

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

Quarterly Board Meeting
Held at Alpine Lodge
Fairbanks, Alaska

October 19, 2009

Board Members Present:

Andrea Schmook
Barry Creighton
Nina Allen
Randall Jones
Timothy Peters
Stan Steadman
Eva LeVeque
Ramona Duby
Joe Dingman
Daniel Meddleton
Lonnie Walters
Eric Holland
James Duncan
Michael Kerosky
Raymond Watson
Verner Stillner
Renee Schofield
Fred Glenn
Russell Lavigne
Anna Sappah
Robert Coghill
Bernard Gatewood
Amy Hansen

Ex-Officio Members:

Colleen Patrick-Riley
Melissa Stone
Kris Duncan
Erin Kinavey

October 19, 2009

ROLL CALL/CALL TO ORDER

REVIEW AND APPROVE AGENDA

Anna Sappah made a **MOTION** to approve the meeting agenda. After discussion, Verner Stillner **SECONDED**. The motion was **APPROVED**.

APPROVAL OF MINUTES

Verner Stillner made a **MOTION** to approve the minutes as written. Tim Peters **SECONDED**. The motion was **APPROVED**.

ETHICS DISCLOSURES

Barry Creighton	Ionia received some prevention money
Anna Sappah	AAPA, no ethics conflicts
Nina Alan	Center in Homer, receives funding from DBH
Tim Peters	Receives services
Randy Jones	Providence Behavioral Health, no conflicts
Bob Coghill	Big Brothers/Big Sisters of Alaska, no conflicts
Ray Watson	YKHC and AVCP, receives state grants
Joe Dingman	Has not yet applied for grants for a group home in Barrow
Michael Kerosky	Anchorage School District, Behavioral Health grant
Erin Kinavey	OCS, no conflicts
Colleen Patrick-Riley	DOC/mental health, no conflicts
Melissa Stone	DBH, no conflicts
James Duncan	No conflicts
Eva LeVeque	BBAHC and they receive State money
Andrea Schmook	ACMHS, Consumer Driven Services, LLC, receive Trust funding
Stan Steadman	PCHS, receive federal and state Behavioral Health grants
Eric Holland	BBAHC, receives state grants
Renee Schofield	TSS, Inc., Ketchikan, serves on the advisory board for Gateway Center for Human services and receive funding for the ASAP grant and they fund the ASAP program
Dan Meddleton	No conflicts
Amy Hansen	OPA, no conflicts
Verner Stillner	Bartlett Regional Hospital
Ramona Duby	Advisory board for the Wellness Improvement Center, board of directors Anchorage Community Mental Health Services, board of directors for Consumer Driven Services
Kris Duncan	AHFC, stated they give money and there is always conflicts
Lance Brown	Administrative staff to the boards
Russ Lavigne	Alaska Legal Services, receives state and federal funding
Lonnie Walters	No conflicts
George Kirchner	Boys & Girls Home for Alaska

OPENING REMARKS BY THE CHAIRS

Eva LeVeque welcomed everyone to Fairbanks. James Duncan reflected that the last time they were in Fairbanks, they were transitioning the boards together. He noted that he's looking forward to focusing on their site visits.

COMMUNITY SITE VISITS

James Duncan stated that the objective of the site visits is to learn about the system of care in Fairbanks, the assets and the strengths of the local agencies, and the obstacles to accessing services or delivery of services.

The group discussed who volunteered to visit which site and the following were identified:

Fairbanks Native Association (detox center):

Kate, Nina, Lonnie, Verner, Renee, Barry

Fairbanks Community Behavioral Health:

Rebecca, Dan, Randy, Andrea, Tim, Kris, Mona, Eric, Colleen

Tanana Chiefs Behavioral Health:

Andrew, Anna, Ray, Joe

Fairbanks Memorial Hospital:

Tom, Erin, Russ

Family Centered Services:

Teri, Melissa, Bob, Eva

Boys and Girls Home:

Lance, George, Bernard, Stan, Amy, Ramona, Michael

Fairbanks Youth Facility:

Michael

COMMISSIONER OF HEALTH AND HUMAN SERVICES BILL HOGAN

Commissioner Hogan stated that they have been working on the FY'11 budget and this year they have worked much more closely with the Alaska Mental Health Trust Authority as well as the boards and councils. They moved the time up to coincide more closely with the Trust's budget development. Commissioner Hogan stated that the process was much more inclusive and thanked the board members for helping them with what might be included in the FY'11 budget.

He continued on to note that they have a couple of problems related to the Medicaid budget, which is about 1.1 billion dollars and is more than 50 percent of their budget. As a result of the economic stimulus package, the Medicaid match was changed from 50 percent state/50 percent federal to 40 percent state/60 percent federal. As a result of this, they are facing a 55 million dollar general fund change. Commissioner Hogan also noted that the economic downturn is also being felt in Alaska and as a result, they have more people coming on to Medicaid rolls and utilization of services seems to be increasing. He stated that they are also anticipating needing another 48 million dollars in the general fund for Medicaid.

Commissioner Hogan then addressed a number of things they hope to have included in the FY'11 budget which include:

- Money to continue the involuntary substance abuse treatment program in Anchorage,

- ☑ Increased funding for treatment services for behavioral health, both mental health and substance abuse,
- ☑ Continue with the Community Services Patrol and sleep-off option in Bethel,
- ☑ Dollars for mental health courts, particularly for services for those individuals that go through those courts,
- ☑ Looking into a psychiatric residency program for API,
- ☑ Support the Bring the Kids Home effort,
- ☑ Money for transition-aged youth between the ages of 17 and 22,
- ☑ Additional dollars to work with young people with Fetal Alcohol Spectrum Disorder, particularly in rural areas.

Commissioner Hogan stated that Governor Parnell is really committed to strengthening families and wants to try to keep children with their own families. He is anticipating that there will be a focus on family preservation services. He also suggested that Governor Parnell will announce an initiative around domestic violence and sexual assault. Commissioner Hogan stated that a few areas that will be important to them are in the areas of services to victims and efforts around preventing domestic violence and sexual assaults.

He also stated that they are working in the area of assisting individuals who have been difficult to serve in their own homes due to some significant mental health or behavioral problems. He stated that staff need additional skills to increase the likelihood that these individuals can stay in their homes and communities.

Commissioner Hogan stated that they had their first meeting last Thursday of the Anchorage Mayor's Leadership Team to address the issue of chronic inebriates. There are about 200 – 250 individuals in Anchorage and most of them are homeless. He stated that the focus is three-pronged. They are looking at a way to reduce the number of people who are dying, a way to reduce violence, and ways to keep people feeling safe in their community. In the next three or four months, they will provide the mayor with a series of recommendations.

Commissioner Hogan then discussed health reform and the recent bills that passed. In each of those bills, there is a requirement to increase Medicaid to 133 percent of poverty for everyone. The other major piece of the health reform is the concept of an insurance exchange. The idea is that people would go into an exchange and purchase one of four private plans with the insurance provided by private companies and the purchaser would get a subsidy. They are also discussing a public option.

Commissioner Hogan stated that the Governor supports increasing the eligibility level for Denali KidCare to 200 percent and would consider going higher with a cost sharing option.

Commissioner Hogan concluded his presentation by stating that he is going to Greenland to talk at a suicide prevention symposium for countries in the Arctic.

