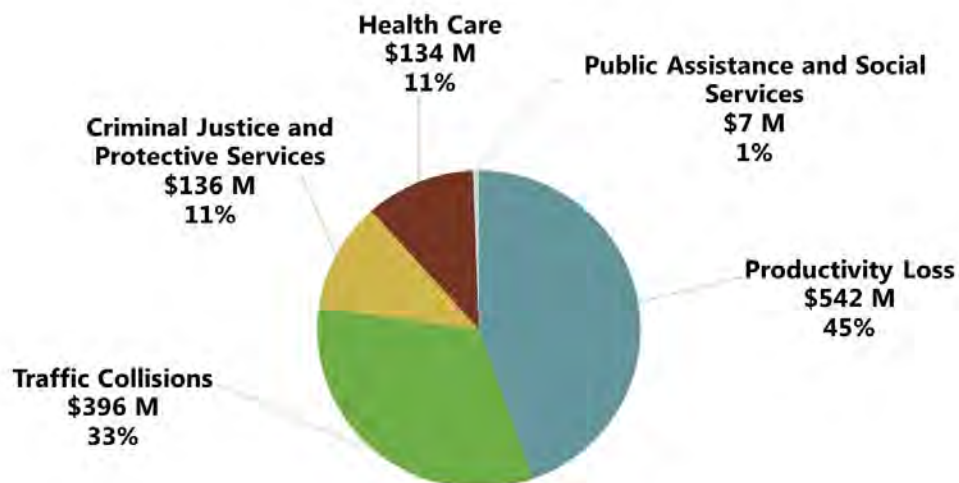


Source: National Survey of Drug Use and Health, SAMHSA

Illicit Drug Use, 2013-2014

- **77,000** Alaskans used illicit drugs within the past 30 days
 - 69,000 consumed marijuana
 - 20,000 used other illicit drugs
- **26,000** Alaskans used pain relievers for non-medical purposes in the past year
- **13,000** Alaskans are dependent on illicit drugs
- Marijuana consumption is the only drug in Alaska statistically different than U.S.
 - **12%** Alaskans used marijuana in past 30 days – 8% in U.S.
 - **20%** Alaskans used marijuana in past year – 13% in U.S.

Total Economic Costs of Drug Abuse – \$1.22 B



Source: McDowell Group calculations.

In Conclusion

- **\$1.84 billion** – Total Economic Costs of Alcohol Abuse (2016)
- **\$1.22 billion** – Total Economic Costs of Drug Abuse (2016)
- **\$3.1 billion** – Total Combined Economic Costs of Alcohol and Drug Abuse in Alaska (2016)

The Economic Costs of Alcohol Abuse in Alaska



Prepared for:
Alaska Mental Health
Trust Authority

April 2017

Economic Impact of Alcohol & Drug Abuse in Alaska April 20, 2017

McDowell Report Links

Economic Impacts of Alcohol Abuse in Alaska, 2016 Update

- <http://mhtrust.org/mhtawp/wp-content/uploads/2014/12/McDowell-Group-Economic-Impacts-of-Alcohol-Abuse-Final-3.22.17.pdf>

Economic Impacts of Drug Abuse in Alaska, 2016 Update

- <http://mhtrust.org/mhtawp/wp-content/uploads/2014/12/McDowell-Group-Economic-Impacts-of-Drug-Abuse-Final-3.10.17.pdf>

FASD UPDATE

THE GOVERNORS COUNCIL ON DISABILITIES AND SPECIAL EDUCATION



WHAT THE COUNCIL DID TO IDENTIFY OUR TARGETED DISPARITY

- Conducted forums in 15 communities statewide
- Heard over and over about need in:
 - Screening and diagnosis
 - Early intervention and education
 - Child care
 - The "cliff" of adult services
 - Where does FASD "live"?

ADDITIONAL INPUT

Title V Maternal Child Health program

- Three major child health concerns were identified by those raising children with a special health care need:
 - Behavioral/mental health challenges
 - Social isolation
 - Bullying
-

DISPARITIES

Alaska experiences significant disparities in screening, evaluation and diagnosis

- Referrals
 - Inconsistent screening and screening tools
 - Inconsistent availability of clinic services
 - Inconsistent geographic distribution and scope of generalists and subspecialists
 - Developmental-behavioral pediatricians, and other specialists
 - Centralized data collection
-

CHALLENGES

- Prevention
 - Evidence based practices
 - Appropriate education interventions and accommodations
 - Unified system of support
 - Professional training
 - Caregiver training
 - Insurance and Medicaid program coverage
 - Employment and housing
 - Community engagement
-



Despite these challenges, Alaska's medical, mental health, education and service communities and families are highly motivated to improve the current system of diagnoses, support and care through integration, partnerships and greater collaboration.

