

Alaska Psychiatric Institute Governing Body

March 12, 2024

Meeting Minutes

I. Call to Order

Elizabeth called the meeting of the Alaska Psychiatric Institute Governing Body to order at 1:37 PM via Zoom and In Person on March 12, 2024. Mission and Vision of API.

II. Introduction and Roll Call

Voting Members Present:

Elizabeth King, *Alaska Hospital and Healthcare Association, via In Person*
Katie Baldwin Johnson, *Alaska Mental Health Trust Authority, via In Person*
Ann Ringstad, *National Alliance on Mental Illness (NAMI), via In Person*
Tracy Dompeling, *Director of Department of Behavioral Health, via Zoom*

Present:

Kim Kovol, *Commissioner of Community and Family Services, via Zoom*
Dr. Anne Zink, *Chief Medical Officer, via Zoom*

Absent:

Clinton Lasley, *Deputy Commissioner of Family Community, and Integrated Services*
Dr. Rick Ellsasser, *Alaska Native Health Board*
Erica Steeves, *Director of Nursing*
James Savage, *Alaska Mental Health Board/Advocacy Board on Alcohol Addiction*
Summer LeFebvre, *Alaska Behavioral Health Association*

Visitors:

Christel Brito, *via In Person*
Cassie Trombi, *via Zoom*

API Staff Reporting:

Scott York, CEO, *via In Person*
April Andrews, *Chief Financial Officer, via Zoom*
Kristy Becker, *Chief Clinical Officer, via Zoom*
Robert Long, *Medical Director, via In Person*
Desire Alvarez, *Assistant Director of Nursing on behalf of Erica Steeves, Director of Nursing, via In Person*
Christy Winn, *QAPI Director, via In Person*

III. Review and Approval of the Agenda:

Motion to approve agenda with no changes. Ann Ringstad Motioned and Katie Baldwin Johnson seconded.
Agenda approved.

IV. Review and approval of Minutes:

January 9, 2024, minutes were reviewed, and no edits needed. Ann Ringstad moved to approve, and Katie Baldwin Johnson seconded. **Minutes approved.** Unanimous approval.

V. New Business:

Introduction:

- Desiree Alvarez introduced herself, as the new Assistant Director of Nursing.

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Board Engagement:

- Elizabeth King initiated the discussion by announcing the availability of two vacant Member at Large Governing Body positions and outlined the qualifications requirements including position responsibilities. Opened Board discussion regarding improvements to retain potential board members for these positions.
 - Discussion:
 - Anne Zink, Elizabeth King and Katie Baldwin Johnson made suggestions for resources to retain potential board members and Anne recommended another.

VI. Old Business:

Strategic Planning:

Scott York presented Strategic Planning Updates. API has identified four (4) goals:

1. Culture of Safety: Workplace Safety (Desiree Alvarez/Momodou Faye “Lamin” will oversee this plan)
2. Recruitment and Retention: Recruitment efforts improvements (Scott York/Erica Steeves and Dr. Robert Long will direct this plan)
3. Achievement Performance Excellence: Evidence-based/Gold standard patient care (Dr. Kristy Becker/Catherine Polinki “Cat” /Miranda Sheely will lead this plan)
4. Address the unique needs for patient with a length of stay greater than 90 days (Dr. Kristy Becker and Catherine Polinki “Cat” will lead this plan)

There is additional goals API will achieve:

1. Patient satisfaction survey system: increase the surveys completed upon discharge by twenty (20) percent.
2. Reduce Readmission rates to three (3) percent or less.
3. Establish an Ethics Committee: Leadership has not established this committee. There are specific guidelines to be reviewed prior to this determination.
4. Focus on Healthcare Equity.
5. Employee Engagement: On-going.
6. Outpatient and Jail-based Restoration Programs.
7. Telehealth Consultation: Pending policies and contracts review.
8. Move toward High Reliability Organization.

Scott York plans to purchase software with trackable statuses and ability to identify projects for Strategic Planning goals.

VII. Public Comment:

No Public Comments.

VIII. Ad-hoc Committee Reports:

No Ad-hoc Committee Reports

IX. Executive Session

No Executive Session.

X. QAPI Monthly Reports:

CMS Citation Plan of Correction/Update:

Christy Winn discussed CMS revisited and resurveyed, as of 2/16 CMS reinstated API ‘s deemed status. CMS Survey Findings: API met requirements and developed training centered around the incident, which has had positive results from staff; CMS concluded survey. As of January 1, 2024, API conversed with CMS and

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Ombudsman regarding OCS/APS reports; reports have been closed out and have not warranted a visit. Scott York received an OSHA Findings Letter: concluded, no findings. API self-reports incidents and staff is encouraged to file reports. No violation of patient rights.

QAPI Dashboard:

- Christy Winn reported QAPI Dashboard. Health Equity added two more sections: STD's and emergency room visits, dental and vision, API will identify areas for improvement. API automatically screened all patients admitted to API. API is hundred percent (100%) in compliance. Dashboard is not complete and will not be immediately available but will be visible to Governing Body. Positive patient survey regarding areas of improvement in recruitment which improves patient care and cultural change. PowerDMS is live and software's operational and functional details were provided.