INTRODUCTIONS BY BOARD MEMBERS

The board members went around the room and introduced themselves and gave some background information about their experience.

DIVISION OF BEHAVIORAL HEALTH – MELISSA STONE

Melissa Stone began her presentation by summarizing where they are with the community town hall visits. She stated that the town halls involve going into a community and listening to what the community has to say in regards to the good, the bad, and what's to be changed in terms of behavioral health. She stated that the format of the town halls has been very consistent and works well.

She stated that in preparation for the town halls, they find out what the agencies are, the key people in the agencies, make contact with them, get notices out, get notices posted in the newspaper and on the radio, and also coordinate food to bring to the communities. The meetings consist of consumer meetings, meetings with providers and then the community forum meetings for everyone. They visited Ketchikan, Haines, Nome, Homer, and Dutch Harbor/Unalaska.

Melissa Stone then went over the materials from the boards and from the agreement between the Trust and the board in terms of the grant. She highlighted the following areas:

- Increase involvement in Alaskan communities,
- Increase program strengths as conveyed by members, consumers and providers in a particular community,
- Identify community needs,
- Propose service changes to address needs,
- Inform the boards on the needs of rural communities for advocacy, funding and planning purposes,
- Get public input in a public process,
- Include findings in the COMP plan.

Melissa Stone then gave an update of what has happened with Haines since their community visit. She stated there is a greater working relationship between SEARHC and Lynn Canal. They have signed an MOA regarding treatment to promote client choices and they are using the same sliding fee.

Melissa stated that DBH is working with Lynn Canal to help them increase their capacity to provide intensive outpatient services for substance abuse. She stated that they now have a full-time clinician in Skagway.

Melissa Stone also noted that both consumers and staff had remarked about the lack of a consumer organization and they are now in the process of developing a NAMI chapter.

Melissa Stone then noted that Nome is a community undergoing some change because they had a recent turnover in the behavioral health director right before they came to visit them. One of the things they saw was that the depth of rehab services that is available and expected through the mental health system wasn't really demonstrating itself. The new director understands and is working toward a rehab model. Melissa also noted that Nome needs to look at a community planning process to address substance abuse services, which have eroded over the years. They are building a new hospital and the community is working together with the support of the Trust to look at a new continuum of services for substance abuse.

Melissa Stone then discussed the common themes she heard from the community visits. She stated that the first thing that was pretty obvious is that emergency psychiatric services aren't

working. Another issue is with the transport system in the state which is never very timely. The burden of call is also a problem as is a lack of safe, respectful, and appropriate setting for holding. Oftentimes in rural communities, holding is the local jail. Reimbursements are a problem almost everywhere and having a system to actually figure out how to pay for 24-hour care really isn't in place. Community collaboration varies from community to community in its effectiveness.

She stated that also in the smaller communities, people are reluctant to engage in behavioral health treatment services in the format in which they are offered. It's primarily a medical model which she thinks scares people away. For substance abuse services, it seems a little different because the model is less stringent in structure.

Melissa Stone stated that it's very obvious to her that developing a behavioral health system of care in a community is complicated and gaps in services are common. In smaller communities it is also very hard because of the small number of people and the lack of specialists available.

She commented that community collaboration is essential and the success of any community service system is directly related to the people in the community. Communities need to develop their own assessment and figure out how they will work together. It's a problem that they need leaders and committed people in behavioral health to keep the system going and people get burned out and there can be contention in the communities. A community where there is regular coordination and planning is more successful.

Another common theme that Melissa Stone touched on is the need for 24-hour emergency respite services in rural communities. She also stated that another theme she heard is that behavioral health providers carry a heavy load because there aren't many people to share the burden.

Melissa Stone then discussed the conclusions she has come to. She believes the emergency services system needs to be redesigned. She stated that they really need to be thinking about early intervention as an alternative to the treatment and recovery model in rural Alaska. She also noted the importance of identifying systems and policy issues as well as conveying information to the communities.

Another conclusion is that they need to continue to increase technical assistance and for the Division of Behavioral Health to continue establishing relationships with providers and partnering with them to identify how to improve the system.

Melissa Stone discussed the strategic prevention framework which consists of doing a community inventory. The community identifies its money, people, organizations, experiences, et cetera. She also talked about Peggy Wilson from Wrangell who discussed their plan for pooling funds which could be a model they could explore for rural communities. She also talked about the idea of incentivizing the multi-service model which is a model used in Seward where there is centralized administration of multiple grants.

Melissa Stone concluded her presentation and fielded questions and comments from the boards.

PREVENTATIVE PRESENTATION – MICHAEL KEROSKY

Michael Kerosky directed the boards to their handout and stated that his discussion is about the latest thinking about prevention. Ramona DUBY, Lonnie Walters, and Renee Schofield told a story to begin the presentation.

He began his presentation by focusing on past prevention strategies with youth that have had limited to no success. He stated that primary prevention is stopping the behavior before it begins. Secondary prevention is intervention when you see the behavior starting or beginning.

Primary prevention has most recently focused on risk factors which include personal characteristics and external conditions. He stated that often when professionals look at the risk factors, it's a pathology model and it focuses on the person's deficits and often misses the person's strengths. He stated that assessing and addressing the risk factors is important, but there is more to prevention than identifying a person's weaknesses.

Michael Kerosky then shared some resiliency research and summarized that it's an approach to look at people and identify what their strengths are that have allowed them to get as far as they have. He stated that protective factors and processes in the context of families, schools and communities are caring relationships, high expectations, and opportunities for participation and contribution. He stated that resilience strengths in the person have been identified as social competence, problem solving, autonomy, and sense of purpose. These are the characteristics that resiliency research has identified and the more a person has of those strengths, the better they do.

Michael Kerosky stated that the one slide he would like people to remember for the day is that "Prevention of high risk behaviors is not the same as preparation for the future." He stated that problem-free does not mean fully prepared for the difficult demands of adulthood. He stated that the more skills children have, the less they are likely to do any negative behaviors.

Michael Kerosky then directed the boards to their handout titled "40 Elements of Healthy Development", and stated that this is their core training at the Anchorage School District. The Search Institute identified 40 individual items that the more a young person has, the better they do in life. He also commented that the funding should be directed at helping children develop these skills. He also noted that the funding through Behavioral Health is also being prioritized toward building these pro-social skills.

He then gave examples of how this system looks in the Anchorage School District. They are implementing silent mentoring and shared specific success stories at different schools. He also shared the Social and Emotional Learning Standards and Benchmarks for the Anchorage School District and went through the handout with the boards. He stated that the school board adopted this in 2006 and they are in the process of helping teachers teach all these skills so the children will have all 15 skills that have been identified by the time they graduate.

They also have added a component that identifies which of those skills makes a child employable from an employer's point of view, and they are also in the process of revising their report cards to report to parents on these social emotional skills. They are also doing student surveys so each school will get a report from the kids. The staff will also be surveyed.

Michael Kerosky also shared an example of how the community can cooperate with the schools to make a positive impact by stating that the United Way has developed a plan called Anchorage United for Youth to address underage drinking. They approached the school board and shared

their research that showed that a social worker in a middle school would decrease delinquency and tardiness and the school board agreed.

Michael Kerosky fielded questions and comments from the boards and concluded his presentation.

PUBLIC COMMENT AND EXECUTIVE DIRECTOR REPORT

A full transcript of the public comment has been prepared and is available through the ABADA/AMHB office. Kate Burkhart presented her executive director's report to the boards following public testimony.

