

Alaska Criminal Justice Commission  
Behavioral Health Standing Committee

## Meeting Summary

**June 6, 2018**

Alaska Mental Health Trust + Teleconference

Commissioners: Steve Williams, Greg Razo, Stephanie Rhoades, Karen Cann for Dean Williams, Brenda Stanfill, Amanda Daly for Sean Case, Rob Henderson for Jahna Lindemuth

Participants: Araceli Valle, Mary Geddes, Gennifer Moreau-Johnson, Teri Tibbet, Paul Maslakowski, Randall Burns, Chris Cavanaugh, Travis Welch, Kim Stone, Autumn Veal, Ben Irvin, Karen Forrest

Staff: Barbara Dunham, Susanne DiPietro

### **Announcements and Agenda**

Steve Williams called the meeting to order. Rob Henderson introduced Kim Stone, the Dept. of Law's new point person for the Public Safety Action Plan. Steve Williams introduced Travis Welch, a new Trust staff member who will be taking on some of Steve's duties. [Later in the meeting, Steve also introduced Autumn Veal, another new Trust staff member.] There was no objection to the agenda or to approving the previous meeting's summary.

### **Debrief on the Sequential Intercept Model Workshop**

Karen Cann explained that DOC had arranged for facilitators to lead a 1.5-day workshop with Alaska stakeholders to walk through the Sequential Intercept Model to map out gaps and needs in the criminal justice system. She thought the workshop went well and was quite productive. The workshop participants came up with 14 priorities, and identified the top four priorities along with next steps. The facilitators will write up a summary of the workshop's progress and DOC will send it out once they have it. This workshop also ties into DOC's Second Chance Grant application process and statewide Reducing Recidivism plan.

Karen noted that one idea that came out of the workshop was a crisis intervention/diversion model for the population of people dealing with mental illness. Anchorage has applied for a grant to start a pilot program in this area and Mary Geddes is working with the muni's anti-homelessness coordinator Nancy Burke on this project.

Steve said, as a reminder, that this group had expressed interest in the Sequential Intercept Model workshop. He also thought the workshop was productive, and noted that while most participants were based in Anchorage, he was hoping the ideas developed at the workshop could be applied statewide.

Judge Stephanie Rhoades said she had also attended and also thought the facilitators were great. She agreed that there were mainly people from Anchorage at the workshop but thought that the ideas developed there had statewide applicability. She noted that DOC seemed focused more on the reentry side of things and thought this group could focus on the first three intercepts. She added that she thought the future of the Commission lies in making reinvestment recommendations and developing alternatives to incarceration to divert people out of the system and break the cycle of repeat incarceration.

Gen Moreau-Johnson noted that in terms of alternatives for individuals with behavioral health needs, people often tend to discuss the need for more treatment beds, but as some have observed, the more beds there are, the more beds will be filled. Breaking the cycle would not come from increasing capacity for residential treatment alone but also developing ancillary services.

### **Update on the 1115 Medicaid Expansion Waiver**

Gen reminded the group that the 1115 Waiver gives the state the authority to avoid Medicaid rules to try doing things differently. The state must demonstrate that the plan for the waiver will meet Medicaid outcomes and be budget-neutral (i.e. not cost the federal government any more money). Alaska's proposal stated that the goals of the waiver plan were to reduce reliance on acute care, make more use of early interventions and community care, and add more accountability to the system.

Gen explained that Alaska's proposal identified three target populations that comprised the most consumers of acute care. They are:

1. Children and adolescents (and their parents) at risk for substance use disorder (SUD)
2. Youth and adults with acute mental health needs
3. Adolescents and adults with substance use disorders

Gen noted that while justice-involved individuals weren't explicitly listed among the target populations there would be significant overlap.

