

MEETING AGENDA

Meeting: Board of Trustee
Date: November 14, 2018
Time: 8:30 AM
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (844) 740-1264 / Meeting Number: 802 046 393 # / Attendee No: #
<http://thetrust.webex.com>
Trustees: Mary Jane Michael (Chair), Jerome Selby (Vice Chair), Carlton Smith (Secretary), Verné Boerner, Chris Cooke, Laraine Derr, Paula Easley

Wednesday, November 14, 2018

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8:30a	Call to Order – Mary Jane Michael, Chair	
	Roll Call	
	Approval of Agenda	
	Review of Guiding Principles	7
	Ethics Disclosure	
	Approval of Minutes	
	• September 5-6, 2018	14
	Current Bylaws	51
8:35	Mission Moment	
	Access Alaska Traumatic & Acquired Brain Injury Peer Support	
9:00	Staff Report	
	CEO Update	
9:15	Committee Report / Update	
	Finance Committee	58
	• TADA target level and transfer to APFC	
	• Reserve analysis & establish TLODA	
	• Allocation of Reserve Funds	
10:15	Recess	
10:30	Site Visit	
	• Alaska Mental Health Consumer Web	
12:00	Catered Lunch	
12:30	FY19 Approvals & Allocations	61
	• Hiland Mountain	62
	• Peer Support Services Building	65
	• Crisis Stabilization Center	65

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1:30	COMP Workgroup Update	67
2:30	Break	
2:45	Statutory Advisor Updates Patrick Reinhart, Executive Director, Governor's Council on Disabilities and Special Education	
3:00	Statutory Advisor Updates Alison Kulas, Executive Director, Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse	
3:30	Committee Report / Update Resource Management Committee <ul style="list-style-type: none"> • Approvals of Consultations 	81
4:00	Trustee Comments	
4:15	Recess	
4:30	Public Comment <ul style="list-style-type: none"> • For Public Comment Guidelines click here 	
	Adjourn	

Additional Documents

• Finance Committee Report	58
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Future Meeting Dates

Full Board of Trustee / Program & Planning / Resource Management / Audit & Risk / Finance 2019 / 2020 / 2021

(Updated – October 26, 2018)

- | | | |
|--------------------------------|---------------------|------------------------|
| • Program & Planning Committee | January 3, 2019 | (Thu) |
| • Resource Mgt Committee | January 3, 2019 | (Thu) |
| • Audit & Risk Committee | January 3, 2019 | (Thu) |
| • Finance Committee | January 3, 2019 | (Thu) |
| • Full Board of Trustee | January 30-31, 2019 | (Wed, Thu) – JUNEAU |
| | | |
| • Program & Planning Committee | April 17, 2019 | (Wed) |
| • Resource Mgt Committee | April 17, 2019 | (Wed) |
| • Audit & Risk Committee | April 17, 2019 | (Wed) |
| • Finance Committee | April 17, 2019 | (Wed) |
| • Full Board of Trustee | May 8, 2019 | (Wed) – TBD |
| | | |
| • Program & Planning Committee | July 30-31, 2019 | (Tue, Wed) |
| • Resource Mgt Committee | August 1, 2019 | (Thu) |
| • Audit & Risk Committee | August 1, 2019 | (Thu) |
| • Finance Committee | August 1, 2019 | (Thu) |
| • Full Board of Trustee | September 4-5, 2019 | (Wed, Thu) – Anchorage |
| | | |
| • Program & Planning Committee | October 16, 2019 | (Wed) |
| • Resource Mgt Committee | October 16, 2019 | (Wed) |
| • Audit & Risk Committee | October 16, 2019 | (Wed) |
| • Finance Committee | October 16, 2019 | (Wed) |
| • Full Board of Trustee | November 14, 2019 | (Thu) – Anchorage |

Future Meeting Dates

Full Board of Trustee / Program & Planning / Resource Management / Audit & Risk / Finance 2019 / 2020 / 2021

(Updated – October 26, 2018)