RECESS

The boards recessed at 4:00 to set up for public comment.

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Bernard Gatewood
Amy Hansen

Ex-Officio Members:

Colleen Patrick-Riley
Melissa Stone
Kris Duncan
Erin Kinavey
Steve McComb
Russell Cusack
Paul Sugar

Minutes Prepared by: Paula DiPaolo, Peninsula Reporting

October 20, 2009

ROLL CALL/CALL TO ORDER

REPORTS FROM COMMUNITY SITE VISITS

The board members were provided an opportunity to share their experiences at the Fairbanks Community Behavioral Health Center; the Fairbanks Native Association detox center, which is currently completely empty but they are hoping to open by November 1; Tanana Chiefs Behavioral Health; Fairbanks Memorial Hospital; Family Centered Services; and Boys and Girls Home, which practices the sanctuary model.

PUBLIC COMMENT RESPONSES

Eliza was asking for the boards to advocate for an Office of Consumer Affairs and also discussed the need to train peer support specialists.

Colleen Patrick-Riley and Kate Burkhart commented that the peer support specialist training is going to be included in the Trust Training Cooperative's mental health bill. This information will be relayed to Eliza.

In regards to the Office of Consumer Affairs, Andrea Schmook stated that people are realizing how valid and important an Office of Consumer Affairs is. She relayed her experiences of working at the Office of Consumer Affairs in Illinois and noted that they are the internal advocate for consumer activities. Kate Burkhart stated that this position is different than an ombudsman-like position within the department to deal with grievances. Andrea Schmook agreed and stated that it's not a complaint department, but rather a position of a change agent within the state and to make sure things about consumer issues is on the radar. It's also about getting consumers involved and making sure they are the primary voice.

Val Dewey provided testimony about the need for coordination of services among agencies.

Kimberly Jones provided testimony about the hotline crisis and places to send folks that needed help.

There was a discussion relating to Alaska 211 and Careline, and the fact that Careline has seen an increase of 25 percent statewide for their suicide prevention hotline, but in Fairbanks, they have seen an increase of 120 percent.

Don Gray provided testimony related to Senate Bill 21.

Kate Burkhart stated that Senator Davis is the sponsor. It was read the first time and then referred to her committee and it hasn't been scheduled for a hearing.

Verner Stillner made a **MOTION** to ask that Senator Davis schedule a hearing. Ramona Duby **SECONDED**. During the discussion, Andrew Hund suggested the board do a resolution to Senator Davis in favor of the issue. Robert Coghill stated that he read the bill a year ago and it seems problematic from a layman's perspective. He made an **AMENDMENT** to the motion to instead support the concept of SB 21. Verner Stillner **ACCEPTED** the amendment. Ramona Duby **SECONDED**. Renee Schofield suggested contacting the office of Senator Davis and

offering the boards' help. After additional discussion, Verner Stillner **WITHDREW** the motion. James Duncan summarized by stating that in lieu of a motion, ABADA/AMHB staff will contact Senator Davis and offer assistance regarding SB 21.

Don Heckert provided public testimony regarding homeless veterans.

Jeannette Grasto from NAMI commented that her employed son has two deductibles, one for primary care and one for behavioral health.

Kate Burkhart stated that there is also some question about the State's insurance, AlaskaCare, and whether it is going to comply with all of the parity requirements that start in January. Melissa Stone has asked staff to help clarify what it all means and how it affects the State.

Brenda Stenfill commented that support services in Fairbanks are "broken".

Amy Hansen and Renee Schofield agreed that this is a common theme they are hearing all across Alaska.

Robert Coghill made a **MOTION** to set aside the discussion of public testimony responses until after the stakeholder reports. The motion was **APPROVED**.

PREVENTION PRESENTATION – PAUL SUGAR AND ERIN KINAVEY

Paul Sugar began his presentation by discussing the Pilot Pre-K program. With this funding, they are trying to bring communities together, the early childhood folks and families, to make a determination on what type of system they want and then to collaborate together on it. Requirements for the program are that the grants would flow to the school districts and then on to their partners.

Paul Sugar also explained that the programs must be based on the goals and the guiding principles of the Alaska's Early Learning Guidelines, which look at the domains of social/emotional development, cognitive development, physical development, et cetera. It lays out 74 goals that the state has gathered together. The programs should also use developmentally appropriate practices that look at the individual needs of the child. It should provide opportunities for experiences for learning through exploration. There should be mediated learning experiences as well as direct instruction and should demonstrate growth in all of the domains of development. Programs must be research based with qualified staff. They must also meet class size and staff/child ratio requirements.

Paul Sugar stated that programs themselves are evaluated using the ECERS, which is designed for programs working with children from ages 2 to 6. After the programs are assessed, they are given reports on improvement activities. Programs must also provide program and fiscal reports to the State.

The six districts that received grants for this first go around are Anchorage, Bering Strait, Nome, Juneau, Lower Kuskokwim and Yukon/Koyukuk.

The remainder of the funding they received will go towards working with chronically underperforming school districts.

Paul Sugar also stated that all of the programs were offered ongoing training and technical assistance and materials for working on the integration of social, emotional and cognitive development and its transference to both school and life success. Five of the six districts participated in the training.

Paul Sugar then discussed the Pyramid Model which is a three-tiered model that works around the issues of positive behavioral supports. It is working with some tribal entities and Head Starts. They are currently in phase one of implementation in the Kawerak area and the Bristol Bay Native Association area. It's to provide supports so that children who are exhibiting behavioral issues do not escalate. Paul stated that phase two will begin this January.

Paul Sugar stated that they have also put in for another federal grant that will take this Pyramid Model and bring it into Response to Intervention, Response to Instruction. This is an effort at looking at children who may have the beginnings of what could become learning disabilities or other non-behavioral issues and how they can build the same Pyramid Model around them with focused activities for those children at risk and provide specific interventions for children with already determined areas of need.

Paul stated that they have their Head Start Leadership Conference in Juneau this February and inquired of the boards to see if there is anyone interested in helping with presentation development or being presenters themselves.

Paul Sugar stated that the 2009 YRBS data is currently being published. He also directed the boards to the pamphlets that he brought regarding Alaska's educational plan for K-12. The comprehensive health and safety plan will be published in June 2010.

Erin Kinavey from the Office of Children's Services, Infant Learning Program began her presentation by stating that OCS is trying to shift their thinking to more of a prevention focus and building capacity and protective factors in families. She stated that developing capacity of the child to experience, regulate, manage and express emotions is a critical piece of social/emotional development and later mental health. Mental health is also the ability for all people, but especially young people, to form close and secure interpersonal relationships so that they can trust their environments and the people around them.

Erin Kinavey went on to explain that significant adversity early in life damages the architecture of the developing brain. For children in adverse environments, the pathways that are strengthened are not necessarily what would be considered adaptive later on. They help them survive, but don't help them excel when they get older. She stated that the first symptoms of mental, emotional and behavioral disorders typically precede a disorder by two to four years. By recognizing it early, hopefully that trajectory can be changed for that child. Erin stated that early appearing behavior challenges in pre-school are the single best predictor of delinquency, gang membership and adult incarceration. Erin also noted that withdrawn behaviors should also be paid attention to.

Erin Kinavey stated that in child care programs, children ages birth to 5 are expelled at a rate three times greater than children in K-12, and she would argue that these are the children who need more, not less. In the context of trusting relationships, their teachers come and go and they don't know who they can trust.

