

MEETING AGENDA

Meeting: Planning Committee
Date: October 26, 2017
Time: 9:00 am
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (844) 740-1264 / Meeting Number: 806 557 134 # / Attendee Number: #
<http://thetrust.webex.com>
Trustees: Chris Cooke (Chair), Laraine Derr, Paula Easley, Greg Jones, Mary Jane Michael, Jerome Selby, Carlton Smith

Thursday, October 26, 2017

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9:00 a	Call to order (Chris Cooke, Chair) Announcements Approve agenda Approval of Minutes • August 2, 2017	5
9:05	CEO Update	
9:20	Criminal Justice Reform - Update • Steve Williams: Current reform activity – SB 54 • Dr. Brad Myrstol, Alaska Justice Information Center: Results First Initiative	23 25
9:50	Fetal Alcohol Spectrum Disorder – Update • Carley Lawrence: Empowering Hope, FASD Media Campaign Evaluation • Michael Baldwin: Update on statewide initiatives and activities	
10:15	Adjourn	
Other Documents for Reference		
	• Alaska Department of Health & Social Services Medicaid Dashboard (9/30/17)	26
	• Division of Behavioral Health Comprehensive Daily Census Report (10/19/17)	27
	• SB74 Healthcare Authority Feasibility Study Report	30

Future Meeting Dates

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

(Updated – October 16, 2017)

- Full Board of Trustee November 16, **2017** (Thu) – Anchorage – TAB

- Planning Committee January 4, 2018 (Thu)
- Resource Mgt Committee January 4, 2018 (Thu)
- Finance Committee January 4, 2018 (Thu)
- Full Board of Trustee January 24-25, 2018 (Wed, Thu) – JUNEAU

- Planning Committee April 18, 2018 (Wed)
- Resource Mgt Committee April 18, 2018 (Wed)
- Finance Committee April 18, 2018 (Wed)
- Full Board of Trustee May 9, 2018 (Wed) – TBD

- Planning Committee Jul 31- Aug 1, 2018 (Tue, Wed)
- Resource Mgt Committee August 2, 2018 (Thu)
- Finance Committee August 2, 2018 (Thu)
- Full Board of Trustee Sep 5-6, 2018 (Wed, Thu) – Anchorage – TAB

- Planning Committee October 17, 2018 (Wed)
- Resource Mgt Committee October 17, 2018 (Wed)
- Finance Committee October 17, 2018 (Wed)
- Full Board of Trustee November 15, 2018 (Thu) – Anchorage – TAB

Future Meeting Dates

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

(Updated – October 16, 2017)

- Planning Committee January 3, 2019 (Thu)
- Resource Mgt Committee January 3, 2019 (Thu)
- Finance Committee January 3, 2019 (Thu)
- Full Board of Trustee January 30-31, 2019 (Wed, Thu) – JUNEAU

- Planning Committee April 17, 2019 (Wed)
- Resource Mgt Committee April 17, 2019 (Wed)
- Finance Committee April 17 2019 (Wed)
- Full Board of Trustee May 8, 2019 (Wed) – TBD

- Planning Committee July 30-31, 2019 (Tue, Wed)
- Resource Mgt Committee August 1, 2019 (Thu)
- Finance Committee August 1, 2019 (Thu)
- Full Board of Trustee September 4-5, 2019 (Wed, Thu) – Anchorage – TAB

- Planning Committee October 16, 2019 (Wed)
- Resource Mgt Committee October 16, 2019 (Wed)
- Finance Committee October 16, 2019 (Wed)
- Full Board of Trustee November 14, 2019 (Thu) – Anchorage – TAB

Future Meeting Dates Statutory Advisory Boards 2017 / 2018 (Updated – October 16, 2017)

Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse

- April 16-20, 2017 – Utqiagvik / Barrow <dates tentative>

Governor’s Council on Disabilities and Special Education

- Jan. 31-Feb 2, 2018 – Juneau
- May 15, 2018 – Video/Teleconference
- October 4-6, 2018 – Anchorage

Alaska Commission on Aging

- December 12, 2017 – by teleconference/videoconference
- February 5-9, 2018 – face-to-face meeting
- May 2018 – Date to be determined.

ALASKA MENTAL HEALTH TRUST AUTHORITY

PLANNING COMMITTEE

August 2, 2017

9:00 a.m.

Taken at:

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

OFFICIAL MINUTES

Trustees present:

Mary Jane Michael, Chair
Carlton Smith
Laraine Derr
Jerome Selby
Paula Easley
Russ Webb
Chris Cooke

Trust staff present:

Greg Jones
Steve Williams
Miri Smith-Coolidge
Heidi Wailand
Luke Lind
Mike Baldwin
Katie Baldwin-Johnson
Carrie Predeger

Trust Land Office present:

John Morrison

Also participating:

Kathy Craft; Patrick Reinhart; Amanda Lofgren; Lisa Cauble; Pat Sidmore; Karen Ward;
Gennifer Moureau-Johnson; Karen Cann; Morgen Jaco; Alysa Wooden; Suzanne DePietro;
Denise Daniello (via telephone).

PROCEEDINGS

CHAIR MICHAEL calls the Planning Committee meeting to order and does a roll call for the trustees. She asks for any announcements. There being none, she moves to the agenda.

TRUSTEE SELBY makes a motion to approve the agenda.

TRUSTEE DERR seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves to the minutes of April 20, 2017.

TRUSTEE EASLEY makes a motion to approve the minutes of April 20, 2017.

TRUSTEE WEBB seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL gives a brief report on the two-day retreat and the accomplishments.

TRUSTEE SELBY states that the board put in the work to make this more efficient and productive, and adds appreciation to the staff for all their arduous work.

CHAIR MICHAEL moves to the CEO update.

CEO UPDATE

MR. JONES states that there is still work to do after the workshop. There is a meeting set for August 17th which will take on the committee charters, and then review the work that has been done today. He continues that a scenario is being worked on whereby the board of trustees and staff will get an opportunity to interface about the governance, as well as the advisory boards. He congratulates all for the hard work done and the issues dealt with. He states that he was very sad to learn that John Morrison is going to leave the TLO. He has done an excellent job and will be very difficult to replace. He adds that a recruitment plan to review at the RMC meeting is being worked on. Also, recruiting program officers is continuing. He states that Mr. Morrison will give a detailed update on the subport property in Juneau tomorrow. He continues that he contacted the city manager and asked for a meeting, which has not yet been scheduled. He added that the Fairbanks Community Mental Health moved into the Fahrenkamp building. Unfortunately, their office manager resigned, which has caused some minor problems. He moved on to Denardo and states that their demo is in progress. A manager has been hired to oversee the facility, and hiring of staff is expected shortly. He states that the CHOICES/Web building acquisition is under contract, and is in the due-diligence period. He adds that staff continues to monitor the situation with the Federal Health Care repeal status, and we are working with the advisory boards to coordinate the efforts for a unified voice in talking with Congress. He states that the alcohol tax remains as Recover Alaska's highest priority. The intended plan is to do groundwork with the Legislature this fall, and then introduce the bill for the next winter.

TRUSTEE EASLEY suggests having a grand opening for the Denardo/Fahrenkamp complex with some good publicity.

MR. JONES replied that it can be arranged, but would have to be later because they are not going to open at the same time. He states if that is what the board wants, it will be considered.

CHAIR MICHAEL states that it is a great idea and asks that it be researched. She recognizes Chris Cooke, who just arrived, and moves on to an update on the stakeholder meeting.

STAKEHOLDER MEETING UPDATE

MR. WILLIAMS states that cards are received from time to time from organizations or individuals about the impacts that the Trust staff, the allocations and the directives have on their lives. He reads a letter of thanks from Pattison Turnbow on the support and critical needs provided for Claire Turnbow and family resulting in good health and happiness.

CHAIR MICHAEL states appreciation, and adds that it is a nice way to start the day.

