

Advisory Board on Alcoholism and Drug Abuse Alaska Mental Health Board

Quarterly Board Meeting
Bidarka Inn, Homer, Alaska

Wednesday, May 18, 2011

ABADA Members Present:

James Duncan
Marvin Deacon
Michael Kerosky
Raymond Watson
Renee Schofield
Fred Glenn
Russell Lavigne
Anna Sappah
Robert Coghill
Bernard Gatewood
Amy Hansen
Dr. Enlow Walker

ABADA Members Absent:

Lonnie Walters - excused
Eric Holland - excused

Ex-Officio Members Present:

Melissa Stone
Colleen Patrick-Riley
Kris Duncan
Erin Kinavey

Ex-Officio Members Absent:

Paul Reamer – excused
Sharon Fishel
Barbara Henjum - excused

AMHB Members Present:

Barry Creighton
Brenda Moore
Nina Allen
Randall Jones
Debi Keith
Kathy Watson
Ramona Duby
Joe Dingman
Stephen Sundby

AMHB Members Absent:

Andrea Schmook – excused
Dan Meddleton – excused
Daisy May Barrera - excused

Staff:

Kate Burkhart, Executive Director
Lance Brown, Administrative Assistant II
Rebecca Busch, HSS Planner II
Teri Tibbett, Program Coordinator II
Patrick Sidmore, Research Analyst III

May 18, 2011

ROLL CALL/CALL TO ORDER – 8:44 a.m.

ETHICS DISCLOSURES

Barry Creighton	From Ionia with a small projects grant through the Trust, no conflicts.
Raymond Watson	YKHC has a State grant.
Marvin Deacon	Serves on the board for Yukon Kuskokwim Corporation.
Coleen Patrick-Riley	DOC, no conflicts.
Joe Dingman	NAMI Barrow will become a 501(c)(3) looking for grants. Group home opening in December and talking to the Trust about operating funds.
Stephen Sundby	Sound Alternatives has a DBH grant for community mental health services and a DD grant through DSDS. As acting CEO for Cordova Community Medical Center, they have a seniors grant through DSDS.
Anna Sappah	AAPA, which receives Trust funds for Annual School on Addictions.
Erin Kinavey	OCS, no conflicts.
Ramona Duby	On the board of Anchorage Community Mental Health Services, which receives federal, State and Trust grants.
Fred Glenn	No conflicts.
Nina Allen	Receives grants from DBH for mental health and grants for DD services from DSDS. Vice-chair of the Alaska Behavioral Health Association.
Renee Schofield	No conflicts.
Michael Kerosky	Anchorage School District receives a behavioral health grant.
Bernard Gatewood	Works for DJJ at the Fairbanks Youth Facility, is a member of the Fairbanks City Council, and a member of the Fairbanks Memorial Hospital Foundation board. No conflicts.
Kathleen Watson	No conflicts.
Enlow Walker	Family practice doctor who bills for direct patient care to Medicare, Medicaid and Denali KidCare, and sometimes the youth facility and other State agencies.
Kris Duncan	AHFC funds a lot of projects with the Trust.
Brenda Moore	No conflicts.
Melissa Stone	No conflicts.
Debi Keith	No conflicts.
Randall Jones	Providence Behavioral Health, no known conflicts.
Robert Coghill	REACH, Inc. receives funds from Health and Social Services, Medicaid, AHFC and the Trust.
Amy Hansen	OPA, no conflicts.
Russ Lavigne	Alaska Legal Services, and they receive money from the State in several different ways.
Jim Duncan	No conflicts.

AGENDA REVIEW

Kate Burkhart reviewed possible changes to the agenda. Robert Coghill **MOVED** to approve the agenda as amended. The motion **PASSED**.

APPROVAL OF MINUTES

Robert Coghill **MOVED** to approve the minutes from the February 2011 meeting. The motion **PASSED**.

Ramona Duby remarked on two spelling corrections directly with the reporter.

ANNOUNCEMENTS

Colleen Patrick-Riley referred the boards to a copy of the five-year prison re-entry strategic plan. She also referred the boards to her report in the handout.

Colleen stated that the partnership that DOC has formed with DHSS and AHFC has been really valuable. She also noted that telepsychiatry within DOC is also working wonderfully.

HOMER COMMUNITY ACTION PLANNING COALITION

Sharon White-Hall explained that they are the MAPP project of the southern Kenai Peninsula. MAPP is a form of community health needs assessment that was developed by the CDC and NACCHO. It is a framework for communities to be community driven and community based, collecting data so they can identify their own needs and make their own priorities. Sharon stated that in 2008 they started with 30 organizations, and they have around 40 now.