Erin Kinavey explained that for the mental health billings for FY'07, the top two diagnoses for babies less than 1 year of age were unspecified emotional disturbance and drug withdrawal. By the age of 1, adjustment order or disturbance of conduct, PTSD, autism and oppositional defiant disorder were the common diagnoses.

Erin stated that OCS is partnering with Behavioral Health, as well as other partners, and there is an RFP out to provide a consultant who is a clinician specializing in early childhood mental health to pull together clinicians to form a learning network. They are also working with Behavioral Health on which codes clinicians can bill for which includes therapy without the client, the child, present.

Erin stated that in June 2009, the Office of Medicaid approved using the DCR-03 which is the diagnostic criteria revised for children birth to 5.

Erin Kinavey explained that OCS's initiative, Strengthening Families, is to work with child care centers to improve family support activities and help build protective factors and resiliency in families with young children. More than 50 percent of Alaska's children are in out-of-home care and yet there is no quality rating system and no standards across many care giving systems. They are also working with Child Welfare to help the social workers understand the importance of high quality environments, multiple placements, and the trauma of being removed from the home.

Erin Kinavey also discussed the Pyramid Model that Paul Sugar talked about earlier and noted that Alaska was chosen to be one of two states that will receive intensive technical assistance for the next three years to implement this Pyramid Model.

They have been working with the Trust and the university to look at addressing the workforce from direct care and entry level staff on. UAA is looking at providing master's students concentration areas. They are also looking at post master's level certificates in children's mental health for people who aren't going through a master's level program.

Paul Sugar and Erin Kinavey fielded comments and questions from the boards and concluded their report.

DISABILITY LAW CENTER - MEG ALLISON

Meg Allison from the Disability Law Center began her presentation by referring the boards to the handout and highlighted a few of the areas.

She discussed ongoing litigation regarding a prisoner who was not receiving mental health services in prison even though he'd had an extensive mental health treatment and received 100 percent VA disability and Social Security benefits for mental illness prior to incarceration. To date, that individual still has not received any mental health treatment.

Meg Allison stated that the litigation regarding the Pioneer's Home is ongoing, and the recent housing case discussed previously has recently settled. She also stated that housing for individuals with disabilities who are Social Security recipients is quite hard to come by in the smaller communities.

An investigation report was recently received for someone who was transported to API for evaluation. This investigation is ongoing and it involves an inappropriate referral and possibly restraint and seclusion during transport by the security company.

Meg Allison stated that in addition to the facilities they currently review, they will also start reviewing correctional facilities. They have received complaints regarding mental health treatment and care so they would like more information about what's going on.

Meg Allison fielded questions and comments from the boards and concluded her report.

ALASKA ADDICTION PROFESSIONAL ASSOCIATION (formerly SADA) – ANNA SAPPAAH

Anna Sappah introduced herself as the executive director of the Alaska Addiction Professional Association (AAPA). They recently changed their name after a strategic planning session that determined they wanted to broaden their membership to include front-line staff, for-profit providers, non-profit providers and anyone that has an interest in the field.

This fiscal year, they are putting a lot of effort into doing outreach with rural providers and to talk to those communities about membership with AAPA and its benefits. She stated that another thing they do is train people in recovery to do advocacy with their legislators down in Juneau.

Anna Sappah continued to talk about the benefits of membership by stating that members get discounts on Annual School registration and also receive membership in national affiliates such as SAAS, NAATP and NAADAC.

She stated that the activities they have been involved with include the Trust rural outreach trip to Southeast, partnering with the boards, had a joint meeting with the Behavioral Health Association and the Alaska Association of Homes for Children, continuing efforts on workforce development, participating in the Trust training advisory group, and they did a presentation with the Alaska Native Tribal Health Consortium in their behavioral health aide program.

Anna Sappah stated that they've been actively engaged in the integrated Medicaid regulation review. She thanked the boards for their support in making sure that there was parity in the language to include substance abuse programs and substance abuse issues.

Anna Sappah stated that she's been invited to do a presentation at the Court Appointed Special Advocates Conference on the importance of making sure that substance abuse treatment services are available as part of the continuum of care when they are working with kids and families.

She stated that they are also gearing up for the legislative session and working closely with the boards and the Behavioral Health Association in developing their priorities. They are also in the planning stages for their Annual School on Addictions and Behavioral Health.

The last thing that Anna Sappah addressed is that they are pretty excited about their name change and they are holding a logo contest. She fielded questions and comments from the boards and concluded her presentation.

ALASKA BEHAVIORAL HEALTH ASSOCIATION – STEVE HORN

Steve Horn introduced himself as the executive director of the Alaska Behavioral Health Association, which is a trade association of about 39 agencies ranging from Ketchikan to Nome and includes anyone that provides behavioral health services in the state.

He began his presentation by discussing their priorities and where they could use help from the boards as they move forward. Steve stated that they need to look at continued changes to the regulations to enable providers to meet the needs of Alaskans more effectively and as close to their home communities as possible. He stated that they were disappointed with what the State released regarding the integrated regulations. They submitted their comments and suggestions on the regulation changes, but they need to continue to pursue this issue.

Steve Horn stated that they need to ensure that rates reflect the current cost of providing services that obtain desired outcomes. He stated that Behavioral Health needs to do as much as they can to expedite that process

Regarding grants, Steve stated that they need to increase the amount of grant support available to ensure universal access in place of the present system that deprives moderate and middle income Alaskans to services other than catastrophic. The grant system has suffered when they started financing everything through Medicaid and it needs to be bolstered back up. They need to focus grant programs on meeting the highest priority needs and they need to get the distribution of grant dollars to reflect the present environment. They also need to be using grants to build long-term partnerships with community provider organizations so that providers can build infrastructure to deliver services and not have to worry about losing their grants in a competitive environment.

The last priority area that Steve Horn addressed is that workforce development needs to focus on the needs of providers delivering the services. The workforce focus area of the Trust is currently undergoing a reevaluation and a retooling which will culminate with a meeting of the steering committee on November 5th. He stated that behavioral health will be well represented by Tom Chard in this process.

Steve Horn asked the boards to consider sending a letter of support for those people that have gone through the Behavioral Health Certification so that they are recognized and incorporated into the system through regulation. Lonnie Walters commented that this has been an ongoing issue that needs to be changed in statute before it can go into regulations. Steve Horn agreed and stated that they need to raise the level of that discussion back up with the State again.

Steve Horn fielded questions and comments from the boards and concluded his presentation.

ALASKA MENTAL HEALTH TRUST AUTHORITY – KATIE BALDWIN-JOHNSON

Katie Baldwin-Johnson stated that the most recent Trust rural outreach trip was the eighth trip the Trust has sponsored since 1999. She stated that at the most recent trip, they had 37 participants come to Ketchikan, which included legislators, commissioners and representatives from the boards. The overall feeling was that it was a worthwhile opportunity to connect folks

with the people living in those communities and to understand the strengths and areas of opportunity that would benefit those communities.

She stated that a concern in many of the communities was the loss of the Boys & Girls Clubs. They are looking to figure out how to invest more in prevention activities for their youth. Katie Baldwin-Johnson stated that these are areas they want to help them with, either through resources or technical assistance. So depending on the priorities that are identified through this outreach trip, the Trust will work with Agnew Beck to provide some technical assistance to those communities around some of their priorities.