-
- | | | |
|--------------------------------|----------------------------|---------------------------------|
| • Program & Planning Committee | January 3, <u>2020</u> | (Fri) |
| • Resource Mgt Committee | January 3, <u>2020</u> | (Fri) |
| • Audit & Risk Committee | January 3, <u>2020</u> | (Fri) |
| • Finance Committee | January 3, <u>2020</u> | (Fri) |
| • Full Board of Trustee | January 29-30, <u>2020</u> | (Wed, Thu) – JUNEAU |
| | | |
| • Program & Planning Committee | April 22, <u>2020</u> | (Wed) |
| • Resource Mgt Committee | April 22, <u>2020</u> | (Wed) |
| • Audit & Risk Committee | April 22, <u>2020</u> | (Wed) |
| • Finance Committee | April 22, <u>2020</u> | (Wed) |
| • Full Board of Trustee | May 7, <u>2020</u> | (Thu) – TBD |
| | | |
| • Program & Planning Committee | August 4-5, <u>2020</u> | (Tue, Wed) |
| • Resource Mgt Committee | August 6, <u>2020</u> | (Thu) |
| • Audit & Risk Committee | August 6, <u>2020</u> | (Thu) |
| • Finance Committee | August 6, <u>2020</u> | (Thu) |
| • Full Board of Trustee | September 2-3, <u>2020</u> | (Wed, Thu) – Anchorage
– TAB |
| | | |
| • Program & Planning Committee | October 21, <u>2020</u> | (Wed) |
| • Resource Mgt Committee | October 21, <u>2020</u> | (Wed) |
| • Audit & Risk Committee | October 21, <u>2020</u> | (Wed) |
| • Finance Committee | October 21, <u>2020</u> | (Wed) |
| • Full Board of Trustee | November 19, <u>2020</u> | (Thu) – Anchorage – TAB |

Future Meeting Dates

Full Board of Trustee / Program & Planning / Resource Management / Audit & Risk / Finance 2019 / 2020 / 2021

(Updated – October 26, 2018)

-
- | | | |
|--------------------------------|----------------------------|---------------------------------|
| • Program & Planning Committee | January 6, <u>2021</u> | (Wed) |
| • Resource Mgt Committee | January 6, <u>2021</u> | (Wed) |
| • Audit & Risk Committee | January 6, <u>2021</u> | (Wed) |
| • Finance Committee | January 6, <u>2021</u> | (Wed) |
| • Full Board of Trustee | January 27-28, <u>2021</u> | (Wed, Thu) – JUNEAU |
| | | |
| • Program & Planning Committee | April 22, <u>2021</u> | (Thu) |
| • Resource Mgt Committee | April 22, <u>2021</u> | (Thu) |
| • Audit & Risk Committee | April 22, <u>2021</u> | (Thu) |
| • Finance Committee | April 22, <u>2021</u> | (Thu) |
| • Full Board of Trustee | May 12, <u>2021</u> | (Wed) – TBD |
| | | |
| • Program & Planning Committee | August 3-4, <u>2021</u> | (Tue, Wed) |
| • Resource Mgt Committee | August 5, <u>2021</u> | (Thu) |
| • Audit & Risk Committee | August 5, <u>2021</u> | (Thu) |
| • Finance Committee | August 5, <u>2021</u> | (Thu) |
| • Full Board of Trustee | September 1-2, <u>2021</u> | (Wed, Thu) – Anchorage
– TAB |
| | | |
| • Program & Planning Committee | October 21, <u>2021</u> | (Thu) |
| • Resource Mgt Committee | October 21, <u>2021</u> | (Thu) |
| • Audit & Risk Committee | October 21, <u>2021</u> | (Thu) |
| • Finance Committee | October 21, <u>2021</u> | (Thu) |
| • Full Board of Trustee | November 18, <u>2021</u> | (Thu) – Anchorage – TAB |

Future Meeting Dates

Statutory Advisory Boards – 2018/2019

(Updated – October 26, 2018)

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

- Executive Committee – monthly via teleconference (First Wednesday of the Month)
- March 4-6, 2019 – Juneau

Governor's Council on Disabilities and Special Education

- November 15, 2018 – Anchorage – Supported Decision Making Agreements Summit

Alaska Commission on Aging

- November 14, 2018 – Anchorage - Alaskans Aging with Intellectual and Developmental Disabilities Listening Session
- December 6, 2018 by video/teleconference
- February 11-13, 2019 (face-to-face)
- May 1, 2019 by video/teleconference <tentative>

**The Trust's
Guiding Principles /
Mission Statement /
Trust Budget
Process Flowcharts**

Trust Guiding Principles

To improve the lives of Trust beneficiaries, The Trust is committed to:

Education of the public and policymakers on beneficiary needs;

Collaboration with consumers and partner advocates;

Maximizing beneficiary input into programs;

Continually improving results for beneficiaries;

Prioritizing services for beneficiaries at risk of institutionalization or needing long-term, intensive care;

Useful and timely data for evaluating program results;

Inclusion of early intervention and prevention components in programs;

Provision of reasonably necessary beneficiary services based on ability to pay.