SOME THINGS WE NEED

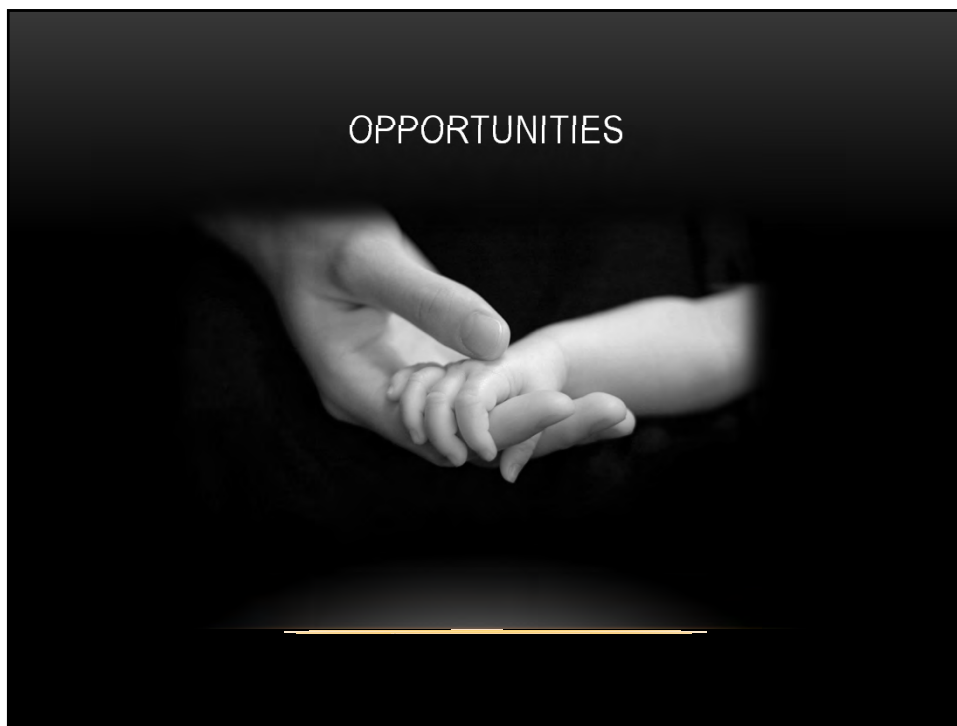
- Greater access to screening and diagnosis
 - Specialists
 - Sustainable resources
 - Insurance
 - Medicaid
 - CHIP/
 - EPSDT
 - Family and caregiver supports
 - Comprehensive and collaborative planning
-

WHAT ELSE WE NEED

Workforce development and training for:

- Medical and behavioral health providers
 - Educators
 - Employers
 - Legal and justice system
 - Families
 - Public
-

OPPORTUNITIES



DEVELOPMENT OF AN OPTION

- Initiated by Duane Mayes & Steve Lutzky
- Assumptions
 - Budget neutral or provide savings
 - Prevalence is difficult, hard to determine cost
 - Need to identify evidence based interventions
- What would these new services or entitlements look like?
 - Additional 1915(c) waiver services
 - Early Periodic, Screening, Detection and Treatment (EPSDT)
 - Targeted case management