There are four assessments in the MAPP format: Collecting hard data, community perception, forces of change, and the local public health system assessment. They spent the first year collecting data and found that there were 12 themes that came from it. They decided to make those 12 themes be their core values or guiding principles. They then narrowed it down to three priorities to work on for the first year. Sharon explained that they have completed their health improvement plan based on the needs assessments and the three identified priorities. She referred people to the website if they are interested in viewing the entire health improvement plan.

Kyra Wagner stated that one of their priorities is health life-style choices. It has caused a shift in the community to get their food locally and grow as much as they can. Many non-traditional collaborations have formed because this coalition came together.

Sharon White-Hall stated that the second priority is domestic violence and substance abuse. She stated that they received a lot of feedback about the need for more substance abuse services. Sharon reviewed some of the activities of this work group.

Derotha Ferraro discussed the third priority, which is the services connecting community resources work group. The goal of this work group is to connect agencies and resources so they

are not working in silos. She stated that they have created a website called POP411.org which stands for Partners on the Peninsula. They have over 150 individual listings on that website all defined by category.

Derotha explained that they actually created a fourth work group called the steering committee, which serves as the leadership body to the overall community health improvement plan.

The work groups meet independently but they have the following common threads: Tie into the community health improvement plan, have a coordinator attend their meetings to keep the groups interconnected, and the third thread is that they get together quarterly to give updates and share success stories.

Derotha stated that funding is a hurdle, as always. She stated that South Peninsula Hospital has continued to fund a part-time coordinator for the last three years, but they are requesting that some of the other partners in the project think of ways they can financially help carry the project.

Derotha stated that they plan to regroup in the fall to decide which priorities they will move forward on or possibly add more to the goal. Next year they will update their assessment because the first three years will be up. This will be one of their first chances as a community to start benchmarking some of the key findings to see how they are doing.

The panel of guests from the Homer Community Action Planning Coalition fielded questions from the boards and concluded their presentation.

RELATIONSHIPS: IMPORTANT TO CHILDREN AND SYSTEMS

Shirley Pittz began her PowerPoint presentation by stating that catching mental health issues early on with children and doing interventions creates much better outcomes. She stated that the Early Childhood Comprehensive Systems' mission statement is: To promote positive development and improved health outcomes for Alaska's children prenatal to 8 by creating a culturally responsive, comprehensive, and accessible service delivery system that links service providers, empowers families, and engages communities.

Shirley stated that they have been focusing on kids receiving appropriate services, workforce development, and increasing expertise in the area of young children and mental health. The outcomes they would like to see are: Children are physically and mentally healthy, live in stable and supported families, are ready for and succeed in school.

Shirley stated that the science shows that the power of early childhood experiences has a large impact on the way the brain gets wired up. She noted that it's much easier to get things wired up right the first time than it is to have to go back and try to fix things.

Shirley Pittz reviewed some statistics with the boards related to medical care, early screening, health status, family support, early care and learning, social emotional/mental health, and Medicaid mental health statistics.

Shirley concluded her presentation by restating that the early roots of physical and mental wellbeing are a stable and responsive environment of relationships, safe and supportive environments, and sound and appropriate nutrition.

EARLY INTERVENTION PROGRAMS FOR YOUNG CHILDREN

Erin Kinavey directed members of the boards to their annual report. She explained that Part C, or Infant Learning Programs (ILP), refers to the Individuals with Disabilities Education Act, which is a federal program for infants and toddlers birth to 3 and their families who have diagnosed conditions, developmental delays, or other serious concerns about development. She stated that their main activities are outreach and public awareness.

The intake process to ILP is very comprehensive using a highly qualified, multi-disciplinary team approach. The services the family can receive are family support, developmental therapy, occupational/speech/physical therapy, and mental health services.

Erin Kinavey explained that starting June 1st, any child with a substantiation of abuse or neglect under the age of 3 will be automatically referred and immediately qualified through an electronic referral system. They are expecting 800 children next year that will be referred through this process. Alaska is the first state in the country to implement this. She further explained that what they are trying to do is prevent maltreatment by providing the family the right kinds of supports. She noted that getting developmental screening to become a standard of practice is a critical mode of prevention.

TECHNICAL ASSISTANCE CENTER ON SOCIAL EMOTIONAL INTERVENTION (TACSEI “PYRAMID MODEL”)

Erin Kinavey stated that 90 percent of their services are home visitation services. More and more they are seeing that 55 percent of Alaska’s children are either in a single-parent household where the parent is working, or they are in a two-parent household and both parents are working. She stated that they need to start paying attention to the kind of care children receive when they are in child care, making sure the provider is doing developmentally appropriate practices and providing an engaging environment.

The Pyramid Model, or TACSEI project, is training the workforce to understand that as effective child care providers, they need to nurture responsive relationships because it’s the key to healthy development. She stated that they have three demonstration sites that have fully implemented the Pyramid Model. Denali Little Steps in Anchorage is a therapeutic pre-school. 70 percent of their children have an SED diagnosis in their birth to 5 population. Fairbanks is a three-part demonstration site which includes the Infant Learning Program, the Early Head Start Program and the school district’s pre-schools. They have 30 pre-school classrooms in the Fairbanks Borough School District. The third demonstration site is the Bristol Bay Native Association and their Head Start classrooms in Dillingham, Togiak and New Stuyahok.