Katie stated that in the Beneficiary Projects Initiative, they have started their whole new technical assistance program which is now being managed in house. They are contracting with Agnew Beck, Rider Consulting and Information Insights, just to name a few. They have also brought some fairly large I-T firms on board.

Katie Baldwin-Johnson stated that the mini grants for beneficiaries with mental illness and substance abuse are underutilized and she would like to remind people that that resource is out there.

She also stated that the Trust is funding the Alaska Peer Support Consortium to put on their Peer Support Summit which is targeted at building the skill level of individuals that are providing peer support services or who are interested in providing those services.

Katie talked about the Bring the Kids Home Initiative and stated that there are currently 131 youth that are placed out of state which is down from 429 in 2006. There is a group of tribal behavioral health directors on a planning committee to look at how to spend new funding in this fiscal year, and there is \$800,000 of funding, \$400,000 of which is Trust funding to support further development of Bring the Kids Home related services. A portion of those funds will be used to help tribal organizations build their capacity to bill Medicaid. Kate Burkhart added that she attends these meetings to help facilitate the relationship between the State and the tribal entities and to ensure that the tribal behavioral health directors understand that they are driving this and that the State is not telling them what to do.

Katie Baldwin-Johnson then discussed IMPACT, which is the evidence-based approach to treating depression in a primary care center. They have an urban pilot site which is the Anchorage Neighborhood Health Center and the rural site in the SEARHC community of Kake and the Chugachmuit communities of Port Graham and Seward. The current data shows small numbers, but it's a good indication that they are responding to the treatment.

Katie Baldwin-Johnson fielded questions and comments from the boards and concluded her presentation.

ALCOHOL SAFETY ACTION PROGRAM (ASAP/JSAP) – TONY PIPER

Tony Piper began his presentation by stating that the ASAP program is part of the Division of Behavioral Health and noted that it is the neutral link between the justice system and the treatment or intervention part that they need in life. He stated that after someone has an appearance in court, the judge will often rule that the offender follow the recommendations of the ASAP office.

They have ASAP offices in Anchorage, Fairbanks, Juneau, Kenai/Homer, Ketchikan, Kodiak, Kotzebue, Palmer/Wasilla, Bethel, Dillingham, Seward, and soon to come, Nome.

Tony stated that one of the benefits of having an ASAP or JSAP program in the area is that it increases the accountability of the offender. It also reduces the amount of resources spent by the court system and increases the safety for victims in the community.

The offenders are initially screened by ASAP and then if there appears to be a serious problem, they are forwarded on to a treatment agency to be screened by their professionals. If someone is not found to have a serious problem, they will be recommended to attend a minimum of 12 hours of alcohol and alcohol abuse education. If someone is determined to need a screening by a professional, they will need to follow the recommendations of the professionals in the field, which could include intensive outpatient programs, day treatment programs, or residential programs. ASAP signs all the paperwork and continues to have regular contact with the agency to be sure the offender has followed up with all their appointments. They monitor the judges' recommendations and the treatment recommendations, and if someone doesn't follow through, their probation could be revoked.

Tony Piper stated that they have occasional partnerships with the Alaska Native Justice Center that will go out into very remote communities and try to monitor the offender.

Tony stated that in a year, they can see between 6,000 and 8,000 people in the ASAP program, both juvenile and adult offenders convicted of DUIs, DUI refusals, domestic violence, minor consuming, and other misdemeanor offenses. He also provided the board with other statistics and data relating to the ASAP/JSAP program.

Tony stated that the ASAP program also works with people who are felony offenders and there are some specialty courts designed just for people with mental health issues. He stated that according to the research, therapeutic courts and specialty courts are working best for people that repeatedly have offenses. People in this program are seen by their case manager or treatment people daily; they get a breathalyzer and constant drug testing. He stated that if a felony offender does something criminal while in the therapeutic court, they won't be charged, but they will be sanctioned. He stated that every time the offender appears before the court, the case manager, the probation officer, treatment agency person, the district attorney, and the public defender will all be in court with them. There is constant monitoring of this person to make sure they get as much structure and resources as possible.

In closing, Tony Piper stated that ASAP is also responsible for tobacco enforcement in the state. He fielded questions and comments from the board and concluded his presentation.

BUDGET AND ADVOCACY

Teri Tibbett began her presentation by stating the successes they had last year, all of which are available online and in the advocacy report the board members received at the last meeting. She stated some highlights which include:

- HJR 10 – the veterans health care resolution,
- 2.25 million dollars for community behavioral mental health services,

- ☑ Increases in substance abuse treatment funding,
- ☑ Detox treatment,
- ☑ Psychiatric emergency services,
- ☑ Prisoner mental health substance abuse treatment,
- ☑ Workforce development, over 2 million dollars,
- ☑ Therapeutic courts,
- ☑ Alaska 211 system,
- ☑ Recovery awareness proclamations and events,
- ☑ Art shows, film festivals, SoberFest and FASD Awareness Day.

There was a group discussion regarding the successes they've had and all wanted to take the opportunity to thank the boards for their hard work along with staff, the Department of Behavioral Health, the Department of Corrections, and the legislature. Teri Tibbett wanted to remind the boards to thank their legislators because they have seen 15 million more dollars put into the system.

For FY'11, Teri Tibbett stated that the top four legislative priorities are as follows:

1. Denali KidCare
2. Homeless Housing Initiative
3. Periodic Rate Review, SB 32
4. Student Questionnaires and Surveys (YRBS)

There was a group discussion regarding each of the priorities in further detail.

Teri Tibbett then discussed advocacy measures. She stated that sometimes people think that advocacy means aggressively blanketing legislators, but sometimes the strategy is to sit back once they know that everyone is on board with the goals and priorities.

Teri referred everyone to the forms they completed last year where people agreed to do advocacy. She stated that everyone can take a moment to participate in advocacy ranging from organizing a huge campaign to something as simple as telling one friend about a bill. The spectrum is very broad.

Teri Tibbett stated that she organized all the different acts of advocacy into four main groups: Media advocacy, direct advocacy, community advocacy, and education advocacy and explained the different forms of advocacy under each heading which include:

1. **Media Advocacy**
 - ~ Write a letter to the editor,
 - ~ Coordinate a letters/opinions campaign,
 - ~ Send a press release to local media,
 - ~ Coordinate a local media campaign.
2. **Direct Advocacy**
 - ~ Write a letter to a public official,
 - ~ Coordinate a letters/opinions campaign,
 - ~ Make a telephone call to a public official,
 - ~ Coordinate a telephone calling campaign,

- ~ Host a reception for a public official in your home,
- ~ Visit a public official in your home town or ask others to do so,
- ~ Testify at a public meeting, city council, legislature or school board.

3. Community Advocacy

- ~ Take a public official on a tour of a treatment center or mental health facility,
- ~ Host a reception for a public official in your home,
- ~ Attend a public meeting and speak about one of the priorities,
- ~ Make a commitment to talk to your friends about a priority,
- ~ Show the movie “Treatment Works, Recovery Happens” to friends and others.

4. Education Advocacy

- ~ Write your own personal story and give it to a public official,
- ~ Tell your personal story at a public hearing or coordinate others to do the same,
- ~ Commit to educating a public official,
- ~ Set up an information table at a local event with brochures and handouts,
- ~ Tell about why the priorities are important to you at a local service club meeting (Lions, Elks, and Rotary).