MR. WILLIAMS states that the budget-planning process uses a two-year budget cycle. The first year is an even year, FY18, which will be discussed today. The second year, FY19, will be discussed further in the fall. Last summer, staff, advisory boards, key stakeholders and trustees embarked on an intensive multi-day process to identify budget recommendations and strategies for FY18, as well as FY19. He reviews what was brought forward and approved, and then moves to the changes that were not anticipated and need to be adapted. He explains the overview of how the FY19 budget process is being approached. He acknowledges Amanda Lofgren and Kathy Craft for their work on this.

MS. BALDWIN-JOHNSON congratulates Amanda Lofgren on her new position as director of the Statewide Pioneer Homes, and appreciates her being here. She begins by talking briefly about the process for preparing both recommendations and the budget, getting ready for the stakeholder process and discussion. Staff is reviewing the current projects that are included within the budget, including reviewing the grant reports, talking to the grantees, the outcomes and the impact of those projects. Also, taken into consideration are the strategies included in the budget and deciding about how that aligns with the current priorities of Medicaid reform and criminal justice reform. She continues that the process was focusing on how to incorporate the feedback received in FY18, additional feedback from stakeholders, and then fine-tuning and adjust the FY19 budget. She states that part of the presentation to the stakeholders was to put together a list of different projects that were worthy of highlighting for them, as well as for the trustees. She asks Ms. Lofgren to continue.

MS. LOFGREN moves to the DD system collaborative. It started with engaging beneficiaries, their families, and communities to come up with a vision to guide and really inform the process on Medicaid reform as it relates to home and community services for beneficiaries with intellectual and developmental disabilities. She states that the new home- and community-based service support waiver is called ISW, individualized support waiver. She adds, that came from

feedback and dialogue that happened through this process. Partners have come together to identify short-term and long-term goals. This is what is driving a lot of the reforms.

MS. CRAFT moves to Phase 2 detail about the DD systems collaborative. There was a strategic planning meeting where participants and key stakeholders identified the following foundation and worked for the strategic plan and implementation: Person-directed culture change; legislative engagement; engaging legislators to be champions for certain things; community awareness; data collection; expanding service options; and then the direct support professional workforce. She states that it is important, at the entry level, to have the system value the work that is being done, and then standardize and make it uniform across the state. She continues that the Alaska Health Workforce Coalition is going through a refresh and they are interviewing the coalition and core team members about the accomplishments and successes. There has been some turnover, and there is a need to orient the new members on how to move forward. She adds that the new action agenda for 2017 to 2021 is in the final draft and the priority occupations identified include: Direct support professionals; behavioral health clinicians; peer support; nurses; primary care practitioners; physical therapists; and healthcare administrators. The systems-change and capacity-building initiatives that will be worked on are: Engaging and preparing youth for behavioral health careers; training competencies in professional development; health workforce policies and infrastructure; health workforce recruitment and retention; and health workforce data.

MS. WAILAND highlights an example of the Trust partnering on a critical systems initiative to develop a roadmap for the statewide health information exchange. Health information technology was identified in the theory of change as one of the components and was a clear gap in terms of planning for a comprehensive program. She states that the effort began last October, and Trust staff dedicated time, and the trustees approved a technical assistance contract with a national expert to guide this process along with the Alaska eHealth network, the Department of Health and Social Services and the governing board, which represents each of the sectors within the healthcare industry. She continues that this project was prompted by the need for more robust health information technology to address the fragmentation within the technology systems and to support the shift to value-based clarity. She states that everything learned through the redesign efforts point to the importance of using teams of providers for managing the highest utilizers of care in keeping groups of people healthy. She continues that the groups are being managed as well as engaging patients at an individual level to adhere to their care plans. She explains that the future system of care will use data unlike ever before, and that is what this project was about. She states that the Department of Health and Social Services has contracted with the Alaska eHealth Network for one of the projects, the onboarding of all the behavioral health providers on today's exchange. She adds that their internal executive director, Laura Young, started and has personal experience onboarding behavioral health providers to a health information exchange in Arizona.

TRUSTEE EASLEY asks how many providers are involved in the health information exchange.

MS. WAILAND replies that there are about 20 provider organizations that are currently connected and feeding into the longitudinal health record, that person-centered health record. She continues that the majority of those are hospitals, and there are another 60 organizations that are under contract but not yet connected. She adds that part of the strategic planning process has

been about making sure that the providers are going to add the most value and become the most attractive for others to participate. The behavioral health providers have emerged as a key group in terms of realizing the full power that a person-centered health record can bring to the table. She states that the contract the Department of Health and Social Services just issued with AeHN includes funding to onboard up to 150 providers across the system of care.

TRUSTEE COOKE asks who runs the statewide health information exchange network and what is the Trust's stake in that.

MS. WAILAND replies that the statewide health information exchange is run by a nonprofit called the Alaska eHealth Network, and that is the organization that the Department of Health and Social Services has elected to contract with. In statute, the organization is required to have a representative board and is clear about what representation is required, and all the board members are elected by their associations.

TRUSTEE COOKE asks what the Trust's stake is and who oversees the performance of the work.

MS. WAILAND replies that the Department of Health and Social Services oversees it through their contract. She states that the Trust has a significant stake in the success of the statewide health information exchange. One of the gaps in planning for a comprehensive program has been having a strong technology infrastructure that is able to support interoperability; which is the ability of data to move from one organization to the other, and to be accessed without significant effort on behalf of the organization. She continues that the Trust, as part of its investment in Medicaid reform, allocated funds to serve as the State portion of the match necessary to secure high-tech funding at a 90/10 split from CMS, and that was to onboard behavioral health providers to the health information exchange. One of the most immediate benefits of doing that is that the Division of Behavioral Health has agreed that they will accept the minimum data set through the health information exchange for organizations that participate.

CHAIR MICHAEL asks how the funding is going to work, and if there will be any requests to the board in the future.

MS. WAILAND replies that this was money that was set aside specifically for health information exchange services that might be statewide or regional in nature, and the guidance around use of these funds has expanded significantly. She states that the funding from CMS is part of the HITECH Act which predates the Affordable Care Act. It was authorized under the ARRA, the American Recovery and Reinvestment Act, and is also where the Meaningful Use program resides. She explains that the Meaningful Use is an incentive program that eligible behavioral health providers, who do not fall under that category, have received incentives based on being able to hit targets around interoperability, data exchange, and the use of electronic health records. She continues that there is significant opportunity and flexibility, assuming that the money remains allocated as it is, to develop a health information exchange that can move beyond behavioral health providers to providers of developmental disabilities, long-term services and supports, schools, and crisis intervention teams.

CHAIR MICHAEL asks if there is any financial role that the Trust is going to need to play now or in the future.

MS. WAILAND replies the need to be at the table to talk about what clinical transformation looks like and to help facilitate those dialogues and provide resources to leadership, as well as the support needed to implement that kind of change.

TRUSTEE WEBB states that it looks like there are three levels to use from the health information network. First is at the population base level, the evaluation of the results on a population basis. Second is in program management, individually the programs contain information and allow opportunities to make change programmatically. The third level is at the individual clinical level. He continues, in his analysis, the primary value for the Trust is at the high level, the population-based valuation level. He is not minimizing the results at the other two levels, but the Trust does not operate the programs or do clinical interventions. He asks if there will be a time when the population-based information is received that will help to understand the results of the program investments across the board.

MS. WAILAND replies yes, and the first step in that is getting the connectivity of the behavioral health providers. Then, the participation of most of the hospitals, the primary-care providers, the specialists, API, and then learn how to use the data. She states that the Trust can play a significant role in facilitating the discussions that have to happen to develop a vision and a strategy for achieving that.

TRUSTEE WEBB asks if, in the future, the Trust would have access to data for its own analytical purposes, and is there any sense for the type of infrastructure that would be needed in evaluating the benefit of the efforts.

MS. WAILAND replies that one of the projects under the next request for HITECH funding would be approval to add functionality for data analytics. The idea is the need for a centralized tool that providers and policymakers can use to analyze the data. She states that a good data analytics school centrally located will be able to be used by Trust staff at the appropriate roles. She continues that the comprehensive plan presents a unique opportunity for access to a centralized data tool with information that is up to date from across the sectors.

TRUSTEE COOKE asks if all the providers do not participate, will it fail? What is being done to bring the rest of the folks into the fold, and how long will it take to realize this vision?