Erin Kinavey shared statistics from the demonstration sites that showed the decreased behaviors exhibited by children. She noted that the demonstration sites receive quite a bit of funding and

have a lot of support. The ongoing coaching involved at the sites has considerably increased the success of implementing the training.

HEALING A CHILD'S HURTS

Josh Arvidson introduced himself by stating that he works at the Alaska Trauma Center Anchorage, Anchorage Community Mental Health, and Duke Clinical Research Institute. He stated that the primary SAMHSA initiative at Anchorage Community Mental Health is aimed at raising the standard of care and services for children impacted by trauma.

Josh stated that when he's talking about childhood trauma, he's talking about children through the age of 18. He stated that the DSM talks about two types of trauma, post-traumatic stress disorder and acute stress disorder. Josh stated that another definition of trauma is something that places overwhelming demands on the physiological system that results in a profound developmental vulnerability and/or loss of control. He stated that if they can understand how trauma impacts kids, they can think about a different path of intervention.

Josh Arvidson stated that in looking at brain imaging, they know that while trauma impacts the brain, recovery is possible, even for adults who have been through a lifetime of trauma. He also noted that they don't want to label all people who have experienced trauma as having a trauma disorder when, in fact, people are resilient and can often overcome their own trauma.

Josh shared an example of a child, and the group brainstormed ways to assist that child and her caregivers. He fielded questions from board members and concluded his presentation.

BRING THE KIDS HOME INITIATIVE

Brita Bishop, the Bring the Kids Home Initiative coordinator, stated that the focus of the initiative has been to reduce the number of children in out-of-state residential psychiatric treatment centers. She stated that between FY'04 and FY'10, the new out-of-state admissions decreased from 752 youth to 90 youth, a decrease of 88.1 percent. She stated that most of the youth are Caucasian, but disproportionately they have too many Alaska Native and American Indian children. Most of the kids aren't in the State's custody; their parents place most of them. She also noted that her statistics are based on kids involved in the Medicaid program and don't include private insurance or private pay. Brita Bishop stated that many of the kids in out-of-state placements have considerable issues and between four and ten adverse childhood experiences.

Brita stated things they can do include educate others that what happens for children and families has a long-term impact, develop community specific solutions, advocate to address service gaps, expand substance abuse services for pregnant and parenting women and/or families, expand high quality mental health services, support screening and surveillance, and expand coordination and access to services.

Rebecca Busch discussed the increment that the boards were successful in getting for FY'12, and she stated that this increment will help to achieve cross-system collaboration to make sure that providers and systems are working together for the best interests of families and children.

Brita Bishop mentioned that they started the APAL, the Alaska Physician Assistance Line, which is a phone line for primary care doctors who are working with kids in the community who are on psychotropic medications. The idea is to be able to provide technical assistance from a very skilled child psychiatrist who can consult with those doctors to improve services.

SERVICE SYSTEM REPORT

Melissa Stone reviewed the data from the regional analysis of the number of people served by the Division of Behavioral Health community program grantees for the fiscal years '09, '10, '11 and 2006 prevalence (community-based individuals).

PUBLIC TESTIMONY

Public testimony was heard and a full transcript was prepared.

MINI BUSINESS MEETING

Supported Employment Project

Renee Schofield stated that members of the committee include herself, Brenda Moore, Amy Hansen, Nina Allen, Ramona Duby, Debi Keith, Dan Meddleton, and Andrea Schmook. They have been meeting every Friday by teleconference for the past eight weeks. They are putting together a presentation about supported employment and how to connect the resources between the employer and the people who suffer from mental illness or who are coming out of treatment into recovery.

Brenda Moore added that when they began to research the topic, they found that there was not a lot of information about this subject in regards to people who have addictions or mental illness and are successfully employed. She also noted that most of the job supports from DOL or DVR are for people with physical or developmental disabilities. They are not focused on people in recovery. She stated that because of the lack of resources or information, she would like personal stories from board members and if they have specific knowledge about job readiness and employers who have had success in this area.

RECESS

The meeting was recessed at 6:06 p.m.