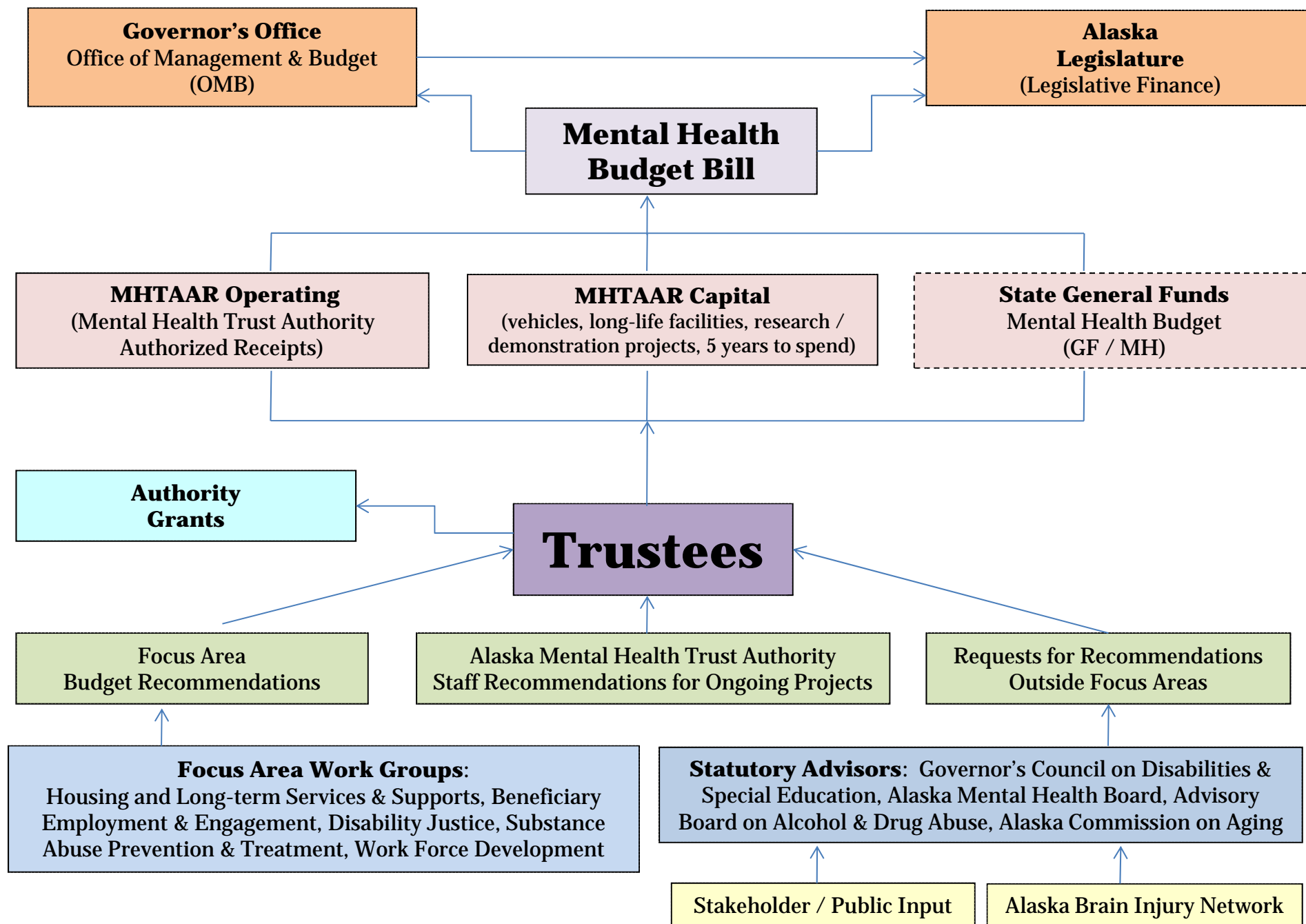
Approved 5-12-09, Board of Trustee meeting