Teri Tibbett then directed each of the board members to join one of the four areas and commit to which advocacy method they would like to be a part of. Each of the four groups will form a subcommittee and come up with an implementation plan.

PUBLIC COMMENT RESPONSES, CONTINUED

Les Westling discussed assisted living and how there were no more slots available.

Don Roberts called in from Kodiak and commented on the DSM-IV.

Anna Sappah stated that they can’t take any action on that because the DSM-IV is out of their scope of responsibility.

Gail Atchison commented about the lack of coordination.

There was a group discussion about the lack of coordination of services, and Anna Sappah suggested that maybe there could be an RFP with Information Insights or Foraker to facilitation collaboration conversations, because an objective third party can be very effective in opening up communication. Bernard Gatewood stated that Fairbanks has had a difficult time in coming together. Verner Stillner commented that he believes under utilization of current resources is a crisis, in his estimation. Bob Coghill cautioned going into a community and disrespecting them by telling them what to do, but many people commented that a neutral third party providing technical assistance to the community may be beneficial.

Lisa Cauble called in to provide information about the Senior Behavioral Health Project and the Trust Training Cooperative.

Donald Sakkinen provided public testimony on poor access to treatment and children being removed from the homes of single parents who couldn't get into treatment.

Teri Tibbett explained that he met in the hall with Erin Kinavey for about a half an hour. Anna Sappah stated they should follow up with Erin.

Michael Palembas came in and provided testimony about the AWANA Club needing handicapped access to their facility.

Lonnie Walters had a conversation with him and gave him some information on the website and where to go to get information about applying for a grant. Colleen Patrick-Riley commented that he could be directed to Kris to get help on where to go for information. Stan Steadman commented that it would be a great community development project for the Boy Scouts. Teri Tibbett also stated that Senator Thomas spoke with the man also and he suggested approaching the carpenter's union. Teri Tibbett suggested they follow up and make sure he was able to be in touch with someone.

Michelle Girault from Fairbanks Memorial Hospital provided testimony regarding assisted living for the chronically mentally ill.

Anna Sappah and Colleen Patrick-Riley suggested directing this issue to the Commission on Aging, Division of Senior and Disability Services, the Governor's Council on Disabilities and Special Education as well as Division of Behavioral Health to explore.

RECESS

The boards recessed at 4:00 to prepare for the evening's pot luck reception.

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

Quarterly Board Meeting
Held at Alpine Lodge
Fairbanks, Alaska

October 21, 2009

Board Members Present:

Andrea Schmook
Barry Creighton
Nina Allen
Randall Jones
Timothy Peters
Stan Steadman
Eva LeVeque
Ramona Duby
Joe Dingman
Daniel Meddleton
Lonnie Walters
Eric Holland
James Duncan
Michael Kerosky
Raymond Watson
Renee Schofield
Fred Glenn
Russell Lavigne
Anna Sappah
Robert Coghill
Bernard Gatewood
Amy Hansen

Ex-Officio Members:

Colleen Patrick-Riley
Melissa Stone
Kris Duncan
Steve McComb
Russell Cusack
Paul Sugar

OCTOBER 21, 2009
ROLL CALL/CALL TO ORDER

After the morning's executive sessions, the meeting was called to order.

VETERANS ADMINISTRATION PRESENTATION – BARBARA MARTIN

Barbara Martin explained that the Department of Veterans Affairs is comprised of three administrations. She explained that she is under the Veterans Health Administration and that is all of the health care, including mental health care for veterans. The Veterans Benefit Administration is under separate leadership under the Department of Veterans Affairs, and they deal with compensation, veterans' pensions, and other entitlements of a financial concern. The National Cemetery Administration is another segment of the VA. There are two national cemeteries in Alaska, one at Ft. Richardson and one in Sitka.

Barbara stated that other sections of the VA include the Vet Centers which are located throughout the state. They were developed as a store-front option for veterans who needed to deal with their PTSD in a more peer-to-peer context. The Vet Centers are staffed by many licensed personnel and continue to provide care to combat veterans.

She stated that the basic eligibility for VA medical care is that a veteran needs to have been honorably discharged from active duty, and they had to have served 24 consecutive months or have been medically discharged from the military. She stated that dependent on the level of income and the service connected disabilities, some veterans are required to pay a co-pay for medications and for outpatient or inpatient care.

Veterans of Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF) have a five-year eligibility following discharge, which means they are not charged a co-pay regardless of service connected disability or income for any ailment that may be related to their military service for five years.

Barbara Martin stated that the standard veterans' health care benefits are preventative care services, primary care health, outpatient diagnostic and treatment services, inpatient hospital services, prescription drugs. Based on special eligibility, beneficiary travel may also be a limited benefit. Dental care is available for OEF/OIF, homeless veterans and 100 percent service-connected veterans. Various durable medical equipment has special eligibility criteria, and if veterans have a 50 percent service-connected disability or greater, their care can be purchased in the local community if they are outside of one of the VA sites.

Barbara stated that their main clinic is in Anchorage and their Domiciliary, which is the residential rehabilitation treatment center and their compensated work therapy program, is also located in Anchorage. Their inpatient medical care is a joint venture with the Air Force at Elmendorf Air Force Base. They have recently opened the Mat-Su VA Community Based Outpatient Clinic in Palmer. The Fairbanks Community-Based Outpatient Clinic is located in the Bassett Army Hospital. They also have a Kenai clinic and Juneau has a VA Outreach Clinic that will open March of 2010. She stated that if there isn't availability in any of these hospitals, they refer people to the VA in Puget Sound in Seattle. They also purchase care from local facilities throughout Alaska.

Barbara Martin stated that of their OEF/OIF veterans, they have 4,000 registered and many are receiving care in one of the clinics, with about a third of them receiving mental health care. Substance abuse and PTSD treatment is fairly significant for the OEF/OIF veterans. They also see a number of veterans with TBI.

Since the most recent conflict, the VA mental health has received recognition and resourcing and has nearly doubled their staff in a variety of positions. She stated a few highlights in staffing and programs:

- ☑ Evidence-based practice coordinator to oversee the training of mental health staff in prolonged exposure therapy,
- ☑ A uniformed services package which is a set of guidelines that are expectations, for all VA medical centers and care sites to provide basic services to all veterans across state lines,
- ☑ Wellness programs shifting from a medical model to a recovery wellness, whole veteran model and addition of suicide prevention case managers,
- ☑ Mental health executive council,
- ☑ Veterans wellness council, which is a consumer council,
- ☑ Strong connection with NAMI,
- ☑ OEF/OIF program to assist veterans navigate the system and provide rural technical assistance,
- ☑ Pilot program to hire a VA staff person from Y/K and Kotzebue areas
- ☑ Care coordination home telehealth program,
- ☑ Rural health care pilot project with the goal to get VA resources available throughout the state.

Barbara Martin fielded questions and comments from the boards and concluded her presentation.

ALASKA HOUSING FINANCE CORPORATION – KRIS DUNCAN

Kris Duncan stated that in the area of homelessness, the Alaska Council, a Governor appointed interagency council, adopted a ten-year plan. She directed the boards to the website for more information. She stated that one of big goals in this is that if roughly 10 million dollars is invested each year, they can come out with 1,000 more units for persons at 50 percent or below median income, which drives to the special needs population. She stated that the council will be coming back together on November 15th.