Advisory Board on Alcoholism and Drug Abuse Alaska Mental Health Board

Quarterly Board Meeting
Bidarka Inn, Homer, Alaska

Thursday, May 19, 2011

ABADA Members Present:

James Duncan
Marvin Deacon
Michael Kerosky
Raymond Watson
Renee Schofield
Fred Glenn
Russell Lavigne
Anna Sappah
Robert Coghill
Bernard Gatewood
Amy Hansen
Dr. Enlow Walker

AMHB Members Present:

Barry Creighton
Brenda Moore
Nina Allen
Randall Jones
Debi Keith
Kathy Watson
Ramona Duby
Joe Dingman
Stephen Sundby

ABADA Members Absent:

Lonnie Walters - excused
Eric Holland - excused

AMHB Members Absent:

Andrea Schmook – excused
Dan Meddleton – excused
Daisy May Barrera - excused

Ex-Officio Members Present:

Melissa Stone
Colleen Patrick-Riley
Kris Duncan
Erin Kinavey

Staff:

Kate Burkhart, Executive Director
Lance Brown, Administrative Assistant II
Rebecca Busch, HSS Planner II
Teri Tibbett, Program Coordinator II
Patrick Sidmore, Research Analyst III

Ex-Officio Members Absent:

Paul Reamer – excused
Sharon Fishel
Barbara Henjum - excused

Minutes Prepared by: Paula DiPaolo, Peninsula Reporting

May 19, 2011

ROLL CALL/CALL TO ORDER – 8:37 a.m.

ALASKA’S SENIOR STATE PLAN

Sharon Howerton-Clark, the chair of the Alaska Commission on Aging (ACoA), stated that the mission of ACoA is to plan, educate, and advocate on behalf of all older Alaskans 60 and older in the state of Alaska and their caregivers so they can remain in their homes and their communities for as long as they can live.

Sharon stated that their advocacy efforts went well this year, and she reviewed those items that passed the legislature.

Sharon Howerton-Clark stated that they just finished the new four-year plan for senior services. It is a comprehensive four-year plan that satisfies the federal requirement from the U.S. Administration on Aging for all states so they can receive funds through the Administration on Aging. The State Plan is currently out for public comment until May 31st. In preparation for the State Plan, ACoA held community forums, sent surveys out to seniors, and sent surveys to senior provider agencies.

Sharon stated that one of the needs in Alaska is senior behavioral health care in residential settings. She stated that substance abuse and suicide is very high in the senior populations.

Cathy Stone, from AHFC, discussed some recent opportunities for senior housing. She explained that Chugach Manor has recently been designated senior only housing, Loussac Manor has 60 vouchers, and there are some project-based vouchers as well.

SENIORS AND SERVICES

Pat Sidmore stated that the 21 percent of Alaska’s population are seniors. He stated that elderly substance abuse is most likely going to be linked to the underuse, overuse, or erratic use of medications which may become drug abuse. He also stated that it is estimated that only half of older adults who acknowledge mental health problems receive treatment from any health care provider at all, and only a fraction of those will seek specialty mental health services. Over half of the older persons who receive mental health care receive it from their primary care physicians.

Pat Sidmore reviewed statistics and data regarding mental health/substance abuse services for older Alaskans.

ALASKA’S SENIOR SERVICES PROGRAM (DSDS)

Lisa Morley, from the Division of Senior and Disability Services, provided an overview of the senior services that DSDS provides: Older Alaskans waiver; Adults with Physical Disabilities waiver; residential supported living; PCA services; Adult Protective Services; general relief

program, which is a short-term housing program to help older Alaskans get stabilized; and the Medicare information office.

Lisa stated that they have some rural housing supports that they are trying to reconfigure, such as the senior residential services grant. In the past it's been awarded to an assisted living facility in Maniilaq and Tanana. DSDS is going to use those funds to provide support to other rural assisted living facilities in Galena and Dillingham.

Lisa Morley stated that the Trust Training Cooperative is offering the Savvy Caregiver Training dealing with behaviors associated with Alzheimer's.

Melissa Stone added that she believes that the Complex Behavior Collaborative is important and that they need to work closely with the Governor's Council and DSDS to use that money in a way that meets their greatest need.

Lisa Morley discussed the Aging and Disability Resource Centers (ADRC), which serve as the entry into the long-term care system. They offer information, referral, options counseling, and help with benefits and housing. The ADRCs also serve as a one-stop shop for referral to all the various community providers. They serve anyone over the age of 18. Lisa stated that they are hearing from the ADRCs that people are looking for resources for seniors who are in need of mental health services.

Lisa stated that ADRCs also work with hospital discharge planners trying to provide long-term support so they're lowering the rate of readmissions.

Lisa Morley stated that the other grant programs that DSDS administers include: Nutrition, transportation, and support services program; in-home services grant; Grandparents Raising Grandchildren program; adult day program; and TBI.

SENIOR ADVOCACY

Pat Luby, the advocacy director for AARP in Alaska, stated that there are 93,000 AARP members in Alaska and almost 40 million nationwide. He stated that AARP is a private organization and does not get any government money. Their membership starts at age 50. He also noted that Alaska and Florida have the highest percentage of baby boomers in the country.

Pat stated that AARP also lobbies for poor people, partly because so many of their members are poor and fall below the poverty level.