Trust Mission Statement

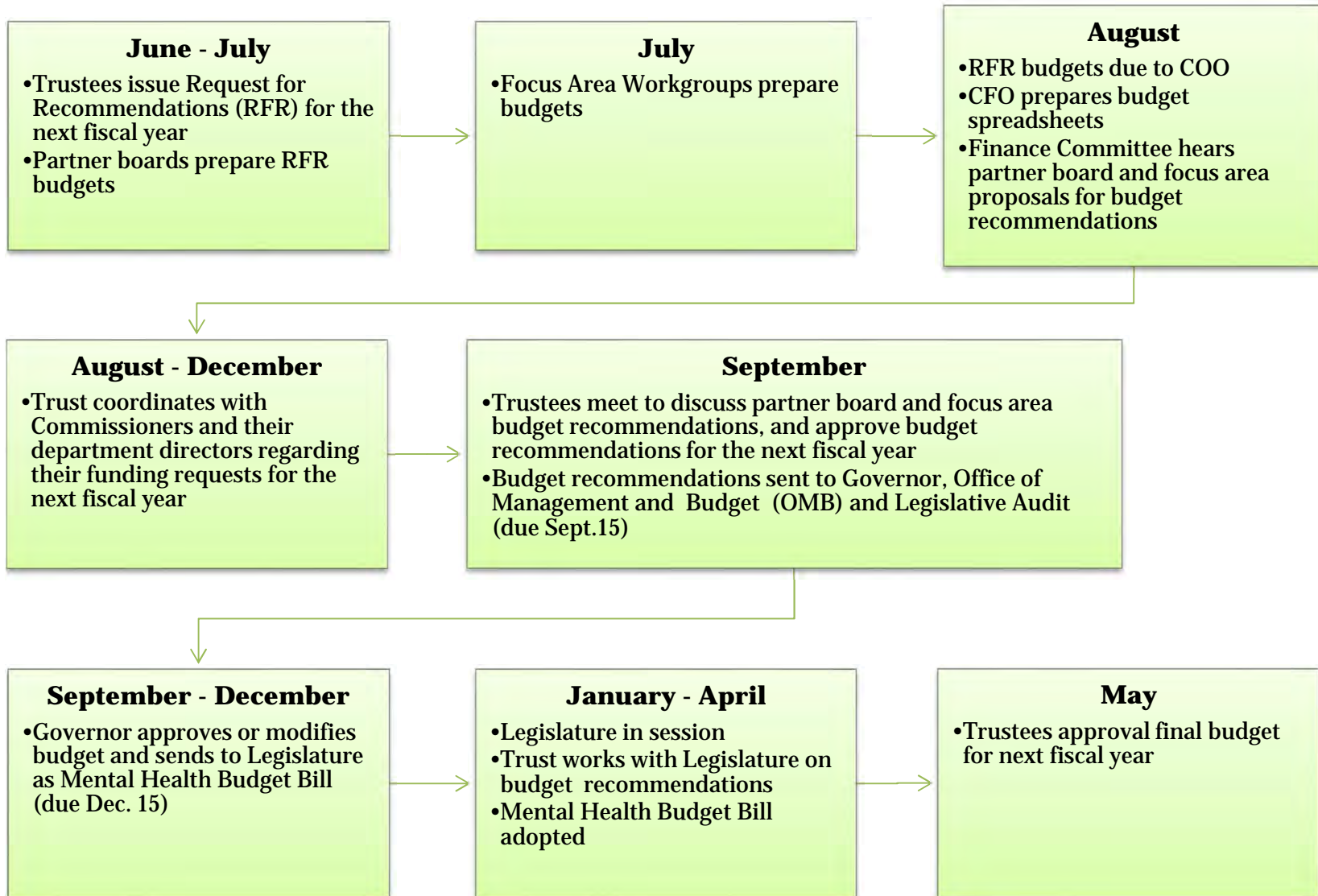
The Alaska Mental Health Trust Authority (The Trust) administers the Mental Health Trust to improve the lives of beneficiaries. Trustees have a fiduciary responsibility to protect and enhance trust assets in perpetuity for the beneficiaries. The Trust provides leadership in advocacy, planning, implementing and funding of the Comprehensive Integrated Mental Health Program; and acts as a catalyst for change.