MS. WAILAND replies that this is for all Alaskans. She states that the intervention that was approved with technical assistance resources and her time has had a tremendous impact in terms of bringing about a dialogue in the community about the need for health information exchange services. She continues that through this process there are board members who are very committed to making sure that community providers are not left out of the question and interoperability. She explains the resources and states that this is going to be a lot of work and is going to take a lot of dialogue and engagement.

CHAIR MICHAEL thanks Ms. Wailand and suggests scheduling this on the agenda for the Beneficiary Program Committee for more time to spend on it. She adds that this is a good example of how the Trust staff integrates and coordinates systems change.

MS. BALDWIN-JOHNSON shares some highlights of the CHOICES project. She explains that CHOICES is a grantee of both the Trust and the Division of Behavioral Health. They receive the funds to operate the assertive community treatment team in Anchorage. That is a 24/7, ten-member mobile team that works very closely with individuals in the community to engage them into services. This project follows along with the Housing First philosophy which is to engage them, get them housed, and then getting them connected into the services that they need. She states that this project is preventives in that it is engaging folks so that they are not recidivating back into Corrections, as well as working with folks to prevent readmissions into API. She adds that Marny Rivera, with the Justice Center, is doing the evaluation of this project and is willing to come and present more. She reminds all that CHOICES is one of the beneficiary programs that is funded through the Beneficiary Projects Initiative as a grantee.

CHAIR MICHAEL asks for any questions.

TRUSTEE WEBB asks if there is any sense for cost per individual; cost per outcome. If it was serving all 100 target persons, what would that cost be, and the cost at 65?

MS. LOFGREN states that the grant was a little over \$1.1 million for the year, but she does not know specifically how much per individual.

MS. BALDWIN-JOHNSON states that can be worked on to pull that information together.

TRUSTEE WEBB asks that the program be explained a bit.

MS. BALDWIN-JOHNSON replies that the population honors their own input into the choices that they want to make for themselves. It is about their readiness to engage, and then engaging with them in the manner and the place that the individual beneficiary is comfortable with and willing to do.

MS. LOFGREN adds that it does target those that are highest at risk of institutionalization and are the most vulnerable beneficiaries. It is not a broad pool of individuals that qualify for the program.

CHAIR MICHAEL states that this particular project addresses the whole person, and the only way to get to them is on a one-on-one personal contact.

TRUSTEE COOKE asks if this program is involved in one of the program-related real estate investments.

MS. BALDWIN-JOHNSON replies that CHOICES is one of the partnering organizations with the Web that is looking at the facility.

MS. LOFGREN moves on to a project that touches all of the goals, the vision and the mission of the Trust. This project is an example of how that is done. She states that this project was investing in an innovative strategy through a social event price model called Catalyts Kitchen. This is a culinary training program for individuals who are chronic substance abusers and homeless, to give them the job skills and address soft social skills, and it prepares them for job training. She continues on to Stone Throw, which is a program within Stone Soup, which is the downtown soup kitchen in Fairbanks. In the past two years there were 35 trainees. 82 percent of those trainees were employed within the first three months of graduation. More importantly, it has changed lives. She states that, in looking at system reform, community strategies, direct beneficiary impact and all the investment into the focus areas are being addressed in programs like this. It is a small investment that goes a long way and impacts beneficiaries on a day-to-day basis. She continues that there is now a program in Anchorage. Small grant funds were provided to the Downtown Soup Kitchen, and they have a bakery program for women. She states that more of these programs will be seen because they are successful, and they bring funding sources from multiple streams.

TRUSTEE EASLEY states that she had read a national study on this kind of program and the most successful ones are those where business people have actual contact with the people who need the services. She asks if enough support is generated from the private sector, or if there is a bigger need for that.

MS LOFGREN replies that projects like this address the stigma challenges that the beneficiaries face because business partners are being pulled in that may have had bad experiences with hiring beneficiaries. She continues that now, based on the program support and the individuals coming through that are having successes, their mindset is changed. She adds that the great thing about this model and this program is that it is taking on multiple next steps. There is a community garden, and they have raised over 2,000 pounds of potatoes. It is becoming more of a community place where all come together and are taught how to harvest the food and then cook it. She states that is not just for beneficiaries; it is also for the community partners. She adds that it is projects like this that help turn the curve in terms of stigma and demonstrate success.

TRUSTEE COOKE states that this kind of success should be incorporated into the community to make all aware of what the Trust is and does.

STAKEHOLDER FEEDBACK

MR. BALDWIN states that stakeholder feedback meeting was very successful, with about 64 people attending. He continues that one of the pieces of feedback was that people were feeling valued at being included in the process, the hospitality, and the respect received. They are satisfied with the process, and what stands out is that communication about setting expectations can be improved. He moved on that good information about the material and information was provided, and there were suggestions about what could be done additionally to be included in that process.

CHAIR MICHAEL thanks Mr. Baldwin, and recognizes Heidi Wailand.

MS. WAILAND states that one of the outcomes from the budget meeting with the stakeholders was a healthy discussion about what it means to plan for the comprehensive integrated mental health program, what the vision might be, the DHSS leadership asking to meet to discuss the comprehensive mental health program. She continues that some of the participants expressed how frustrating it can be to think of housing. It is a complicated issue that needs to be addressed at the subject-matter level, and also by the beneficiary group. That is one example of the challenge of planning the comprehensive program. She goes through the key Alaska statutes related to ensuring and planning for the comprehensive integrated health program. She calls attention to the advisory board statutes in which each of them show the responsibility to plan for the system of care associated with that beneficiary group, and also to provide the Alaska Mental Health Trust Authority for its review and consideration recommendations concerning the integrated comprehensive mental health program. She continues her presentation, explaining as she goes along. She states that in the conversation with DHSS leadership some preliminary thoughts were shared about the concept of having a simple, high-level, overarching infrastructure that can provide direction and the flexibility to tap the capacity that has emerged at the system-of-care level and not to try to pull in so much that it is undermined.

CHAIR MICHAEL calls a 15-minute break.

(Break.)

CHAIR MICHAEL calls the meeting back to order and welcomes Gennifer Moreau-Johnson, Karen Cann, Morgen Jaco, Alysa Wooden, and Suzanne DiPietro. She states that they will give an update on the current reforms.

MS. MOREAU states that she is with the Department of Health and Social Services, in the Commissioner's office, and is the behavioral health policy adviser. She continues that the PowerPoint was put together by Director Randall Burns, and she begins with the achievements to date. The State, through SB 74, was required to apply for a 1115 demonstration waiver as the mechanism through which to redesign the behavioral health delivery system. The populations and service descriptions have been settled. She states that the idea behind the 1115 demonstration waiver is that the outcomes of the Medicaid program are achieved, and a waiver is cost-neutral to the federal budget; which is a key piece of the application. She continues the presentation, explaining as she goes through. She moves to the new services which are evidence-based services that are focused on increasing in-home or in-the-community setting. A big piece of this is an enhanced use of case management. Case management weaves itself in and out. As a service, it is called out, and at the lower end of acuity is actually embedded in services.

TRUSTEE EASLEY asks what MAT treatment is.

MS. MOREAU replies that it is medication-assisted treatment. She continues and states that the waiver is going to design services for targeted populations. Recipient support services will be an example of that; how to continue to deliver that soft service to the people who need them.

MR. WILLIAMS asks why early identification of populations, early intervention prevention is so important to the system of care.

MS. MOREAU replies that the focus on prevention and early intervention is because Alaska has extraordinarily high rates of children that interact with the child welfare system, and the costs associated with behavioral health are extraordinarily high for that population.

MR. WILLIAMS asks how the family unit around the child fit into the overall picture.

MS. MOREAU replies that the proposed services are didactic services that treat the family. The idea is that children do better when they are with their families. She moves on to the adult population and states that the main take-away is that the treatment is designed to treat people where they live and to avert crisis and drive down acuity. She moves on and talks about the criteria, explaining as she goes through. She states that they are close to the full draft of the 1115, and they are implementing intensive case management impacts the way that Senior and Disabilities Services rolls out care coordination. There is a high degree of internal scrutiny that has to take place to make sure that unintended consequences are being created. The target is public comment in tribal consultation in September and October, and a final draft in November.