Kris Duncan stated that they were pleased to see that there were applicants for the HUD Section 202 and 811 Projects, which are for developing units for seniors and people with disabilities. HUD provides capital development as well as subsidies for the units.

Kris stated that the count of chronic homeless went down and she believes that the reason is because of a better understanding of the definition of chronic homelessness, but she also noted that the people in correctional facilities are not included in this count. She also stated that some of the providers offered up that they are maybe doing a better job of intervening sooner so that people don't get to the chronic level.

Kris Duncan stated that another goal in the ten-year plan was project-based vouchers offered for the special needs grant properties. She also stated that another plus they will see changing in the

near future is that there will be more flexibility in how the housing agency uses its public funds to assist more people with disabilities. It should cut down on administrative costs and drive out more units of assistance.

Kris stated that poverty plays the greatest role of putting people in the position of being homeless. She stated that they have more funding available this year through the stimulus program to be directed toward immediate homeless prevention, helping with arrearages, or if a person is ready to rent, they can get that deposit right away.

Kris Duncan directed the boards to registration forms for their upcoming annual meeting and concluded her report.

DEPARTMENT OF CORRECTIONS (DOC) – COLLEEN PATRICK-RILEY

Colleen Patrick-Riley directed the boards to her handout and highlighted a few areas. She stated that she wants to give them an update on DOC substance abuse programs and explain where they are with mental health.

Colleen stated that in FY'09, they added five intensive outpatient programs, four of which were in the institutions of Bethel, Spring Creek in Seward, Fairbanks Correctional Center, and Lemon Creek in Juneau. They also added an outpatient program that serves people in the halfway houses in Anchorage as well as people who are on probation and parole.

She stated that this year, they have put out solicitations for more treatment programs and one has been awarded and will be at Anvil Mountain Correctional Center. Akeela got the contract. Colleen also noted that they will be doing assessment and referral programs which will be located at the Anchorage Correctional Complex and Mat-Su Pretrial Facility in Palmer. They are also doing a 30-day education introduction to treatment program which will be offered at the Palmer Correctional Center.

Colleen Patrick-Riley stated that they are continuing the two RSAP programs, for women at Hiland Mountain Correctional Center and for men at Wildwood Correctional Center. Those are six month treatment programs with the capacity to extend if people need a longer period of time in treatment.

She stated that DOC is changing the contract for where they are housing Alaskan inmates from Arizona to Colorado.

Colleen noted that DOC expects to provide treatment services for substance abuse for about 1,000 inmates per year. In terms of mental health services, DOC has 48 mental health staff, 41 are working in institutions, with the remaining seven working in outpatient release programs.

Colleen Patrick-Riley referred to her report and noted that they continue to experience increased acuity for inmates in DOC custody. She also directed them to the DOC mental health release programs that are listed in her report and highlighted IDP+, Misdemeanor Mental Health Courts, and APIC.

Colleen stated that the majority of their FY'10 contracts are in place and include Anchorage Community Mental Health Services, Assets, The Arc of Anchorage, Hope Community

Resources, JAMI in Juneau, Fairbanks Community Behavioral Health, Mat-Su Health Services and Daybreak in Palmer, and Juneau Youth Services. She stated that consumers, APIC contract providers, and DOC mental health all agree that the program has significantly benefited Trust beneficiaries coming out of DOC in a number of ways. APIC has also helped them to identify gaps in services.

She stated that DOC is working with DBH to identify the needs of the population of people that have mental illness and get involved with the criminal justice system and are working on ways to improve. DBH is paying for APIC contractors to come into Anchorage for a meeting.

Colleen stated that in terms of resource shortages, there is a critical need for housing, benefits or other income sources, and timely access to effective, adequate mental health and substance abuse services that meet the client need. One huge thing she sees and has heard from community providers is the need to be sure that every client has some sort of funding source. She also noted that workforce shortages are an issue all over the state, and access to dual diagnosis substance abuse treatment is glaringly inadequate in the majority of places.

On a positive note, Colleen stated that the Trust has provided funds to the DBH to then spend as DOC authorizes on behalf of their clients. It has gone into assisted living facilities and has also been used at Henry House in Anchorage. Anchorage Community Mental Health has also helped with funding for people to stay at Henry House.

She stated that AHFC has approached them to do a three-year pilot project which is tenant-based rental assistance that can target about ten people outside of Anchorage. They are intending to target people with disabilities who may be graduating from substance abuse treatment programs or who are stable with mental illness and who can handle going into their own apartment and get rental assistance.

DOC is going to be opening Goose Bay Correctional Center in the spring of 2012 which will have 1,035 beds. With this new facility, they anticipate bringing back the inmates housed out of state.

Colleen stated that another positive is that Commissioner Smith is very focused on rehabilitation. She noted that DOC is enhancing its institutional rehabilitation programs and highlighted the following:

- ☑ New classification system,
- ☑ Targeting use of Federal Bureau of Prisons, Prison Reentry Survival Manual,
- ☑ Addressing parenting,
- ☑ Increasing substance abuse treatment services,
- ☑ Adding back institutional sex offender treatment,
- ☑ Partnering with other groups to emphasize learning effective skills that will help offenders to be successful on the outside,
- ☑ Connecting with the Department of Labor to develop more in the way of vocational programs and education.

Colleen Patrick-Riley fielded questions and comments from the board and concluded her report.

DIVISION OF VOCATIONAL REHABILITATION – RUSSELL CUSACK

Russ Cusack began his presentation by introducing Paul Reamer, who will also be present with Russ at the board meetings.

Russ stated that every three years, they are asked by the Rehabilitation Service Administration to complete a comprehensive needs assessment, and they are currently in the process of doing that. They are surveying staff, community rehabilitation programs, and DVR consumers. They have received good results to the surveys, and the number one issue that has been discovered is the need for training on serving individuals with significant behavioral health issues. He stated that 39 percent of their consumers have significant behavioral health issues.

Russ stated that in order to address this need, they are working across agency lines with the Governor's Council on Disabilities and Special Education, the Division of Behavioral Health and their community providers to develop programs to serve individuals with behavioral health issues. He stated that they've had Sean O'Brien and Dr. Aron Wolf working with local centers to provide training and supports to the DVR centers around building a vocational program centered on customized employment for people who are significantly disabled with behavioral health issues. They've had Dr. Wolf provide training to clinicians on how to assist people to retain their employment, and have also had a person from Medicaid provide training on how to bill for this.

Russ Cusack stated that they have been working with the Ticket to Work Initiative. He explained that it allows providers to provide vocational services to people that are on Social Security and receive a reimbursement from the Social Security Administration.

Russ also stated that they are working with providers in Alaska to get more employment networks available so consumers have those resources. They are trying to build up capacity for more options for people with significant behavioral issues to receive vocational services.

Russ stated that there are 11 tribal VR programs in the state that are also funded by the Rehabilitation Service Administration. DVR is working with the TVR partners to look at developing a contingency plan for their discretionary grants.

Russ Cusack stated that DVR is going to be reviewed by the Rehabilitation Service Administration which will be looking at their money, how they're spending their money, gather focus groups, talk to stakeholders, talk to staff, and they will write a report and provide their recommendations.

Russ then stated the statistics for the consumers they have served and directed the boards to the website containing all of that information.

Russ Cusack fielded questions and comments from the boards and concluded his report.