Approved 5-12-09, Board of Trustee meeting

Alaska Mental Health Trust Authority Budget Process



Annual Mental Health Budget Bill Process

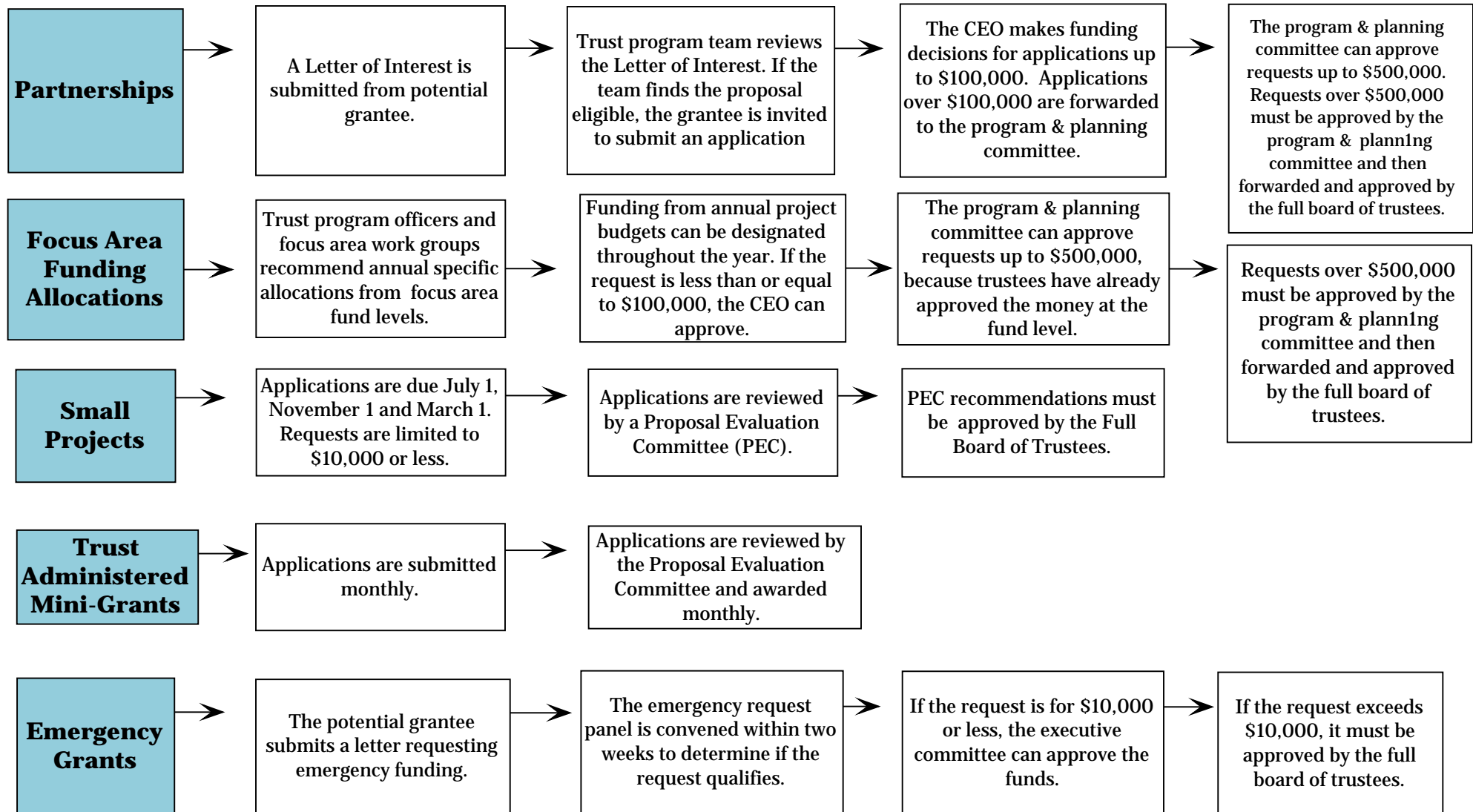


Note: timeline represents those items in the green boxes in the chart entitled "Alaska Mental Health Budget Process"

02/18/16

Grant Approval Process for Authority Grant Funds

All annual budgets are approved by the full board of trustees at the September meeting



Note: this chart depicts those items included in the blue box labeled "Authority Grants" on the chart entitled "Alaska Mental Health Trust Authority Budget Process"

Trust Annual Calendar

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Board Administration												
Trustee reports due to APOC – Mar 15			XX									
Trustee committee assignments					XX							
Officer elections									XX			
Board evaluations										XX	XX	
CEO evaluation											XX	
Trust Administration												
Legislature convenes	XX											
Trustees present budget to House/ Senate Finance Committees	XX	XX										
Legislature adjourns				XX								
Request for Recommendations (RFR) issued to partner boards April 30				XX								
Fiscal year ends June 30						XX						
Fiscal year begins July 1							XX					
RFRs due from partner boards July 30							XX					
Advocacy Summit											XX	
Staff drafts Trust office budget for next fiscal year								XX				
Staff coordinates w/DHSS on budget								XX	XX	XX	XX	XX
Trustee meeting to approve next fiscal year budget									XX			
Trust budget recommendations due September 15 to Governor/ Legislative Finance									XX			
Financial audit begins							XX					
Financial audit completed										XX		
Staff coordinates with OMB/DHSS on budget recommendations										XX	XX	XX
Trustees meet to finalize budget											XX	
Governor's budget released December 15												XX

04/17/15

**Minutes for the
September 5-6, 2018
Full Board of Trustee
Meeting**

ALASKA MENTAL HEALTH TRUST AUTHORITY

FULL BOARD OF TRUSTEES MEETING

September 5, 2018
8:30 a.m.

Taken at:
3745 Community Park Loop, Suite 120
Anchorage, Alaska

OFFICIAL MINUTES

Trustees present:

Mary Jane Michael, Chair
Carlton Smith
Laraine Derr
Paula Easley
Jerome Selby
Christopher Cooke
Verne' Boerner

Trust staff present:

Mike Abbott
Steve Williams
Miri Smith-Coolidge
Andy Stemp
Katie Baldwin
Kelda Barstad
Jimael Johnson
Mike Baldwin
Valette Keller
Luke Lind
Autumn Vea
Allison Biastock
Eric Boyer
Travis Welch
Carrie Predeger

Trustee Land Office present:

Wyn Menefee
Jusdi Doucet

Also participating:

Kathy Craft; Alison Kulas, Patrick Reinhart; Denise Daniello; Gordon Glaser; Angela Rodell;
Diane Poage; Cindy Higgins; Anne Applegate.