He stated that AARP has also been long supporters of health care reform. He noted that one of the problems, as they begin to look for health care for all Americans, is workforce, and in particular, figuring out how to get a qualified workforce. One of the things that is being looked into is a loan forgiveness program for people interested in entering the health care field.

Pat Luby stated that there is a coalition of organizations including AARP, Rasmuson, the Trust, and ASHNA whose goal is to figure out how to get the Governor's attention regarding a long-

term care plan for the state. He stated that most Alaskans will not need long-term care until age 85 and above, but that's the fastest growing population of people in Alaska and the U.S.

Pat Luby discussed health care reform with the board members. He noted that Alaska's health care costs are 55 percent higher than Seattle. He stated that the reason for this is because Alaska has never had HMOs or managed care.

Pat shared that it has been difficult getting information about seniors and prescription drug misuse and seniors and alcohol use. He noted that 81 percent of seniors will never set foot in a senior center their whole lives. He also stated that it has been estimated that there are 17,000 people in Anchorage who are over 65 who have no primary care provider.

Pat Luby stated that while legislators in Alaska are currently looking at ways to cut the Medicare budget, board members need to think about inviting legislators to get to know the Medicaid/Medicare recipients on a personal level so they understand who those changes will affect. They need to understand the programs that they may be funding from a personal level.

Pat stated that in Alaska health care costs too much and wastes too much. 16 percent of the people that are treated in Alaska hospitals are back in that same hospital within 30 days, for many of the cases it's because there was some sort of problem with the hospital. He stated that Medicare now will not pay for hospital "never events" – meaning never should happen. Medicaid and private insurance will soon be following suit.

Pat Luby shared additional information with the boards including the "Drive to End Hunger" and concluded his report.

RECESS

The boards recessed at 3:40 p.m. to gather for their independent board meetings.

Advisory Board on Alcoholism and Drug Abuse Alaska Mental Health Board

Quarterly Board Meeting
Bidarka Inn, Homer, Alaska

Friday, May 20, 2011

ABADA Members Present:

James Duncan
Marvin Deacon
Michael Kerosky
Raymond Watson
Renee Schofield
Fred Glenn
Russell Lavigne
Anna Sappah
Robert Coghill
Bernard Gatewood
Amy Hansen
Dr. Enlow Walker

AMHB Members Present:

Barry Creighton
Brenda Moore
Nina Allen
Randall Jones
Debi Keith
Kathy Watson - telephonic
Ramona Duby
Joe Dingman
Stephen Sundby

ABADA Members Absent:

Lonnie Walters - excused
Eric Holland - excused

AMHB Members Absent:

Andrea Schmook – excused
Dan Meddleton – excused
Daisy May Barrera - excused

Ex-Officio Members Present:

Melissa Stone
Colleen Patrick-Riley
Kris Duncan
Erin Kinavey

Staff:

Kate Burkhart, Executive Director
Lance Brown, Administrative Assistant II
Rebecca Busch, HSS Planner II
Teri Tibbett, Program Coordinator II
Patrick Sidmore, Research Analyst III

Ex-Officio Members Absent:

Paul Reamer – excused
Sharon Fishel
Barbara Henjum - excused

Minutes Prepared by: Paula DiPaolo, Peninsula Reporting

May 20, 2011

ROLL CALL/CALL TO ORDER – 8:34 a.m.

REPORTS FROM THE WORK SESSIONS

ABADA

Renee Schofield stated that they had their elections, and Robert Coghill is their chair elect. Michael Kerosky was elected to be chair elect when Bob takes over, and Anna Sappah will be the secretary/treasurer.

Renee stated that they talked about future meetings, noting that they like the themed meetings. They also brainstormed ways to get more people to public comment and to the potluck. She stated that they felt like the best thing was to have somebody in the community take control of coordinating that.

Renee stated that Michael Kerosky took the YRBS data, and instead of dwelling on the negative, he highlighted the positive with the schools in a unique and intriguing way.

Renee stated that the board also discussed how this meeting highlighted the young and old, but seemed to leave out the whole middle section.

Marvin Deacon added that maybe at the next meeting they could have somebody, or a panel, discuss how they can get both the State and the tribes working together for the common good of the child. Anna Sappah added that they might look into bringing somebody to come talk to them about the National Center on Substance Abuse and Child Welfare, who has done some partnering with Eklutna Village Tribes and Cook Inlet Tribal Council.

AMHB

Nina Allen stated that they discussed the Fairbanks situation, which will be addressed later in the meeting.

Nina stated that they discussed inviting Mike Lesmann, the Governor's liaison, to their next meeting so that he can become aware of their issues.

Nina stated that the board reviewed the letter to Senator Begich and made a few modifications.

Nina stated that Ramona Duby pointed out that as treasurer, she needs the budget prior to the September meeting as the bylaws state. Kate Burkhart stated that she can provide the FY'11 budget, but they won't know what their FY'12 budget is until December 15.