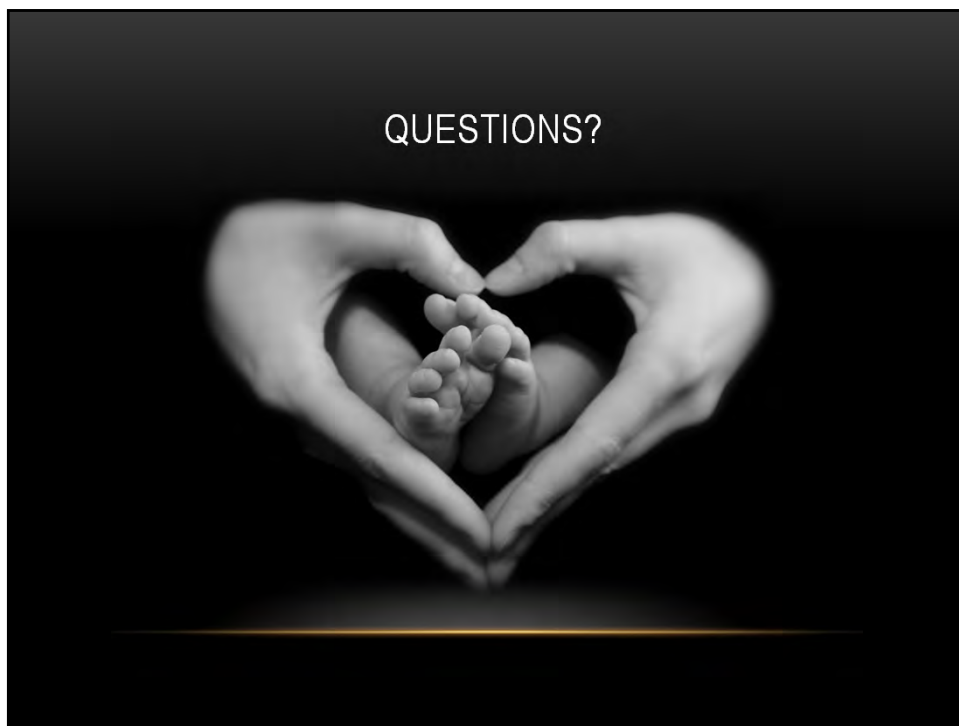
A PROPOSED PILOT

1. Develop a pilot program using a Health Services Initiative (HSI) funded by Children's Health Insurance Program (CHIP) administrative dollars. The federal government pays 100% of these dollars up to the cap for the State. The amount of funding for the program would be limited by the amount of CHIP administrative funds left.
 2. Use information collected from the pilot about the potential demand for, and cost of these services to develop a permanent Medicaid option (assuming a cost-neutral approach can be crafted).
 3. Focus this pilot effort on individuals with FASD that interact with the juvenile justice system. This could allow the State to use savings from this system to offset the costs of Medicaid services by focusing on keeping these individuals out of locked facilities.
-

MAKE A PLAN, WORK THE PLAN

- Collect and share info
 - What happened in the past?
 - What do we have now?
 - The right members
 - The right facilitator
 - Purpose, vision, values → Goals, objectives, workplan
 - Product – Five Year Plan
 - Two years worth of objectives
 - Annual updates
-




QUESTIONS?




COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN

1. Vision
2. Alaska Scorecard
3. Regional Profiles/Needs
4. State Budget Bills
5. Fiscal Analysis
6. System of Care Plan
7. Technology & Data Plan
8. Quality Improvement
9. Outreach & Engagement

Roadmap for the Statewide Health Information Exchange



1

COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN

1. Vision
2. Alaska Scorecard
3. Regional Profiles/Needs
4. State Budget Bills
5. Fiscal Analysis
6. System of Care Plan
7. Technology & Data Plan
8. Quality Improvement
9. Outreach & Engagement

Vision for Medicaid Redesign

The Alaska Medicaid Program improves health and pays for value.



Medicaid Enrollees Access Appropriate Level of Care

A SYSTEM OF WHOLE PERSON, HIGH VALUE CARE

Tools for High Value Care
Value-based Payments and Incentives | Care Management
Data Analytics and Health Information Technology

Emergency Hospital Services	Inpatient Psychiatric + Residential Treatment	Nursing Facility
Specialty Care	Severe + Complex Behavioral Health	Home and Community Based Services
Primary + Preventive Care	Mild to Moderate Behavioral Health	Social Supports

Prevention + Community Health

Social Determinants of Health
Safe Housing, Employment, Education, Life Skills, Physical Environment, Social and Community Connections

OUTCOMES

↑ IMPROVE HEALTH

↓ CONTAIN COSTS

↑ OPTIMIZE ACCESS

↑ INCREASE VALUE

PRINCIPLES + VALUES

- ✓ Collaborate for whole person, high quality integrated care
- ✓ Focus on health promotion, prevention, maintenance and recovery
- ✓ Coordinate care across providers and integrate across service types
- ✓ Meet the needs of various life stages
- ✓ Ensure culturally and community appropriate services
- ✓ Reduce administrative burden
- ✓ Increase patient and provider satisfaction
- ✓ Increase access to services with telehealth
- ✓ Provide services in the most appropriate setting
- ✓ Reduce gaps in care
- ✓ Engage enrollees to improve health and social conditions
- ✓ Share responsibility among participants, providers and payers
- ✓ Connect providers and payers through health information infrastructure
- ✓ Use data analytics to drive effective, high-value care
- ✓ Leverage federal dollars

Prepared for Alaska Department of Health and Social Services by Agnew-Beck Consulting | v. 5 | 12.21.2016

Alaska eHealth Network



The Alaska eHealth Network (AeHN) is a non-profit organization led by a diverse board representing many facets of Alaska's health care industry that operates Alaska's health information exchange (HIE).