TRUSTEE COOKE asks how this all relates to the Trust. He states that, if successful, these programs will impact and provide services to a lot of the beneficiaries.

MS. BALDWIN-JOHNSON replies that part of the support to the Department for Medicaid reform was for the Trust to cover a lot of the upfront costs that enable the Department to actually accomplish reform.

TRUSTEE WEBB explains that last fall the trustees elected to invest \$10 million over a three-year period to assist the Department in funding all of the Medicaid reform efforts.

MS. MOREAU states that it is incredibly complicated; there are many moving parts, and that could not have been done without the support. She thanks all.

TRUSTEE SELBY requests reducing the data requirements to the absolute minimum that is required federally so less time is spent doing paperwork. He states that it seems that more time is being spent on paperwork than seeing people. Second is that the federal money needs to be shifted so care can be delivered more quickly.

CHAIR MICHAEL recognizes Karen Cann.

MS. CANN begins by updating the comprehensive snapshot of Corrections and the impact on the Trust beneficiaries. She states that changes were made in three main areas: The first part looked at sentencing and who was behind the walls. There are a number of low-risk individuals that were becoming trapped in the system because they did not have money to get out. She continues that they are looking at how certain charges were added and amending them to keep people that needed to be behind the walls. Next looked at was probation or parole and how people that were on supervision were being worked with. Supervision is being looked at in a different way. The focus is on the pre-trial phase and the risk of moving away from bail or supervision and the risk level.

MS. DiPIETRO states that she is with the Judicial Council which is staffed with the Criminal Justice Commission. She goes through what was happening over the last ten years in Alaska with respect to the correctional population. She talks about the poor rate of recidivism in Alaska and possibly related to that is some emerging research. There is some data suggesting that potentially a lot of people that have been incarcerated were actually being harmed through the incarceration process. That was the genesis for the criminal justice reforms just described. She continues that these reforms went into effect and were earth-shaking reforms. She adds that there was enough money to use prison as the first and last response to criminal activity. The effect of the criminal justice reform is that, legally, prison cannot be used as it was used before. There are exceptions to that, particularly in the area of violent offenses. She states that the reform is really focused on property offenses, and sex offenses were completely off the table. There were no changes to the sex offenses. She continues that it was not a huge change, but distressing to law enforcement and prosecutors. The original recommendations had been based on evidence, and law enforcement was saying too much was done too soon and was not acceptable. The Commission recommended some substantive changes to the original recommendations and also recommended some technical changes, drafts, drafting oversight to the original bill and some other nonsubstantive changes. The changes were introduced in two different bills, 54 and 55; one was substantive, and the other was technical. The technical amended bill passed last session; the substantive amended bill did not. That will start up again with the House hearings in January. She states that the Commission was tasked by the Legislature with a number of follow-up activities. The Commission has already documented savings from the reform and will recommend in its mandated annual report that any savings from criminal justice reform should be reinvested in recidivism reduction activity. She continues that the key piece is the pretrial risk assessment tool. The three stages of this tool are the reform and sentencing, the pretrial and the probation supervision. She explains in greater detail. She adds that the Alaska Judicial Council did a comprehensive study of the justice system in the early 2000s and found out that the existing pretrial system results in racially-based outcomes. Currently, the system discriminates against people who are Alaska Native in terms of pretrial release. The tool has two scales instead of one, because the two figures could not be integrated.

MS. WOODEN states that if the numbers did come together the validity of the tool would be lost. The hope is to come back with a good decision and then start training. She explains that it is a nonbiased tool in the fact of not interviewing the people.

TRUSTEE COOKE states that if this is pretrial assessment, who is doing it and how does that get communicated to the court that is making these pretrial decisions, as well as the district attorney who is making the recommendation to the court.

MS. CANN replies that this is a brand-new division. Staff, supervisors, the first round of pretrial officers that are completing the academy, have been hired. A completed report will be sent to the court, the DA, defense attorney, the offender or the arrestee, and officers will be available. A system of distribution of these reports is being devised so that everyone that is involved can make decisions based on all of the information that is being presented.

TRUSTEE COOKE asks if this will be done between arrest and arraignment; and how many people are going to be doing this job.

MS. DiPIETRO replies that it is a lot of people, but the data is all electronic data. The arrestees do not have to be talked to; what is electronically gathered will only be measured.

MS. CANN states that this will go live in January, and from now until then the tool will be tested and any adjustments will be made. She continues on, stating that two additional positions have been requested: A criminal justice coordinator position, and a diversion program planner. Unless there are any questions, she turns it over to the re-entry side.

MS. JACO begins with the big picture of what is happening with the Alaska community re-entry program. It involves re-entrants from Corrections, the stakeholders, DHSS, the Trust, and the Department of Labor all collaboratively working together. It shows everyone and how they interact. She states that she would like to see more individualized care, more specific re-entry planning, case planning with improved assessment processes, screenings for beneficiaries, increased substance abuse assessments and treatment, collaborative care with end-reach efforts, and a plan set up prior to release. She asks Alysa Wood, one of the case workers, to continue.

MS. WOOD works with the Division of Behavioral Health and states that the Trust played a great role in helping provide the framework. She continues that the Alaska community re-entry manual was funded through the Trust and helped to lead that effort in creating programs and to encourage community collaboration for re-entrants coming out of the Department of Corrections. That document also helps to provide a common language. She moves to the bridging between prerelease; what happens between DOC institutions; and then what happens after release. She adds that one of the great opportunities that has been presented with this collaboration is that there are coalition members and case managers who are connecting with people 90 days before their release. That is solidifying re-entry by figuring out what support services are needed. She adds that the other key is that coordination of care continues once they get into the community. When the programs are being done, there are evidence-based strategies that are related to what the Department of Corrections is doing inside.

CHAIR MICHAEL asks for any questions.

TRUSTEE SMITH states that one of his concerns when the coalitions were funded and now is the need for inclusion of the municipal opinion leaders in the loop. He continues that the coalition needs to reach out to the assemblies, mayors and managers.

MS. WOOD replies that is actually something they are trying to focus on in moving forward.

TRUSTEE COOKE states that he thinks that planning for an individual's release from incarceration should begin on the first day of incarceration.

MS. JACO agrees that re-entry starts on remand. Senate Bill 91 mandates a case plan and a re-entry plan. The offender management plan is done as an encompassing plan that is a living document and continues to the field. Upon release, the field officer will update that and continue to until they are off supervision entirely.

MR. WILLIAMS states that the Department of Corrections shares the same philosophical perspective, and they have embraced it to varying degrees over the last ten-plus years.

TRUSTEE WEBB states that, through his career, he has worked in the correctional system and every service system that serves the beneficiary population. This is a change from an intuition, opinion-based idiosyncratic decision-making systems to a science, fact-based, informed, systematic decision-making that will lead on to focus on success instead of failure, which is where the attention has been focused over most of his working career. He continues that it is an incredible change, and it will make a huge difference for the beneficiary population. He urges all the trustees to focus on that for the future, and employ the same approaches that are information- and science-based to track the outcomes of the investments.

CHAIR MICHAEL calls a lunch break.

(Lunch break.)

CHAIR MICHAEL calls the meeting back to order and moves to the FY19 budget recommendations. She states that the discussion will be about the changes that are being recommended.

MR. WILLIAMS begins on page 23 and walks the trustees through the columns pointing out the changes that are being recommended. He notes that the total difference between what was recommended last September, which was \$29,186,00, to the staff revised, which is \$29,350,000, is an increase of \$164,000. He states that the projected FY19 total funding availability is \$30,641,776. The recommendation is \$29,350,000, with a projected unobligated amount of \$1,290,876.

MR. BALDWIN talks about the nonfocus area allocations; the major change is starting with the small projects grants. He states that, after looking at the last year-and-a-half to two years' worth of small projects and the quality of them, staff is proposing suspending the small project grants for FY19, and to use that money in other ways. The proposal is to take \$150,000 out of the small projects and put that into the partnership and designated grants line. The amount that was approved for partnerships and designated grants will increase \$150,000. He continues that the types of projects that would come through the small projects grant can be handled, and we will respond to the requests in a quicker fashion. He states that the remaining \$100,000 that was in small projects was split and added to two mini-grant programs; the Alzheimer's disease and related dementia mini-grant, and the mini-grants for individuals with developmental disabilities. He adds that there seems to be a need for some increased money in those budget lines to help get stuff directly to beneficiaries.