PROCEEDINGS

CHAIR MICHAEL calls the meeting to order, asks for a roll call. After noting that all trustees are present, she asks for a motion to approve the agenda.

TRUSTEE COOKE makes a motion to approve the agenda.

TRUSTEE SELBY seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL notes that the Guiding Principles are in the packet, and asks for any ethics disclosures.

MR. ABBOTT states that at the last meeting he disclosed that he was a board member for the United Way of Anchorage, but he resigned that position which results in no further potential conflicts of interest.

CHAIR MICHAEL moves to the minutes of the May 24, 2018, and asks for a motion.

TRUSTEE COOKE makes a motion to approve the minutes of the May 24, 2018, meeting.

TRUSTEE DERR seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL notes that also in the packet are the current bylaws. She asks Ms. Johnson to introduce the Mission Moment.

MISSION MOMENT

MS. JOHNSON introduces some members of FOCUS, Inc., which is an agency that serves the Anchorage Bowl/Eagle River area. She states that she had the pleasure of working with Diane Poage, executive director, and Cindy Higgins, director of program development, as they were in the midst of developing the program that is serving the youngest beneficiaries and doing some amazing work in a relatively short period of time. She asks Ms. Poage to continue.

MS. POAGE states that she has worked in special education for about 30 years and was with the Anchorage School District as the director for related services, which is all of the specialties, including speech pathology and vision impairment. She adds that Ms. Higgins was her partner there. She continues that after retirement she moved to the nonprofit FOCUS, which is the Family Outreach Center for Understanding Special Needs, which is very family-focused. She states that at FOCUS they do wrap-around services for the families with the children, and one of the core values is compassion. She gives a short background and history about the agency and states that there are about 130 employees and seven distinct programs. She asks Ms. Higgins to continue.

MS. HIGGINS gives a short background of her experiences and states pride of the work being done in FOCUS, especially with the Early Learning Program, which meets a critical community need. She believes that, if done well, the services provided through the program will have a profound effect on future generations of Alaskans.

MS. APPLGATE states that she has been on the board for a year, and has been vice president for about a month and a half. She adds that the board is very engaged, and she is here to give voice to some of the comments that come directly from parents, grandparents and guardians of the children benefiting from the Early Learning Program.

MS. POAGE begins the slide presentation and explains the need for a place for children that are being expelled due to aggressive behavior towards others or severe tantrums that happen in a group setting. She states that FOCUS has the unique ability and expertise to create a place for these children. She continues that what was needed was someone with the expertise to put it all together, create it and make it happen, and Cindy Higgins is that person.

MS. HIGGINS states that the majority of parents find the Early Learning Program because their child has been asked to leave their previous child care centers due to their behavior. These behaviors are aggressive behavior, hitting, tantrums, destroying property and other kinds of things. She continues that the parents are desperate to find a quality child care program that has the trained staff in a small group to support the child. She adds that the expulsion rates are staggering and impacts the entire family. She states that one story is well described by one of the families. The mother was unable to be here because of work and has shared her written story.

MS. APPLGATE states that this is typical of some of the things heard at the board meetings. She reads:

"My name is August and my son, John, has gone to the FOCUS Early Learning Program since April of this year. This is his story and why FOCUS Early Learning is so important in our lives.

"He was born six weeks prematurely. After he was born, he was immediately placed in the NICU. Twenty-four hours later he was transferred to Providence for advanced NICU treatment, because his health began to decline. This was the scariest day of my life. Being a brand new mother and never having experienced this before, I feared my baby was dying and I would never see him again. Baby John, as we lovingly called him, was taken care of very well at Providence where he was under a lot of medical treatment, mostly to treat his underdeveloped lungs and the associated complications. He did very well.

"He had a month-long stay and came home on oxygen. This was also very scary. His dad and I were having to return to work. He remained on oxygen for a total of four months of his life. He was cared for mostly by his grandmother for the first year. When her health began to decline, it was necessary for us to find formal daycare.

"There are so many decisions to make when choosing a daycare for your child. For us, it had to be close to our home in Eagle River. It had to have long enough hours to accommodate my husband's and my work schedule. It had to be educational, and most of all, it had to be a safe and happy environment for him. There are not very many options in Eagle River for a one-year-old.

"But when John turned 18 months old, our options for daycare broadened. We placed him in a daycare that came highly recommended, and he stayed there for almost a year. He began to talk, but his speech was more delayed than kids his age.

"When he was in the NICU, we were told by his doctors that he may experience developmental disabilities, but to what extent, we did not know. I attributed his delay in speech to his health history as a preemie. He received speech therapy from FOCUS at this time to help him develop his speech skills.