End of QAPI Report.

XI. Executive Reports

CEO Report

Scott York presented slides:

- Capacity versus Beds are Full: The term "Capacity" was used previously for many reasons, now it will be used infrequently. If beds are full, API will not use "Capacity" verbiage; instead, API will directly state that the beds are full. Steven Bookman and Ed Czech will review and modify policy language for the terms "Capacity" versus "Beds are Full". Census data, for outside sources, can be found on API website.
- Recruitment: SHARP Funding plans for two Psychiatrist, four Nursing positions. Physician recruiters' consultants identified, and potential candidates will be pursued within the next three weeks. One Nurse Recruiter company identified. API has been using Job Fairs for recruitment. For retention, API hosts internal events. Scott York will provide more information at the next meeting.
 - Discussion: Elizabeth King, Desiree Alvarez, and Ann Ringstad brainstormed and suggested ideas to enhance API's retention rates.
 - Erica Steeves and Scott York detailed a previous meeting with Alaska Primary Care Association and API collaboration to develop a PNA training to obtain additional skills and potential compensation. Scott also mentioned AHHA opportunities.
- Projects: Netsmart is moving forward in a positive way. API and Netsmart have had multiple discussions with effective dialogue. Netsmart will provide an Electronic Medical Record (EMR) demo and obtain API's staff input. Netsmart's projected completion timeline is by 2025.
- RFPs: Currently, securing a pharmacy consultant and billing/coding consultant to improve methods. The Nurse Call system with dashboard/pushbutton is almost complete. The overhead paging is completed, and the flooring is in the discovery phase. Last, the Direct Digital Control (DDC) environment for the building's heat and air is almost finished.
 - Elizabeth called for final questions or statements and Christy Winn detailed Screening Briefing Intervention, and Referral Treatment (SBIRT). API attended SBIRT training and will now screen all patients. Dr. Lacy Benoit, Christy Winn and Chrity's team will lead this project.

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CFO Report

April Andrews presented slides. API FY2024 Financial overview:

- FY2024 Expenditure Authority – Personal Services (Per.):42,122.0 (Millions[mil(.)]); Travel: 21.4 mil(.); Contractual (Contr.): 13,077.3 mil(.); Commodities (Comm.);1,355.0 mil(.); Equipment (Eq.): 190.0 mil(.); Grants (Grnt.): 3,270.0 mil(.); Total: \$60,035.7 mil(.) for operating API. Adjusted Per. by 3,712.6 mil. and moved 2,000.0 mil. to Grnt. and 1,650.0 mil. to Contr., the reason is due to increase with provider agreements (Locum Tenens and Travel Nurses) and these provider's filling in API vacancy spots.
- FY2024 Revenue Authority – General Funds (GF) – Regular state operating funds; Inter Agency Receipts. (IA): Medicaid and DSH funding; Mental Health GF (MHGS): similar to GF but designated for this specific purpose under mental health budget; Statutory Designated Program Receipts (SDPR): ability to bill third party/insurances for patient stay services and collect funds.
- FY2024 Revenue Authority Statutory Program Designated Receipts – In 2022, revenue was \$6,086.1 mil(.). In 2023, the revenue was 6,296.2 mil(.) and with the unused collected revenue transferred forward from 2022, the total revenue was \$12,382.4 mil(.); currently, the 2024 revenue, is at 2,425mil(.) and with the unused collected revenue moved forward from 2023, the total \$7,479 9. The unused revenue can be used on the next fiscal year. All API authority funding used was in the other funding source the non-statutory designated authority. The 2024 revenue trend has a decreased in funds from the prior year with projected amount of \$11,099.9. Due to staff shortages and delayed billing, the amount may not reflect the actual revenue. 2024 Quarter (Q) Q2 and Q3 reveals an upward trend in funds, she does not anticipate an increase in Q4.
- FY2024 Revenue Authority Interagency Receipts – Revenue received from Medicaid receipts and Disproportionate Share Hospital (DSH) proportionate share funding. At the departmental level, discussions have arisen regarding the reduction in DSH funding authority and the change in the medical necessity of continuance of stay. This affects the Chilkat patients, API has four (4) patients that API has not received any revenue.

Discussion:

- Elizabeth King opened for Public Comment: No public comments.
- Elizabeth King inquired if the revenue collected by API determine future revenue authority. April Andrews answered yes/no and provided a detailed explanation.
- Elizabeth King asked for the percentage of patients that do not meet medical necessity and what are the causes for the change between FY23 and FY24. April Andrews will investigate and answer these questions later. April Andrews reported the goal was to bring attention and reasons to the decline in revenue. Elizabeth King requested what changes or effects on API are due to the decrease in revenue. April Andrews main change is not being able to continue to move the funds forward to help create reserve funds for the next fiscal year, since there is a decline in DSH funding. Elizabeth King asked if API Budgetary process accounts for the decrease in DSH funding. April Andrews stated no, but they are working on that process once more staff is onboarded.