MR. WILLIAMS explains that, in looking at the small projects, this was an attempt to see what is going on, and to make an informed recommendation for a change for FY19.

MS. BALDWIN-JOHNSON mentions that this recommendation was run by the partner boards, and they thought that it was a reasonable adjustment.

A discussion and clarification continues.

MR. BALDWIN states that the behavioral health mini-grants and the developmental disability related mini-grants are run through the Trust Web site, and agencies can apply through it. He continues that the Alzheimer's Disease and Related Dementia mini-grants are run through the Alzheimer's Resource Agency of Alaska for the Trust.

MS. BALDWIN-JOHNSON asks Amanda Lofgren to explain the focus-area related and reform-related projects adjustments.

MS. LOFGREN states that under the Medicaid-related investments there is a slight increase of \$2,000 for FY19 being proposed. There is a reduction of \$10,000 proposed for the Senior and Disabilities Division supported housing program manager which reflects the additional Medicaid admin claiming funds that will cover the costs of a portion of that position. She continues that staff has worked closely with community partners to develop Forest Home which provides services for five individuals with a history of cycling through API with ADRD. This is an opportunity to partner in case management and psychiatric services and behavioral health supports to be able to be more of an on-call. She adds that this has been long planned and discussed and is part of the ADRD roadmap and the Commission on Aging's future plan. She states that the next adjustment is systems infrastructure and capacity development for Alzheimer's Disease and Related Dementia and intellectual and developmental disability programs. She explains more fully and then moves into focus areas. She begins with adding the City of Fairbanks' housing coordinator position into the focus area which was approved by the trustees. The proposal will be brought forward again for FY18 and also for FY19.

A short discussion on the housing coordinator ensues.

MS. LOFGREN states that there is a memorandum of agreement with both of the city positions that the Trust is currently funding.

TRUSTEE COOKE asks if there is a sunset provision.

MR. JONES replies that it is three years.

The discussion continues.

MS. LOFGREN continues and moves into the beneficiary employment and engagement focus area. She explains as she goes through in greater detail.

MS. BALDWIN-JOHNSON states that the last item is an adjustment in the amount that was originally approved by trustees for the partnership for the Recover Alaska initiative. This adjustment will right-size what the partnership contribution actually is. She continues that Recover Alaska has identified prioritization of an alcohol tax as one of their top priorities and will continue to engage with them and the other partners at the table, which includes Rasmuson, Mat-Su Health Foundation, Providence Health Systems, and Southcentral Foundation.

TRUSTEE COOKE asks to have that program described.

MS. BALDWIN-JOHNSON replies that it is a grass-tops coalition of leaders that originally came together to do something that would outlive everybody to change the norms in Alaska and impact, reduce the harms that alcohol creates. It is a very influential group.

A discussion ensues.

MR. JONES states that, at first, he did not think that anything was being measured. He investigated and found that quite a bit is being measured. The problem is that it is not being communicated even among each other. He continues that there are three new trustees that did not hear Bill Herman go through that process. He believes that it is time to go through it again and reenergize that whole process, and go back to a results-based budget theory. He suggests that the process be organized to go over this winter.

CHAIR MICHAEL calls a break.

(Break.)

CHAIR MICHAEL calls the meeting back to order. She states that she would like to take some time to just have a conversation and hear from staff about what is on the horizon for the Trust. She recognizes Ms. Baldwin-Johnson.

MS. BALDWIN-JOHNSON states that staff started talking about stuff that they see coming this way. This is not based on data or trends; just information from various conversations. She introduces Patrick Sidmore, the acting executive director of the Mental Health Board and the Advisory Board on Alcohol and Drug Abuse and Suicide Prevention, and thanks him for coming to Anchorage.

MR. WILLIAMS begins the presentation with three big things that are at various places in terms of conversations and development in terms of the project. He states that DOC is working on realigning its capacity to increase the number of mental health beds for women at Hiland Mountain; not only increasing the acute-bed number, but also creating four beds for detox capacity. He continues that they have used some of their own general funds to do an architectural layout of how the correctional center pieces of it could be reconfigured. Their preliminary price of this remodel is \$2,250,000. He adds that they are interested in coming to the September board meeting and talking to the trustees more about this. He states that next is looking at how to repurpose the Palmer Correctional Center. This conversation started with DHSS and DOC looking at creating a forensic hospital center that can handle folks with acute mental health needs within the correctional center, as well as folks who require forensic evaluation and competency restoration. This falls into the category of being something that staff is paying attention to. Next, is the conversation as it related to the partnership grants which will probably turn into capital request items, because organizations will either have burned through the reserves available or may not have the reserves available to accommodate deferred maintenance costs for their capital assets. Third, is the State's fiscal situation as it relates to the partnership grants. There are less capital dollars available for nonprofit agencies in the community to do deferred maintenance or where the money will come from for new construction.

TRUSTEE SMITH asks about the API capacity discussion.

MR. WILLIAMS replies that the API capacity discussion is only in relation to forensic capacity and not related to the capacity on the civil commitment side.

TRUSTEE WEBB states that he has heard discussions around the forensic hospital and it is an important thing to consider as it moves forward. The Trust should think very hard about its policy position during those discussions.

MR. WILLIAMS agrees and states that the Trust gets engaged in these conversations for a variety of reasons, and is not leaning one way or the other. He continues that this is on the horizon, and updates will be provided as it develops.

TRUSTEE WEBB states that it would be useful to make sure that the trustees are fully informed about all those issues and how they tie together, because reforms should be pushed.

TRUSTEE COOKE states that while it may be a good idea for the State to improve and expand their facilities, he is not excited about the Trust being the funding source for that kind of effort. He continues that it would be wise to ask to what extent the programs and services that will be provided in such a facility relate to the comprehensive mental health plan and the beneficiaries.

CHAIR MICHAEL adds that these are examples of the change in the system, and she thinks the requests will be very different.

TRUSTEE EASLEY asks about applications from nonprofit organizations. It was mentioned that some of them do not have the money for maintenance. She asks if some of the organizations have big problems.

MS. BALDWIN-JOHNSON replies that organizations are having to rethink their business models and the services provided in a changing environment. She thinks that there are going to be more requests for maintenance and such.

A discussion ensues.

MS. BALDWIN-JOHNSON moves on to the potential of the Juneau housing coordinator task, which will be brought forward at the October meeting. She mentions the increase for the technical assistance request, and states that things that will be brought forward will be much more than just services that are covered by Medicaid.

MS. WAILAND states that technology and data analytics tools can be used to identify and solve problems. It is also important to note that the market plays a strong role to the extent of and the pace at which new technologies are adopted to identify and solve problems. Value-based care is a strong driver of health information exchange services, which has not been in the market to date. She continues that there is the need for a small army of leaders and staff within organizations at the grass-tops level helping the system, and learning how to use technologies to improve care and to drive down the cost of care.

MS. CRAFT states that some good conversations were held over the summer about the growing in the understanding of the research needs and what is needed to know about the workforce. She talks about homing in on a Web-based portal where the question of what health occupations are in the most need of some kind of intervention by the workforce development system right now. She adds that data sets were gathered, and they are getting much closer to looking at developing something in alignment with the ALARI system, which they have. She continues explaining as she goes along.

MS. LOFGREN begins by sharing an example of how assistive technology can change beneficiaries' lives. She states that this is something that should have been used a long time ago, but needed a list. This will not be included in Medicaid reform. She moves on and states that all of the beneficiary groups are aging. The system does not have the capacity to adequately serve individuals who are aging and have serious mental illness or even substance abuse. She continues that more and more beneficiaries with dementia are showing up on the competency list in Corrections. She adds that the Commission on Aging will be looking to revise the ADRD roadmap along with the State plan.