"But our problems at daycare began to increase. When John began to have behavioral issues at daycare, I referred back to the doctors' statement about developmental disabilities. He was reportedly hitting other children frequently. At this time he was 1.5 to 2 years old, and I was trying to figure out for myself what was normal and what wasn't.

"The reports kept being made to us, and finally I was called by the owner of the daycare and was told that he was going to have to go home if his behaviors continued. When I got that call, my heart broke. I felt like someone had died. To have my child singled out for behavior was one of the worst feelings I have ever had. The daycare was staffed by many young employees, so it was impossible to know for sure if his behaviors would continue with the staff properly trained.

"I was very frustrated at times because I could see young staff huddling and talking together instead of spreading across the room giving the attention that the children needed. I became at my wit's end when I was having to pick up my son early almost daily. I had to find care elsewhere. My job and my mental health were beginning to suffer.

"I moved John to another local daycare here in Eagle River that was also highly recommended. Things were great for a bit, but eventually began to go down the same road. I was being notified about John's behavior on a daily basis. I began getting calls again at work. My stress level was rising. My son was often separated from other kids, crying, stuck in the office with managers. He was eating lunch away from other kids.

"The staff tried, I think, but they often told me how understaffed they were and how they didn't have the staff trained to handle these situations. When he was old enough to seriously start potty training, I was told that they didn't have staff to take him to the bathroom, a basic need that could not be met.

"After another year, I found myself in a situation again that was not going to work. I pulled John from this great and highly recommended daycare and tried something new. I put him in an in-home service. I found that in this setting he didn't get the structured environment he needed, and he lost out on any real education and, most of all, supervision was lacking. It was just very easy for him to fall into the same pattern of behavior.

"I was broken. I was going to have to quit my job. I didn't know how I was going to afford this or how I was going to get by, but there seemed to be no place that was the right fit for my son. It didn't exist.

"At this time I remembered a place that was recommended to me at one point, FOCUS Early Learning. It wasn't open yet when I first heard about it. At the time, I was very leery about taking John away from this for another perfect day care. However, because of a current situation it became a new hope for me; honestly, my last hope.

"I remember that they described a structured educational program that was in a smaller setting, only having a few kids compared to other places that had many. The program creators were college-educated, having advanced degrees in education. I called Cindy in tears in the middle of a workday asking to sit down to discuss my situation.

"From my first day, I have been in love with FOCUS Early Learning. They are patient and loving with my son. They are happy to see him every day. They are just as excited to see him learn and grow as I am. They never make me feel like he's a burden. Their environment is full of patience and calmness, instead of chaos and frustration.

"He has grown so much since that first day in early April of this year. His behaviors have reduced tremendously. This is also reported by his pre-K teacher at Ravenwood Elementary where he's gone for the last school year and will this next. His speech has exploded.

"To learn how to resolve problems with conflict, he's learned to socialize and to make friends in the safe and loving environment at FOCUS. He plays chef in the kitchen. He has a gym to run around with the funnest gym equipment most elementary schools don't have. He comes home with the craziest masks, hats, and art pieces that appealed to his interests, which is mostly sharks, whales, and dinosaurs.

"The teachers are awesome, and they are consistent. There is no turnover. His teachers have been the same pretty much from the beginning. You can tell that they are really happy to be there, and they love their job. FOCUS Early Learning consistently exceeds my expectations as a parent. I love dropping him off and picking him up and hearing all about his day. I love that I can go to work every day and know that he is with people that love him and want him there. I know that he and the other kids will be safe.

"I know that my son is at home with them until he is ready for kindergarten next year, and that, to me, is priceless."

MS. HIGGINS explains that this program is licensed to serve up to ten children with two teachers. One of the teachers has a master's degree in early childhood special education with a focus on positive behavior supports for young children. The second teacher is a child care associate and worked in Head Start for many, many years. Together they are a dynamite team and can teach social, emotional competency. They help the children grow and develop those critical skills that set the trajectory for the rest of their life, academically and socially. She states that the program uses a universally accepted and evidence-based model called The Pyramid Model. Evidence-based positive behavior intervention and strategies are employed throughout the day. The classroom environment is structured to support success and embed social learning throughout the day across all of the developmentally appropriate practices that happen through the core curriculum, and the emphasis is on developing those social skills. She moves to those skills and explains that the children learn to understand and manage their emotions, to develop empathy for others, to learn how to regulate and control their impulses, to make decisions, problem-solve and establish and maintain those healthy relationships. She states that it is known that teaching these skills to young children earlier is better because young children between zero and seven years old have an immense capacity to build their neural pathways and can easily unlearn unhealthy patterns and quickly learn new patterns of behavior. She continues that in this program there is an opportunity to practice those skills in a small group, in a caring supportive environment.