ADVOCACY UPDATE

Teri Tibbett handed out pins to board members and thanked them for their advocacy efforts in Juneau. She then reviewed the Legislative Advocacy Report and highlighted the following areas:

- Legislature approved \$225,000 to family preservation in the Office of Children's Services for substance abuse treatment for at-risk parents
- Legislature approved \$225,000 for peer support services
- Alaska Complex Behavior Collaborative will receive \$475,000 in GF and Trust funds
- Joint Advocacy Summit priorities include: Public transportation for seniors and Alaskans with disabilities and preserving health care for vulnerable Alaskans
- The variety of bills they have been tracking through the legislative session
- FY'12 budget items
- Youth Policy Summit co-hosted by ABADA/AMHB
- Alaska FASD Partnership: First year has been very productive.

Teri Tibbett stated that Representative Seaton has asked that the boards support HB 224 banning the sale of products containing nicotine to a minor. Kate Burkhart further explained that this does not include products that have been approved by the FDA for tobacco use cessation or harm reduction.

Anna Sappah stated that she will contact the Alaska Tobacco Control Alliance and their partners to get some more background information. Stephen Sundby and Joe Dingman will help Anna with this.

Kate Burkhart also explained that they did not get involved with writing a letter of support for House Bill 210, alcohol and tobacco use for under-aged military members.

REPORTS FROM COMMUNITY SITE VISITS

Haven House

Amy Hansen stated that Haven House is a women's shelter that uses a peer-to-peer support model. It is set up for women and children to stay for 30 days, but most stay for at least six months. Peg, the director, stated that the biggest gap is transitional housing and family foster care. The funding comes from DHSS. They have satellite offices in Seward and Kenai. The Trust recently funded them a greenhouse.

Peg informed them that the rules of the house are to be neat and clean and safe. They have no funding for prevention. They are staffed 24/7 and have a Russian speaking advocate. They have a batterer's group for men that hold each other accountable.

Amy stated that while they were there, they met with Jessica Lawmaster, who is a forensic interviewer for children who have been sexually assaulted. Jessica stated that she has done 150

interviews on the Peninsula this year. She is also bringing CornerHouse training to the state of Alaska.

Amy stated that Rachel gave them a tour of the women's shelter, and they noted that it is very small and could use an addition.

Renee Schofield appreciated Peg's honesty in stating that there are rules that she has to abide by, but there are ways she can get around them to take care of the people that need her support. Renee stated that Peg uses a holistic approach and doesn't label people.

Debi Keith stated that Peg realized there is a gap because she knew she was sending people away without the tools to be successful once they leave the center.

Birth 2 Three

Rebecca Busch stated that Birth 2 Three is looking to expand their name because they are serving children over the age of three. They have a large catchment area of an hour's distance in every direction, even across the water. They have about 7.5 staff, which includes contracting with physical therapy, occupational therapy, developmental assistants, and infant learning. Their executive director is Jill.

Nina Allen stated that the organization hasn't always been in the greatest shape, but now the board members are very committed to the mission of the organization and the place was transformed. She also noted that Jill is an incredible asset.

Rebecca Busch stated that for their visit they had organized different rooms for them to tour the facility. One was about developmental screenings, one about best beginnings, and another about economic impact. Rebecca stated that she's going to send board members a link to Dr. James Heckman's presentation about the economic impact of getting to kids early.

Michael Kerosky stated that it would be great to get Dr. Heckman to come up here and present to the boards. Renee Schofield stated that this may be something to work with in their supported employment project, with the State Chamber as a potential partner.

Rebecca Busch continued on to state that it was clear how much collaboration Birth 2 Three has with other agencies in the community. She noted that they have a list of goals for the Best Beginnings program, and one of them is renovating local playgrounds so they are age appropriate and safe. They also have an Imagination Library, they do home visiting programs, parenting programs, parenting skills training, and play groups.

Rebecca stated that they were hoping to find more ways to support fathers and men.

South Peninsula Hospital

Dr. Enlow Walker stated that he thought it was a good visit to the hospital, and he was impressed with the facilities. They toured the emergency room, visited with Dr. Wise, toured the acute care rooms, long-term care, and labor and delivery. They also met for quite a while with the CEO

and the director of nursing and the social workers and discussed issues relating to mental health treatment and how they handle substance abuse situations.

Dr. Walker stated that there was some concern raised with mental health issues. People from The Center come up and evaluate people when they have an acute mental health problem, but much of the time there is not a psychiatrist around. If the patient needs to be transported to API, there is a problem of transportation with Securitas. Sometimes it takes up to 72 hours to get them to come and pick up the person who needs transport to API.

The situation is similar with substance abuse, where the hospital can do immediate detox, but then the evaluation needs to be done before somebody can be accepted into a treatment program. It sometimes takes a month to get that set up because there aren't many people available to do that.