MR. SIDMORE invited the trustees to the board meeting in Ketchikan on the 26th to the 28th, and to meet 150 to 200 different people. He states that a small data linkage system is being developed right now that started with a survey of new moms. They signed a release that their survey answers can be linked to other data. He continues that 30 percent of seven-year-old children have had a report of harm to OCS. We can go back and say what prenatally was going on that is linked to have that report of harm. He adds that this sample is 3500 kids and is robust and representative. He states that just linking two data systems was a game-changer in the waiver plan. He thinks that this is something that the Trust can really make an impact with. He also talks about the workforce issue.

MR. BALDWIN supports what Ms. Lofgren said about the aging population of beneficiaries. It is a big issue coming and will be a demographic bubble. It is important to think about the response to addressing the needs of beneficiaries in different age groups. He states another demographic is traumatic brain injury. Alaska has some of the highest per capita veterans who have experienced significant brain trauma which will have a significant impact on access and services that are already being overrun. He moves to technology and telehealth, and states that there are a lot of telehealth options that will increase access to services or support that should be paid attention to. He continues that there is a need to be thinking about five years down the road to where this technology is leading. It will be an important support.

MS. DANIELLO states appreciation for the issues that have been identified with respect to senior Trust beneficiaries and other seniors that are coming up before us. She states concern for the growing use of substance abuse among older people, especially the opioid epidemic as seniors have utilized opioids for pain medication. There is also particular concern with the very strong, fast-growing senior population. This is expected to be an emerging issue that needs to be addressed. She thanks all for the opportunity to address these issues.

TRUSTEE SELBY asks if, in looking around the whole country, any good new programs for the beneficiaries are being looked at. He states that he is sure that other folks are trying to find new, more effective ways of helping our type of beneficiaries.

MR. WILLIAMS states that he will focus on criminal justice stuff and allow others to chime in on other related programs and services. He continues that there are programs in Colorado that are being replicated in terms of re-entry that the Department is looking at to expand the concept of re-entry as well as concepts of early diversion. He adds that the Council of State Governments' Justice Center is pulling together a summit in November for all 50 states with representatives from the states' correction systems, legislative systems and health and social services. He states that he is part of the team that will be attending. He states that the Juneau Community Foundation and police department are integrating the mental health emergency outreach with the law enforcement response in a co-response way. He continues that he will pay attention to how this mobilizes in Juneau and, if effective, replicate it in a large community.

TRUSTEE DERR recommends the book "When the Boomers Bail" which talks about the workforce shortage as the boomers' bail and how those jobs will be filled. It is very well written.

TRUSTEE SMITH agrees that in this book the demographics are everything.

TRUSTEE SELBY asks that Mr. Williams brings some staff recommendations on where to spend \$200,000 if that was added to the September board meeting for discussion.

CHAIR MICHAEL asks for a motion to adjourn.

TRUSTEE COOKE moves for adjournment.

TRUSTEE EASLEY seconds.

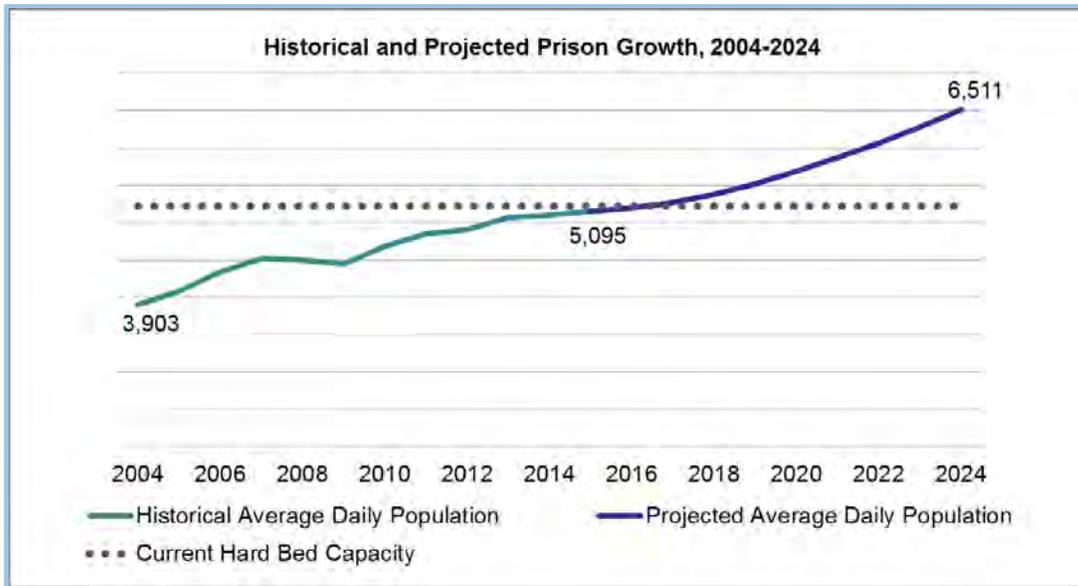
There being no objection, the meeting is adjourned.

(Planning Committee meeting adjourned at 4:00 p.m.)

Senate Bill 91 – Alaska’s Criminal Justice Reforms

Why was criminal justice reform necessary?

Alaska’s prison population was unsustainable, and higher incarceration rates weren’t making Alaskans any safer. **Between 2005 and 2014, Alaska’s prison population increased by 27%**, almost three times faster than the state’s resident population.

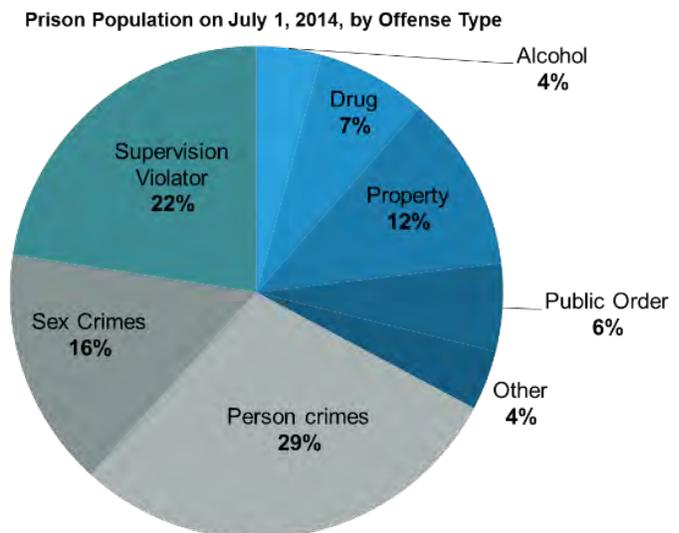


The growing prison population meant that Alaska would have had to build another prison by 2017—only 5 years after building the new prison at Goose Creek. During this same period, **2 out of 3 inmates released from the state’s correctional facilities returned to prison within three years**. This indicates that the increased use of incarceration was not effective to rehabilitate offenders.

Who are Alaska’s prisoners? Are they dangerous?

A growing number of prisoners were pre-trial defendants—people who had not been found guilty and had not been sentenced. Many of these people were in prison because they could not afford to bail out – not because they were dangerous. **Half of these pretrial prisoners were charged with nonviolent crimes.**

On a snapshot day, **over half** of the entire prison population consisted of nonviolent inmates or supervision violators. (Supervision violators are people who violate the conditions of their probation or parole.)



All statistics in this document come from data provided by the Department of Corrections, the Pew Charitable Trusts and the Alaska Criminal Justice Commission.

What role does drug and alcohol addiction play in crime?

Pinpointing the cause of crime is not easy; but there are plenty of indications that addiction affects many offenders. The Alaska Department of Corrections (DOC) reports that of the offenders seen by the DOC's Behavioral Health Services, **80% were diagnosed with a substance use disorder**. DOC provides substance abuse treatment for roughly half of all prisoners, and DOC is the largest provider of mental health and substance abuse treatment in the state. As in other states, Alaska has seen a significant increase in opioid addiction, prompting Governor Bill Walker to declare a **public health disaster** in February 2017.

What is SB 91 and what does it do?