BUSINESS MEETING

Kate Burkhart explained that this is the opportunity to take what they've learned and decide how they want to act on it. She then played the video and the PFD ad for the boards.

Elections

Teri Tibbett announced that Debbie Keith was voted as chair, Nina Allen was voted as vice-chair. The secretary was Brenda, treasurer is Ramona Duby and member-at-large is Barry Creighton.

Reappointment of Eva LeVeque

Teri Tibbett also stated that there was a motion that read: Number one, the board directs staff to write a letter to the Governor requesting reappointing Eva LeVeque to the Alaska Mental Health Board with a cc to Commissioner Bill Hogan and Director Melissa Stone. The letter should include that Eva's term expires in December of 2009. Number two, the board respectfully requests that the commission reappoint Eva to serve on the Alaska Mental Health Board as a 16th member. Number three, with Eva's departure, there is no longer rural Native representation on the board. Number four, Eva brings broad experience and representation of rural and Native issues as the vice president of Rural Human Services. Number five, Eva has extensive professional experience with both substance abuse and mental health issues in rural Alaska.

Kate Burkhart clarified that they have had new appointments to the board that provide rural representation. Stan Steadman suggested changing the wording to, "provided valuable representation regarding rural and Native issues". Kate Burkhart also suggested adding a paragraph expressing their appreciation of the new board members and that they are expressly welcoming them. Amy Hansen and Eva LeVeque stated that should be the first thing in the letter. In regards to the letter, Kate Burkhart also explained that there was a desire to increase the spectrum of representation from around the state and to capitalize on some of the new talent in the pool. She stated there were many things that were considered when they made their decisions and it's completely within the Governor's discretion. Eva LeVeque stated that in addition to the letter the board writes, she will also send in her own letter of interest.

Underutilization of Resources in the Fairbanks Area

Teri Tibbett then stated that the next motion was directing staff to write a letter saying that the Alaska Mental Health Board observed that clients in the Fairbanks area aren't being served and that the available facility resources are not being fully utilized. Clients are frustrated, providers are frustrated and they observed Trust beneficiaries not being adequately served. There was also a lack of communication between organizations. The motion went on to recommend that the commissioner of DHSS and the director of Behavioral Health handle the problem. The potential solution they came up with was to have a facilitator come into the community or have someone within the community guide them through the process of making their services more available and decreasing the level of frustration.

Kate Burkhart asked if she should submit the typical report they compile based on public comment and site visits or would they like something in addition to that. Nina Allen suggested that this would be in addition to the regular report.

Dan Meddleton asked to propose a motion stating that one, it came to the attention of the Mental Health Board and ABADA, through its October meeting in Fairbanks through on-site visits and public testimony, that the Mental Health Trust beneficiaries are not being served. Two, new resources are not being reasonably utilized. Three, coordination of services within the provider community are not solving the issue. The recommendation is that the Behavioral Health director

be directed to address this problem and take the lead in bringing the community together to resolve this problem.

Lonnie Walters stated that Melissa Stone is very aware of the problem and she's very involved in it. He stated that he doesn't think they need to direct her or the Division to do anything. Dan Meddleton stated that the resolve would be to support her in what she's doing. Michael Kerosky suggested putting it in the form of a letter of support if that would help her in some way.

Dan Meddleton also suggested facilitating the professionals in the community in coming together and Kate Burkhart suggested that these boards can do that and would be a great way to support what Melissa Stone is doing. Andrea Schmook suggested writing a letter to the commissioner and the director saying that they recognize this problem and they would like to help be a part of the solution by facilitating this with her. Anna Sappah again suggested bringing in an outside group like Foraker or Information Insights to help facilitate.

Other Discussion and Action Items

James Duncan stated that ABADA had bullet points that they wanted to address. The first one was the underaged drinking plan. James Duncan stated that they brainstormed approaching the legislators from a couple of different angles on the whole issue of the alcohol tax.

James Duncan stated that they decided on forming an event planning committee that would help plan some of the events that they do, like the wild game feed. He stated that there are four ABADA members who have volunteered for that committee and asked if anyone from AMHB would like to join.

James Duncan stated that ABADA also discussed a number of other issues including addressing the agenda for the committees, members, focus issues, true sets of effectiveness, and their outcomes.

James also stated that ABADA addressed the detox center in Fairbanks and after discussion, came to the conclusion that they are going to have to figure it out for themselves. They also discussed interagency cooperation

James Duncan stated that one of the resolves was to get a letter to Senator Murkowski, when she speaks to the House and Senate regarding the alcohol tax, to try to get back to the intent of the bill. Lonnie Walters provided the boards with some historical perspective on the issue. In summary, Lonnie stated that they really need to get the original funds back into the drug and alcohol budget plus the alcohol tax dollars that were intended.

Eric Holland addressed another issue that was brought up by Steve Horn which was to have it required for service providers to have certified counselors in the alcohol and drug abuse side of behavioral health and to put that requirement and the certification by the Alaska Commission for Behavioral Health Certification into statute. Anna Sappah further explained that this would gain some parity between the mental health providers and the substance abuse treatment providers. This could also then allow their services to be reimbursable under Medicaid, where in some instances they are not now.

Ramona Duby stated that she welcomes the new members. She also suggested that when the reports are prepared that some weight be given to the DVR component combined with the peer support aspect.

Kate Burkhart asked for direction from the boards, if it is their pleasure that they receive recognition of the certification of chemical dependency counselors and other substance abuse professionals that requires a statutory change. Russ Lavigne made a **MOTION**. Anna Sappah **SECONDED**. The motion was **APPROVED**.

Kate Burkhart then stated that she would like the board to form committees of their choosing which are directly related to areas that the board members care about. She provided the following suggestions:

- Event planning,
- Outreach,
- Consumers and families committee,
- Policy making committee,
- Planning, the State Plan, underage drinking plan, etc.,
- Restructuring the psychiatric emergency services system,
- FASD,
- Suicide.

Kate Burkhart stated that the most helpful committees, from her perspective, would be event planning and agenda creation. Kate will e-mail the board members and ask for their preferences.

Formula Funding

Stan Steadman brought up an issue regarding past dialogue around the formula to determine who got what from the base grants and stated that those formulas were based upon performance and a variety of criteria. As far as he is aware, what wasn't discussed was where the base grants came from and how those amounts had been established and what the history is behind that. He stated that this will have to be addressed, and somehow, adjustments are going to need to be made to get parity to the playing field. He would like to have it start as a basic discussion and understanding and then try to build on it. He stated that he has had this conversation with Commissioner Hogan and Director Stone, and they were very open and candid in their discussions. Fred suggested that this might be something that the boards could follow up on.

Discussion about the Next Meeting

Kate Burkhart stated that they have had a request for new member orientation, which they can do a day before the winter meeting. They will also be having the game feed again this year. Kate noted that the week of their meeting is also the same week as the Bring the Kids Home quarterly meeting and the FASD quarterly meeting. They will not be overlapping the Trust or the Governor's Council.

Lance Brown stated that the dates of the next meeting are February 22, 23, and 24th.

Board Recognition

Kate Burkhart thanked those board members that turned their travel in early and saved the boards thousands of dollars. She also thanked Eva LeVeque for her service and contribution to the boards.

ADJOURNMENT

Michael Kerosky made a **MOTION** to adjourn. Andrea Schmook **SECONDED**. The motion was **APPROVED** and the meeting was adjourned.