For population 1, new services will include standardized behavioral health screenings, community and home-based outpatient treatment services, intensive case management services, 23-hour crisis stabilization services, residential treatment services, therapeutic foster caser services, and community recovery and support services. For population 2, new services will include all of the above plus peer-based crisis intervention services and crisis residential/stabilization services. For population 3, new services will include the services offered to population 1 plus medication-assisted treatment (MAT) with care coordination, ambulatory withdrawal services, and additional residential treatment services.

Gen said that Alaska's waiver application had been accepted by the Centers for Medicare and Medicaid Services (CMS) and DHSS is now in negotiations with CMS. They meet weekly and she estimated this part of the process would take another 6-8 months. That said, CMS indicated it would be open to fast-tracking the SUD services so those could possibly come on line sooner.

Steve noted that some of the ideas in the application have been identified by this and other groups as priority ideas. He said that the need for intensive case management had often been noted as a gap and asked Gen to explain that further. Gen said that the Medicaid rules are ordinarily very specific about what case management services will and will not be reimbursed; DHSS is working with CMS to get approval for case management across the continuum of care.

Gen also explained that MAT with care coordination was listed because the two services together were linked with improved outcomes over MAT alone. Randall Burns added that CMS is very hesitant to approve MAT because there is a trend to employ MAT without counseling at the same time; they want to ensure that patients will also be engaged in counseling while on MAT to address the underlying issues surrounding their substance use disorder.

Randall also explained that DHSS has a contract with the Alaska Mental Health Trust (Trust) to fund an architect to go to the 14 regional hubs and look at their infrastructure with an eye toward the anticipated new services. That should be completed within the next six months. For all 14 locations DHSS will identify workforce needs and advertise those needs explicitly with recruiters, providers, and educators—including outlining numbers of staff needed and their titles.

Chris Cavanaugh from the Alaska Native Tribal Health Consortium (ANTHC) said he wanted to make sure that DHSS knew that the consortium and the tribal health providers would be available to support this effort and would want to be involved.

#### **Update: Medicaid Reform (SB74)/Criminal Justice Reform (SB91) Integration Workgroup**

Gen noted that SB74, the Medicaid reform bill, was intended to bring about behavioral health reform and be a complement to criminal justice reform. SB74 mandated that DHSS apply for the 1115 Waiver. The SB74/SB91 integration workgroup was comprised of an array of stakeholders from all of the agencies involved in behavioral health and criminal justice policy. The workgroup has a number of objectives, which were summarized in a handout provided to the group. She noted the handout was a work in progress.

One of the problems with integrating the behavioral health and criminal justice systems was that there was no justice-involved flag for individuals in the behavioral health/DHSS system, because criminal justice involvement was not linked to any one eligibility population. For example they do not have a good sense of how the new laws have affected Medicaid enrollment. They know that over 800 reentrants were enrolled in Medicaid in FY17, but they lack context to understand that number, as they do not know how many were eligible.

In FY18 to date, Medicaid has covered 48 hospitalizations for people in DOC custody. However, it is difficult to say how much money that has saved the state because Medicaid is billed at a different rate.

The integration workgroup also has a subcommittee devoted to the Alaska Medicaid Coordinated Care Initiative, which tracks “superutilizers” of Medicaid services. There is also a data-sharing subcommittee, which is developing MOUs to share data between agencies and is also

working on a universal ROI. (Gen noted that DHSS asked CMS if there was any template for a universal ROI used in other states and CMS said that no other state has a universal ROI.)

Gen said there was \$12 million allocated in the FY19 budget for behavioral health at part of the Public Safety Action Plan, and the integration group will work on allocating those funds. There was a provisional plan in place but that will need to be revised as the amount budgeted was \$6 million less. Randall said DHSS had envisioned funding five different kinds of services and may pursue issuing block grants in each of those categories. They are working on the RFPs now. There is definitely a need for withdrawal management in Anchorage and the Mat-Su, and a concurrent need for more residential treatment if more withdrawal management beds are added.