SB 91 is the bill passed by Alaska's legislature in 2016. The bill is based on **data and evidence** of what works to prevent ex-offenders from committing new crimes. It is designed to concentrate resources on the highest-risk offenders and give low-risk offenders the opportunity to get treatment and rehabilitate themselves. The legislation also **reinvests** money into programs designed to improve public safety, reduce recidivism, and support crime victims. (See right.)

The following is a list of *some* of the reforms created by SB 91:

- Starting in January 2018, a new **pretrial services unit** will make recommendations on releasing offenders and supervise offenders who are released pretrial.
- **Sentencing ranges** were lowered for many felonies. Sentences for sex offenses remain the same. The mandatory minimum sentences for 1st- and 2nd-degree murder were increased.
- Sentencing ranges for many misdemeanors were also lowered; most **drug possession crimes** were changed to Class A misdemeanors rather than felonies.
- **Swift, certain, and proportionate sanctions for probation and parole violators**; if the violation is not a new crime, there are limitations on the length of time to serve in prison.

Reinvestment

SB 91 reinvests money in:

- Creating a pretrial supervision program
- Victims' services and violence prevention
- Treatment services in prisons and halfway houses
- Prisoner re-entry support services

Has this been done in other states? What happened there?

Many other states have worked to reduce their incarceration rate, and have found no negative impact on public safety. For example, between 2010 and 2015 South Carolina reduced its incarceration rate by 16%, and saw its crime rate decrease by 16%. It is hard to draw a causal link between incarceration and crime rates, but it is clear that it is possible to reduce the incarceration rate without compromising public safety.

Where can I go for more information?

For a copy of SB 91 and a number of explanatory materials, consult the Alaska Criminal Justice Commission's website: <http://www.ajc.state.ak.us/alaska-criminal-justice-commission>

The Alaska Criminal Justice Commission is a public body and its meetings are open to the public. Information on how to participate in meetings and to contact the Commission are on the website above.

Criminal Justice Reform Update Results First Initiative October 19, 2017

News Item from the Trust website:

<http://mhtrust.org/news/state-money-spent-on-adult-criminal-justice-programs-showing-positive-returns/>

STATE MONEY SPENT ON ADULT CRIMINAL JUSTICE PROGRAMS SHOWING POSITIVE RETURNS

October 3, 2017

A recent report released from the Alaska Justice Information Center includes a wealth of information about the justice programs in the state, including the results of a statewide program inventory, cost-benefit analysis, and an assessment of the evidence supporting the justice programs. Also included are breakdowns of the different kinds of programs that are offered (therapeutic courts, sex offender programs, and education programs) and the costs associated with both treatment and criminality. “It is a tool that policymakers can use to make informed, thoughtful decisions about programs in the state’s adult criminal justice system,” Steve Williams, acting CEO of the Alaska Mental Health Trust. “The report demonstrates that many programs and services currently funded by the State do reduce criminal recidivism. It outlines the positive outcomes that so many state officials, legislators and community members have been working diligently on for the last several years. Reducing criminal recidivism is a complex issue, requiring more than a jail cell to achieve better results and increased public safety.”

Results First Initiative Report Link

Alaska Results First Initiative: Adult Criminal Justice Program Benefit Cost Analysis (September 29, 2017)

- <http://mhtrust.org/mhtawp/wp-content/uploads/2017/10/Results-First-ACJ-Report.2017-09-29.pdf>



MEDICAID IN ALASKA

September 30, 2017 Report Month

36,769

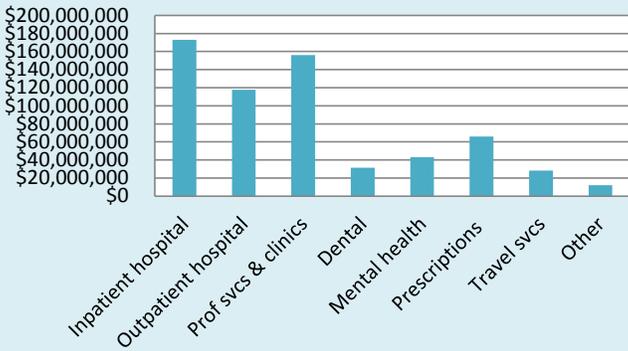
Lives covered by Medicaid expansion

Demographics of Medicaid expansion enrollees

	19-34	35-44	45-54	55-64
Enrollee count	14,580	6,189	7,709	8,291
Male	21,181		Female	
			15,588	

Medicaid expansion began on Sept. 1, 2015 in Alaska.

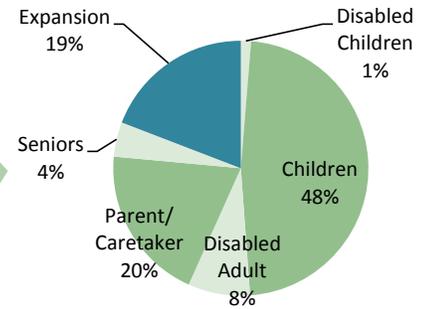
Medicaid expansion claims paid to date



100% federally funded through CY16 and will transition to 90% in 2020 and beyond.

Medicaid provides health benefits to many Alaskans.

All Medicaid enrollees by category



Medicaid enrollees by region

Alaskans across the state benefit from Medicaid.

Northern
All Medicaid: 10,600
Expansion only: 1,480

Southwest
All Medicaid: 21,226
Expansion only: 2,877

Interior
All Medicaid: 21,672
Expansion only: 4,222

Anchorage/Mat-Su:
All Medicaid: 98,513
Expansion only: 19,465

Southeast
All Medicaid: 18,183
Expansion only: 4,128

Gulf Coast
All Medicaid: 21,233
Expansion only: 4,521

Out of state*
All Medicaid: 517
Expansion only: 76

*Temporarily absent or in an out of state medical institution.

191,944

Lives covered by all Medicaid

Demographics of all Medicaid enrollees

	18 or less	19-34	35-44	45-54	55-64	65+
Enrollee count	88,072	42,962	19,112	15,919	15,389	10,490
Male	93,420		Female		98,524	

The DBH Comprehensive Daily Census Report (CDCR)

Including:

the Fairbanks Memorial Hospital MH and Bartlett Regional Hospital MH (DET) Units,
the Providence Psychiatric Emergency Room,
the Providence Crisis Recovery Center, & the Alaska Psychiatric Institute

***Patient Census Information for October 19, 2017
(As of Midnight)***

Alaska Psychiatric Institute	Today's Census / Maximum Capacity	Admits to each Unit During the Previous 24 Hours	Discharges from each Unit During the Previous 24 Hours
Hospital Units Total:	78 / 80	7	0
Chilkat (Adolescents 13 thru 17)	10 / 10	1	0
Denali (Adult Acute Care)	9 / 10	0	0
Katmai (Adult Acute Care)	24 / 24	4	0
Susitna (Adult Acute Care)	25 / 26	2	0
Taku (Adult Secure & T12's)	10 / 10	0	0
Total T-12's in-house – 10			Bed Holds: 0 Pass: 0 ADH: 0

Providence Crisis Recovery Center		
the PCRC can admit youth up to 18yrs if in OCS custody	Adult (18+)	Adolescents (13 – 17)
Census at Midnight / Maximum Capacity: 8/ 16 ▶	8	4
Total Admissions During the Previous 24 Hours	2	0
Number of admits from Providence Psych ED	2	0
Number of admits from API	0	0
Number of admits from ACMHS Emergency Services	0	0
Number of admits from SCF's BURT Team	0	0
Number of admits from Other Referral Sources	0	0
Discharges During the Previous 24 Hours	0	0
Pending Admissions		