<http://www.ak-ehealth.org>

3



Provider Portal: A Key Feature of AK's HIE

WILSHIRE, Evan
 DOB: 10-Feb-1946 (71y) GENDER: M
 HOME ADDRESS: 1420 Milton Avenue, Phoenix, AZ MOBILE: 480-494-5555
 PCP: Francis McNamara PHARMACY CARE PLAN: [None Listed] [Show More Allergies]

Summary | History | Timeline | Pathways | Referrals

Diagnoses Filter Applied

- Congestive Heart Failure** (Active, On Hold, Date: 15-Jun-2016)
- Major Depressive Disorder** (Active, On Hold, Date: Apr 68 years)
- Type 2 Diabetes** (Active, On Hold, Date: Apr 56 years)

Allergies and Adverse Reactions Filter Applied

- Broad spectrum penicillins** Substance (allergic reactions, Age 32 years)

Alerts Filter Applied

- Non-Adherence to Medication Regimen** (Active, Date: 14-Sep-2016)

Encounter History

Admission	Discharge	Admit Reason	Discharge Diagnosis	Visit Type	Specialty	Facility
09-Mar-2016	-	Acute Exacerbation of CHF; Hyperglycemia		Inpatient	ED	Banner Health
20-Dec-2015	20-Dec-2015	Routine Exam	T2DM; CHF	Outpatient	Cardiology	Arizona Cardiology
15-Nov-2015	15-Nov-2015	Fever; Chills	Seasonal Influenza	Outpatient	MED	NextCare Urgent C
12-Aug-2015	12-Aug-2015	Annual Physical	T2DM; CHF	Outpatient	AMB	Piedmont Physical
15-Jun-2015	15-Jun-2015	Fatigue; SOB	CHF	Outpatient	Cardiology	Arizona Cardiology
11-May-2015	11-May-2015	Routine Foot Exam	Type 2 Diabetes Mellitus (T2DM)	Outpatient	POD	Southwest Foot Ins
03-Apr-2014	03-Apr-2014	Annual Physical	Type 2 Diabetes Mellitus (T2DM)	Outpatient	MED	Piedmont Physical
10-Jan-2014	10-Jan-2014	Routine Exam	Type 2 Diabetes Mellitus (T2DM)	Outpatient	Endocrinology	Arizona Endocrinol

Medications List

Status	Updated	Medication	Route	Dose	Start	Step (continued)	Priority/Raise	Assess
ACTIVE	01-Jun-2016	Aspirin 300mg gastro-resistant tablets	Oral	plain prn	01-Jun-2016		Patient Reported	Julia S

TEST DATA

Stakeholder Engagement

Dr. Mandsager, CEO, Providence Alaska Medical Center
 Dr. Johnston, CEO, Providence Alaska Medical Group
 Jessica Oswald, Providence IS Strategic Partner
 Rachel Lieber, Providence Enterprise HIE SME
 Mark Williams, Providence Director Telehealth and Outreach
 Phil Miller, Providence Regional Director Nursing/ Clinical Informatics
 Nancy Merriman, Executive Director, Alaska Primary Care Association
 Patti Linduska, Training & TA Director, Alaska Primary Care Association
 Beth Davidson, HIT Coordinator, DHSS
 Monique Martin, Health Care Policy Advisor, DHSS
 Deb Erickson, Project Coordinator, Medicaid Redesign Initiative, DHSS
 Shaun Wilhelm, Chief of Risk and Research, Div. of Behavioral Health
 Carol Voegler, Premera Statistician, Health Care Quality Analytics
 Roald Helgesen, CEO and Hospital Administrator, Alaska Native Tribal Health Consortium
 Stewart Ferguson, CTO, Alaska Native Tribal Health Consortium
 Garvin Fedorenko, CFO, Alaska Native Tribal Health Consortium
 Denis McCarville, President and CEO, AK Child & Family
 Dr. Timothy Ballard, CEO, Veterans Administration
 Leila Keller, Executive Director, Alaska Federal Health Care Partnership
 Ryan Mitchell-Colgan, Deputy Commissioner, Dept. of Administration
 Michelle Michaud, Deputy Director, AK Dept. of Administration
 Emily Ricci, Health Care Policy Administrator, AK Dept. of Administration
 Natasha Pineda, Health Project Coordinator, AK Dept. of Administration
 Jennifer Bercier, Alaska Urology
 Dr. Jenny Love, CMO, Anchorage Neighborhood Health Center
 Mike Lane, IT, Anchorage Neighborhood Health Center