Nina Allen stated that SPH medically detoxed 70 people last year.

Ramona Duby stated that the hospital is aware of and thankful for the collaborations and partnerships throughout the community. She also stated that she was impressed with the new setup that is under construction. The configuration of 18 outpatient rooms having a view of the Inlet and the nurses' stations spread between the patient's rooms was very interesting.

She also noted that there is a long-term care facility where most of the people seemed to be very happy and feel like they were at home. They have many activities for the residents. Ramona stated that, like most institutions, the number of unresourced people they have to care for is a challenge. Another challenge is detox beds, because they are not a detox facility. Another thing they would like to see is stronger peer training.

Teri Tibbett added that they would also like to see a psych nurse practitioner so they don't have to go all the way to get a psychiatrist. They also said discharge planning was very difficult because oftentimes the patient gets released from API and the primary physician has no idea they were there and doesn't know what follow up is necessary. She stated that they would also like education and training for their staff on mental health and substance abuse issues because they feel like their hands are tied.

Teri stated that the people from SPH said that one quarter of their long-term care population is diagnosed with mental illness. They also want to empower patients to take care of their own records. They would like a mental health unit and an Alzheimer's unit.

CICADA

Anna Sappah stated that CICADA is an outpatient program, and there are no positions based in Homer right now. They have offices in Homer and Kenai and they have about 20 to 30 clients per counselor. They provide group and individual services with individualized treatment planning. There is about two to three weeks between the time somebody walks in the door and getting an actual assessment.

Anna stated that the median age of their clients has gotten much younger. They are starting to see parents bringing in much younger kids with more severe drug problems, 10 and 11-year-old kids that are taking OxyContin. The drugs of choice seem to be consistent with the rest of the state.

CICADA is in the process of moving to a bigger facility that they are going to share, in part, with Haven House.

Anna stated that they have trouble recruiting and training staff. Many people will take Slope jobs or other oilfield jobs on the Peninsula because the pay is so much higher. They are trying to get local doctors to work with them to provide Suboxone services as part of an integrated plan for dealing with people addicted to prescription opiates or any opiates, but this has been a challenge for them.

Raymond Watson added that they are applying for SAMHSA grants, and they are also dealing with homelessness. Anna Sappah added that an issue for the entire Kenai Peninsula is that there is only one residential program in Soldotna at Serenity House.

Senior Center

Kris Duncan stated that the Senior Center has done quite a bit to meet the affordable housing needs for this population in terms of developing apartments. They have a level one assisted living unit, but the assisted living is limited towards chore services, meals, laundry, and just basic things. They share this unit with people with severe dementia problems.

Kris stated that their annual meeting was last night, and they were going to have board elections. Their current director is an interim director.

The day program was very robust in terms of activities that were offered, but the program only goes from 9:00 to 3:00 so it makes it difficult for working families. The Senior Center also has issues with staffing.

Kris noted that their demographic is primarily Caucasian and could benefit from marketing and outreach to the Native population.

Kris stated that their independent living units are full and they have a waitlist for them.

Robert Coghill observed that they have a solid program, but seem to lack leadership.

Brenda Moore stated that they have a psych nurse available to them once a month, but she noted that she didn't see the types of community collaborations she would have liked to have seen.

South Peninsula Behavioral Health, Inc. - The Center

Colleen Patrick-Riley stated that The Center has excellent leadership, which is evidenced by the quality of the staff, the morale of the staff, the tenure of the staff, the programs that are there, and the financial solvency of the organization.

They have an adult services program that serves about 80 plus people in their adult rehab, which includes groups and case management. They also have a drop-in program that goes from 10 – 2 that includes lunch. They also have clinical mental health services with two psychiatrists as well as clinicians that provide individual counseling.

Colleen stated that they have two residential facilities, Brookside and Bear Creek.

The PRIDE Program is another component of the agency that serves the developmentally disabled population. Susan Drathman runs that program and has been with them for 20 years. They have 32 people receiving respite care, 34 people on core services, and about 50 people being served on Medicaid waivers.

The Center has emergency services and 24-hour on-call services. They have their standard clinicians that do on-call services, but they also have other clinicians that they hire in the community to specifically only do call.

The Center also supports mental health beds at the hospital, and if there is any support the boards could provide to advocate with the Division to be able to make it possible, Homer is ready for DES beds.

Colleen stated that The Center also has a children's program where they serve children from birth to 20, but their current population is 3 to 20 years old. They also have an excellent working relationship with the schools. They also work closely with Haven House, and they want to obtain money from the State for respite care that could be contracted with Haven House.

They are involved in pre-development work with Rasmuson and Foraker. They would like to get a better space for the PRIDE Program.

Stephen Sundby stated that the building was large and well kept. It also had many empty offices because they are out providing services in the community.