Medical Staff Report

- Dr. Robret Long presented slides on medical staff report updates:
- Overview of current Locum Psychiatrists – interest by two doctors to come on staff: Dr. Mia Galioto and Dr. Monika Karazja. Dr. Monika Karazja is scheduled to depart in April 2024. Both are interested in SHARP. Dr. Urban has engaged with patient care since January 2024. Dr. Andrew Pauli onboarded April 22, 2024.

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- University of Washington (UW) Medical Students; API is currently hosting its twelfth UW medical student until March 22 and the next UW student arrives 3/25. Dr. Robert Long plans to expand the role of residency students, to study, at API.
- Future Goals – Moving forward with the 1) Strategic planning, 2) continue strengthening working relationships with other facilities, 3) API medical staff and ASO visited ANMC, Southcentral Foundation (SCF) to meet with their behavioral health staff and SCF provided details of continuity of care improvement projects. 4) Scott York is working on Telepsych program contractual matters. 5) Chilkat matters - Chilkat admissions was paused; current census is four patients with a possible patient admission tomorrow. Scott York summarized the pros and cons of his meetings with various programs: Aurora Behavioral Health and the NYU Bellevue Facility. NYU is not willing to come on-site, and Aurora will come on site. NYU has a combined higher functioning and lower functioning unit for patients that would resemble API's situation. Scott York will work with April Andrews on the funding and possible RFP.

Clinical Report:

- Dr. Kristy Becker – presented slides on the Clinical Report:
- Dr. Lacy Benoit is working on SBIRT training and implementation. This will assist with regulatory compliance and addressing Substance Use Disorder Services (SUDS) at API. API will assess and verify patients' needs, the severity substance abuse to provide appropriate referrals.
- A long term CBTp Group for psychosis has been initiated for our long-term patients. The CBTp Group as treatment has been successful, provided necessary social skills for these patients.
- JBCR is going well and inmates are benefitting from competency restoration. Furthermore, API has ongoing discussions with the Department of Corrections (DOC) about opening additional services to include female defendants at Hiland Mountain Correctional Center.
- OPCR still has no clients. API has screened and received referrals, but charges are later dropped; the following reasons maybe due to the inclusion and exclusion criteria being too strict. API is moving forward and in on-going discussions on how to modify the inclusion and exclusion criteria while exercising discernment and caution.

Discussion:

- Scott York mentioned a meeting has been set with the commissioner and the deputy commissioner to discuss options to change the inclusion and exclusion criteria.
- Elizabeth King inquired if other states have similar criteria and Dr. Kristy Becker responded that some states have a flexible criterion and elaborated on the matter.
- Katie Baldwin Johnson asked for data on the type of felony charges used for offenders to meet criteria for outpatient restoration in other states, as well as details on whether the process in those states is effective. Dr. Kristy Becker will obtain the data. Dr. Kristy Becker asked Governing Body to analyze and converse, if the outpatient program could accept offenders who are already in the community and can be released on their own recognizance with bail conditions.
- Other Updates – API reinitiated the Psychology Residency program—two new psychology residents from, the Alaska Psychology Internship Consortium (AK-PIC), will onboard in July 2024. API's Psychology Residency program is crucial because many API psychologists, who were former AK-PIC interns, become part of API staff. API's increase in staff allows them to provide more risk assessments for high profile patients or high-risk patients. API's Complex Discharges Committee and Complex

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Designation has commenced, which should improve processes. The Psychologist team will provide risk assessment and relevant testimony for court training to providers.

Nursing Report:

- Erica Steeves is not present. Desiree Alvarez, ADON presented slides with graphs on the QAPI Nursing Report:
- Chilkat Unit Challenges – discussed physical restraints and seclusion (including seclusion with adults) correlated to new patients' admissions and Chilkat patients' adjustments to new admissions.
- Improving Meal Safety and patient choice – safety methods have been implemented to prevent patient harm. New PDSA cycle- positive results with reopening the cafeteria, for Katmai and Susitna units; currently, integrating breakfast in the cafeteria for the patients.
- Workplace violence committee – Reinitiated the Workplace Violence Committee (WPV). The team brainstormed ideas for committee improvements and received input. Christine Winn informed that API workplace violence decreased and now, API will also monitor and collect data on verbal aggression. Christine Winn asked for suggestions or possible collaboration for a WPV toolkit from Governing Body. Elizabeth King will share information for potential (WPV) toolkit(s) and she, also, inquired if Netsmart has tools to report UORs. Christine Winn confirmed that Netsmart has UOR tools and described the system process.
- Mega Mash – Mega Mash for API's two large adult units has been successful and has improved patient satisfaction. It has instilled a sense of ownership among staff in providing care for patients.

Elizabeth King opened for questions: Katie Baldwin Johnson and Elizabeth would like to engage in the Outpatient Restoration project.

XII. Adjourned:

Elizabeth King called for adjournment. Ann Ringstad motion and it was seconded Katie Baldwin Johnson. There was no further discussion. **The motion to adjourn** was passed with unanimous consent at 4:13 pm.