John Bartholomew, CIO, Anchorage Neighborhood Health Center
 Lisa Root, Quality Improvement, Anchorage Neighborhood Health Center
 John Lee, CEO, Mat-Su Regional Hospital
 Jarom Schmidt, COO, Mat-Su Regional Hospital
 Emily Stevens, CNO, Mat-Su Regional Hospital
 Julie Taylor, CEO, Alaska Regional Hospital
 Dr. Constanzo, CMO, Alaska Regional Hospital
 Kristi Davis, Administrator, Alaska Innovative Medicine
 Gigi Rygh, Social Worker, Alaska Innovative Medicine
 Julie, Premera BC/BS Case Manager at Alaska Innovative Medicine
 Cheryl Becker, Nurse Care Manager, Alaska Innovative Medicine
 Emily Splinter-Felton, Social Worker, Alaska Innovative Medicine
 Ray Michaelson, Program Officer, Mat-Su Health Foundation

"One of the biggest challenges we face at the Veteran's Administration is timely access to patient clinical data after a referral is made. The ability to easily and instantly access data from specialists, as well as emergency departments would literally produce millions of dollars of savings annually for the VA and Department of Defense. I've seen other states do it – HIE's work."

*Dr. Timothy Ballard,
 AeHN Board Member and
 Alaska VA Health Care System Director*

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Current Reality

- Onboarding by Provider Organizations [^]
 - **63** organizations have signed contracts
 - **19** organizations are actively contributing data to the HIE portal; **16** organizations are in the onboarding process
 - **82** provider organizations are in outreach status; delays/barriers include interface costs, EHR flux, waiting for hub, lacking specialist data
- Provider and patient portals (past 30 days)*
 - **730** user accounts, **298** unique user logins
 - **35** patient portal invites; **12** patient logins

[^] As of March 27, 2017

* For month of February 2017

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Active / Pending Participants

Hospitals

- Bristol Bay Area Health Corporation
- Central Peninsula General Hospital
- Fairbanks Memorial Hospital
- MatSu Regional Medical Center
- Petersburg Medical Center
- Providence Alaska Medical Center
- Providence Kodiak Island Medical Center
- Providence Seward Medical Center
- Providence Valdez Medical Center
- South Peninsula Hospital
- Wrangell Medical Center
- *Alaska Native Medical Center*
- *Alaska Regional Hospital*
- *Bartlett Regional Hospital*
- *Cordova Community Medical Center*
- *Norton Sound Health Corporation*
- *PeaceHealth Ketchikan Medical Center*
- *Samuel Simmonds Memorial Hospital*
- *Sitka Community Hospital*
- *Yukon Kuskokwim Health Center*

Provider Organizations

- Alaska Family Care Associates
- Alaska Island Community Services
- Fairbanks Cancer Care
- LaTouche Pediatrics
- Ninilchik Traditional Council
- Peninsula Internal Medicine
- Seldovia Village Tribe
- Tanana Valley Medical Surgical Group
- *Bethel Family Clinic*
- *Chena Obstetrics & Gynecology*
- *Dahl Memorial Clinic*
- *Homer Medical Clinic*
- *Interior Community Health Center*
- *Southcentral Foundation*
- *Tanana Chiefs Conference*

Payers

- Premera

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Future Options Explored

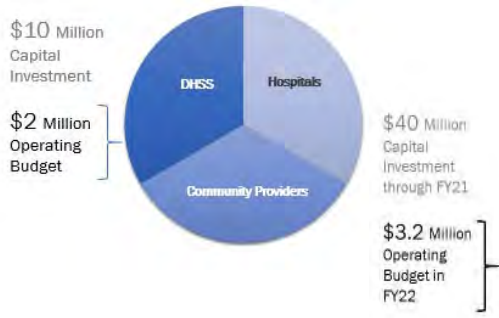
1. Continue operating as is
2. Expand onboarding efforts
3. Expand onboarding and services

8



A New Chapter Begins...

Original Sustainability Model



New Sustainability Model



What Is Next?

- Continuing to engage community providers, payers, and others
- Preparing to onboard behavioral health providers to the HIE