Randall Jones was impressed by the 24-hour emergency services. He was also impressed by the connection and communication with the community.

PUBLIC COMMENT DISCUSSION

Fred Glenn opened a discussion on convicted sexual offenders not being able to receive subsidized housing.

Brenda Moore referred to the person who testified about the inability to receive their child's records from North Star. Brenda stated that the boards seem to be hearing about problems with North Star too often. Debi Keith added that at North Star, they only need the signatures of the children if they are 15 and older and they don't need the signatures of the parents, and parents are not being made aware of this at intake. Nina Allen shared that there is more to this person's testimony in that North Star did not communicate with this family very well at all. Nina asked if they should make North Star aware of this parent's testimony. Kate Burkhart felt that would be

appropriate. Kris Duncan shared a larger concern, that if a person is not satisfied with the treatment they receive from North Star, there are no other options other than to go out of state. Nina Allen suggested inviting North Star to a board meeting to give a presentation.

Marvin Deacon stated that he took away from the public comment the need for more prevention with the youth in terms of suicide and alcohol and drugs.

Randall Jones took away from the public testimony the themes of lack of services, children with FASD needing respite care, needing a psychiatrist in Homer, and alcohol and drug beds. He said to him it seems like they could solve many of these needs with prevention.

Discussion About Services in Fairbanks

Kate Burkhart read a letter prepared by Eric Holland regarding the need for an audit of Fairbanks Community Behavioral Health.

Kris Duncan explained that in the past there were quality assurance teams that went in to agencies and did reviews. They showed the strengths and weaknesses of organizations. She stated that she felt it would be appropriate for the boards to ask for this type of comprehensive review.

Nina Allen stated that she is concerned about making broad sweeping requests of providers, but she noted that this agency is asking for their help. She suggested starting with a mediation including DBH, Kate Burkhart, the concerned parties, and the board of Fairbanks Community Mental Health.

Kathy Watson stated that she and Jeanette Grasto tried to approach the Fairbanks Community Mental Health board, and they did not receive any answers from them. She agrees that they should get all the players together to meet, but FCMH will not come to the table. She felt that if the Division and the boards and everyone could get together, it would help everyone air their concerns.

Randall Jones **MOVED** that based on their public comment, written and spoken, that the boards have received, the boards ask their executive director to coordinate with the director of the Division of Behavioral Health and the community stakeholders to hold a forum at which to create an open dialogue and to mediate a conversation to identify the issues and help get Fairbanks Community Mental Health on the road to resolving those issues. The motion **PASSED**.

BUSINESS MEETING

Letter of Appreciation to Senator Mark Begich

Robert Coghill **MOVED** to finalize and send the modified letter of appreciation to Senator Begich for the work he's done on behalf of mental health and substance abuse. The motion **PASSED**.

Invitation to Mike Lesmann

Staff is directed to invite Mike Lesmann to their next board meeting.

Invitation to Dr. James Heckman

Staff will research the possibility of inviting Dr. James Heckman to a future meeting.

Bylaws Committee

Kate Burkhart asked for volunteers to serve on a bylaws committee to review officer's term limits and make recommendations for the October meeting. Volunteers include: Anna Sappah, Robert Coghill, Ramona Duby, Brenda Moore, James Duncan, Stephen Sundby and Bernard Gatewood.

Steering Committee for the State Plan

Kate Burkhart asked for volunteers to serve on a committee to develop topic areas of the Five-Year State Plan. Committee members would assist in assembling work groups where stakeholders would be invited to participate. Committee members will also make sure that the process is working, make sure they're staying on track, and help facilitate subtopic work groups. This will be a yearlong process. All of the board members will participate in the steering committee.

Theme for the Fall Meeting – October 12, 13, 14, 2011

Suggestions include:

- Peer support
- Transitions (the middle group between babies and boomers)
- Transitions with a peer theme
- Educating the Governor on the correlation between substance abuse and domestic violence
- Prevention and the transition group
- Invite legislators to come in and do a town-hall type meeting
- “Anchorage Resources and Challenges” theme
- Dove tail onto the AFN and add some Native and rural issues.

Nina Allen and Rebecca Busch suggested that for their October meeting in Anchorage, they could look at doing tracts for the site visits because there are so many sites located in Anchorage. Anna Sappah suggested bringing those sites/tracts to the board meeting to present, like the provider mall they've done in Juneau.

Members of the planning committee for the fall meeting include: Robert Coghill, Ramona Duby, Nina Allen, Colleen Patrick-Riley, Brenda Moore, Randall Jones, and Joe Dingman.

May 2012 Meeting Location

Suggestions were given to hold the May 2012 meeting in either Nome or Kotzebue.

ADJOURN

Board members gave their final comments. Anna Sappah **MOVED** to adjourn the meeting. The motion **PASSED** and the meeting adjourned at 1:11 p.m.