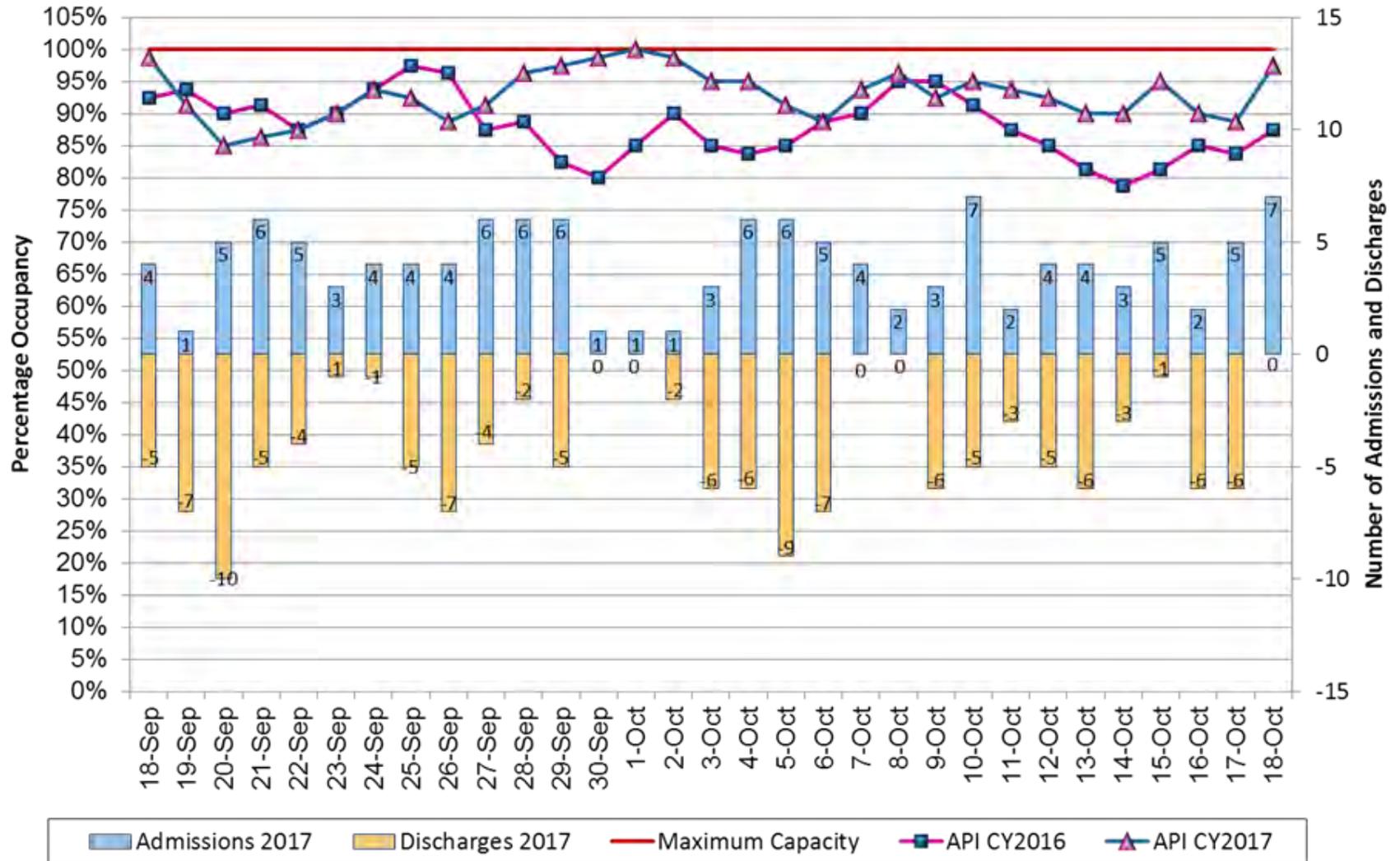
Fairbanks Memorial Hospital – MH Unit DET Bed Utilization	Bartlett Regional Hospital – MH Unit DET Bed
20 Bed DET Capacity: 4 “Intensive Care” Beds 16 Acute Care Beds	12 Bed DET Capacity: However, NB: BRH has an agreement with Rainforest Recovery Center (a SUD program) to accept RRC detox patients if there are unused DET Beds available on their MH Unit
<u>11</u> of <u>20</u> Total DET Beds Occupied Today:	<u>11</u> of <u>12</u> Total DET Beds Occupied Today:
<u>4</u> of <u>4</u> Intensive Care Beds Occupied Today	<u>11</u> Mental Health Beds Occupied Today
<u>7</u> of <u>16</u> Regular Acute Beds Occupied Today	<u>0</u> Bed(s) Occupied by Detox Patients Today

Providence Psychiatric Emergency Department (PPED)

The PPER, as the single point of entry program for the Anchorage area, accepts both adolescents and adults for emergency assessment and triage.

	Adults	Adolescents
Total Number of Persons Admitted During the Previous 24 hours	13	2
Number of Persons in an Observation Bed as of Midnight	4	
Number Discharged Home as of Midnight	7	
Number in an Observation Bed as of Midnight but Awaiting Transfer to API under a Court Order for Hospitalization for Evaluation at API		
Number Transferred to the PAMC Discovery Program [The Discovery Unit is a voluntary 15 bed in-patient adolescent unit (ages 13-17) at Providence Alaska Medical Center (PAMC) in Anchorage.]		1
Number Transferred to the PAMC Mental Health Unit (MHU) [The Mental Health Unit at Providence is a voluntary 12 bed in-patient adult unit (ages 18 and over) at PAMC.]		
Number Transferred to Alaska Psychiatric Institute	1	
Number Transferred to the PAMC Crisis Recovery Center (CRC)	2	
Number Transferred to North Star Behavioral Health (Children & Adolescent Hospital) [Children and adolescent boys and girls are admitted to North Star; see the census report below.]		
Number Discharged to a Shelter like AWAIC or the Brother Francis		
Number that “Left Without Being Seen” (LWBS)	1	
Number Discharged to the Ernie Turner Center (E. T.) for Detox		
Number Discharged to the Arctic Patriot Program at North Star Behavioral Health [Only active adult military personnel and their adult family members are admitted to North Star under this program.]		
Number Admitted to a Medical Unit within Providence Alaska Medical Center		
Number Transferred to the Alaska Native Medical Center (ANMC) Medical Unit		
Number Discharged to the Community Service Patrol (CSP)		
Number Discharged to the Anchorage Jail		
Number Transferred on a Court Order to a DET bed at Fairbanks Memorial Hospital		
Number Transferred on a Court Order to a DET bed at Bartlett Regional Hospital (BRH)		
Number Transferred to a Detox bed at the FB Native Association’s Ralph Perdue Center		
Number Transferred to a Detox bed in Juneau at BRH’s Rainforest Recovery Center		
Number Discharged Other		

API Midnight Census as a percentage of Total Occupancy - A One Month Comparison



Alaska Senate Bill 74, Section 57 Healthcare Authority Feasibility Study October 19, 2017

As part of the healthcare reforms included in Senate Bill 74, the Alaska Legislature included intent language for the Alaska State Department of Administration to procure a study on the feasibility of creating a healthcare authority to coordinate healthcare plans and consolidate purchasing effectiveness. Recently the Department of Administration released the study results for public comment. The intent language and a link to the reports are provided below.

Alaska Senate Bill 74, Section 57

(b) The Department of Administration shall, in collaboration with the house and senate finance committees, procure a study to be completed on or before June 30, 2017, to determine the feasibility of creating a health care authority to coordinate health care plans and consolidate purchasing effectiveness for all state employees, retired state employees, retired teachers, medical assistance recipients, University of Alaska employees, employees of state corporations, and school district employees and to develop appropriate benefit sets, rules, cost-sharing, and payment structures for all employees and individuals whose health care benefits are funded directly or indirectly by the state, with the goal of achieving the greatest possible savings to the state through a coordinated approach administered by a single entity. In developing the study, the Department of Administration shall seek input from the Department of Health and Social Services, administrators familiar with managing government employee health plans, and human resource professionals familiar with self-insured health care plans. The study must

- (1) identify cost-saving strategies that a health care authority could implement;
- (2) analyze local government participation in the authority;
- (3) analyze a phased approach to adding groups to the health care plans coordinated by the health care authority;
- (4) consider previous studies procured by the Department of Administration and the legislature;
- (5) assess the use of community-related health insurance risk pools and the use of the private marketplace;
- (6) identify organizational models for a health care authority, including private for-profit, private nonprofit, government, and state corporations; and
- (7) include a public review and comment opportunity for employers, employees, medical assistance recipients, retirees, and health care providers.

Healthcare Authority Feasibility Report Links

The report can be found at:

- <http://doa.alaska.gov/HCA.html>