Chris asked whether there would be any effect on Medicaid reimbursement for MAT if someone used or smuggled suboxone into prison. Karen Cann said that while people are incarcerated DOC pays for MAT. She noted that in prison suboxone strips can be worth \$600 when they normally have a \$6 street value.

### **Discussion on Committee Priorities**

Steve explained that many of the action items identified by the previous iteration of this group in 2016 (using the SIM) have also been identified as action items in other plans from other groups. Some of the work is in fact being done and he want to find a way to supplement that work and fill in any gaps and not derail existing productive efforts.

Judge Rhoades said she would like to see a crosswalk of which groups or agencies are doing what. Barbara Dunham noted she was working on something similar for the Commission's reinvestment discussion but it was not limited to behavioral health action items. Judge Rhoades said she would like to see something like that but on a more "micro" level with the detailed behavioral health proposals from 2016. Karen Cann agreed. Judge Rhoades thought that this group could determine which items had some forward momentum and could use the backing of the Commission.

Steve noted that, for example, crisis intervention training was listed in the 2016 document and that corresponded to action item #44 on the Public Safety Action Plan (PSAP). He thought that was one area where there had been some movement and there was some energy.

Rob thought there was value to this group throwing its weight behind proposals such as that because the PSAP only applies to state agencies, whereas this group has a broader reach—for example APD was represented. Steve agreed and thought there was a way to use this group to leverage the PSAP and bridge the state-local divide.

Steve also said that there are many worthy items on the 2016 list and the group could feasibly pick one thing that pops out to everyone, especially since the group does not have time for a laundry list of action items. Judge Rhoades said that if the group was going to pick just one thing it should be as early an intervention as possible.

Karen Forrest said that one thing that jumped out to her on the 2016 list was the call to expand the state's forensic capacity, as that was also on the PSAP. DHSS has also received funding this year to do a feasibility study for building a forensic hospital. Steve wondered, on that note, what had happened to the discussion on qualifications for forensic examiners. Karen and Randall explained that once they looked into it further the qualification requirement was not really the issue and that there was a workaround.

Judge Rhoades asked where DOC was on pretrial diversion. Karen Cann said that DOC is looking into models but wanted to finish getting the Pretrial Enforcement Division off the ground first. Diversion would be the next area of focus, probably six to eight months away.

Judge Rhoades remarked that there was a large number of people in DOC custody and in reentry who probably needed residential treatment. Karen Cann agreed and said that was a high focus area and one of the reasons DOC wants to approach reentry housing and the halfway house model differently. Steve said that overlapped with one of the recommendations under intercept 3 in the 2016 list.

Karen Cann also noted that she would like to see the 2016 list updated or overlapped with the most recent 2018 SIM workshop results. Rob Henderson agreed and said a lot has changed since 2016 and thought the 2016 document could be updates. Steve said he wasn't sure they would entirely overlap. It was something staff could do but he wondered if it was a good use of time. Rob then wondered how the group should come up with its recommendations then.

Judge Rhoades proposed that each agency at the table should come up with its priorities under the first three intercepts and which of those priorities could use the assistance of the Commission. The group could then see what items align. Steve said it would also be useful to know where the priority ideas were in terms of readiness. Susanne DiPietro said that it would also be interesting to know what the agencies might be working on in this area that were not outlined in the 2016 document. Judge Rhoades noted that not all agencies were represented in the group today and that staff would need to conduct stakeholder interviews.

The group discussed what the timing should be on this project. Karen Cann said the results of the 2018 workshop would likely be returned by the end of the month. Rob said that late summer and early fall were when the state agencies make their budget requests. Judge Rhoades noted that staff and group members would need to do a lot of work behind the scenes to get a comprehensive list together. The group agreed to meet next on August 29 from 2:30-4:30.

Teri Tibbet said that the Juneau Reentry Coalition and the Alaska FASD [Council?] both had a slate of behavioral health recommendations that she would forward to Steve and Barbara.

## **Public Comment**

There was an opportunity for public comment but no public comment was offered.