MS. POAGE states that the program has a low student-to-teacher ratio which is not easy to accomplish. Behavior intervention is definitely targeted. She continues that there are other specialists who come into the classroom: direct service providers; speech pathologists; occupational therapists; and also parenting classes and support for the families. She thanks the Trust and the Reagan Foundation for providing the funds to get this program started. It is fee-

based and was going to take several months to get going. She adds that Ms. Higgins put all of the pieces in place during that six months. She states that the mom of James wanted to be here but had a conflict, but made a home video to tell her story, which is from the heart.

(Video played.)

MS. POAGE states that this is a young program about seven months old and they continue to pursue community partnerships within the mental health arena, pre-K education, and university to gather partners around us. These partners are needed to make the best program possible. There is also the need to develop evaluations and methods that is specific to this population and will help effectively report positive learning outcomes. To be able to do the transitions with the school districts so that those teachers know what things either trigger the child or share the cues to give the child to help with redirecting them so there is a successful transition to kindergarten.

TRUSTEE SMITH asks what it looks like for these children once they cycle out of this program.

MS. POAGE replies that one of the challenges working in the school district is that if the child is already identified with a disability and has an Individual Education Plan, then the supports are more in place for the child when they get to kindergarten. They have some special ed supports. However, she continues that some of these children do not have a diagnosis and both their families and the school district are not prepared for that. Ms. Higgins has supervised the assessment program for the school district and is able to contact those people and have them come out to get some information before they go to kindergarten.

TRUSTEE BOERNER states that she appreciates the ability to move forward and make plans and connect with the school system without a diagnosis. She continues that it blows her mind that these types of resources are so difficult to get at. She is glad that there is a mechanism in place that goes without a diagnosis.

TRUSTEE COOKE states thanks for the presentation and notes that there are currently seven children enrolled with 12 children during the life of the program since January. He asks what happened to the five that are no longer there.

MS. HIGGINS replies that the kiddos move on, transition out of kindergarten. She explains that there was one family that moved out of state. Another family moved out to Mat-Su, and they were able to connect up with his school and help with that transition.

TRUSTEE COOKE asks if they ever found it necessary to remove someone from the program because of their behavior and, if not, then it seems like you are really filling a gap that other daycares cannot provide.

MS. HIGGINS replies that the first thing parents are told is that they will not get a phone call to come pick up their child. She continues that if the expertise is not found on the team, there will be a reach-out for expertise in other places to support that child in our setting.

TRUSTEE SELBY asks if the capacity of their program has been assessed, and how many

children there would be before maxing out.

MS. POAGE replies that they started with one class, which has the capacity for ten. Hiring another teacher pair, and then there would be a capacity for 20, which would be the max in Eagle River. She continues if there is a move to Anchorage, that would be another project.

TRUSTEE BOERNER asks if families are being turned away.

MS. HIGGINS replies that no families have been turned away up to this point. We are tracking all of the families who reach out, and we know about their outcomes down the road.

CHAIR MICHAEL thanks all and states that it was good to hear the details of the program and have a family story. She moves to Mr. Abbott and the staff report.

STAFF REPORT

MR. ABBOTT begins by introducing Allison Biastock who is a new employee and will begin with the Trust in about ten days. She will be the new chief communications officer. He asks her to introduce herself.

MS. BIASTOCK states that she is thrilled with the opportunity to work with staff and trustees to help communicate the mission of the Trust and the positive impacts the Trust has on the beneficiaries.

MR. ABBOTT continues that at the Program & Planning Committee meeting there was an update on the development of a new iteration of the comprehensive plan. The typical way forward on the comp plan would be for the advisory boards, the Department and the Trust to work equally in support of the development of the next plan. It is important to have the Department engaged in that, but, unfortunately, at this time, the Department does not have the resources to support the plan development over the next several months. They have recognized the need for the plan to be renewed and developed, even if they do not have the resources to dedicate to the development process. He continues that the near-term work for the staff level work for the development of the plan will be borne primarily by the advisory board staffs and by the Trust staff. Michael Baldwin is the Trust staff that will be leading that effort. The Department will continue to be an active commenter and reviewer of the draft materials that are developed. The Department remains committed to meeting the timeline that was committed to, that by the end of the calendar year, there will be a near final draft available for final consideration by the Trust, the advisory boards and the Department. He moves to a few Trust Land Office updates. He states that the long awaited Urban Land Institute process for reviewing options for the development of the subport parcel in Juneau will take place in a little less than two weeks, September 17 through September 20. He continues that some media work is starting to prepare the community for that conversation and for the outcome of it. He adds that a series of radio spots are being run to introduce the Trust to Juneau, in particular, but other Southeast communities, as well, to prepare folks for whatever path is chosen to be taken regarding the subport parcel. There will also be some radio spots running related to availability of Trust parcels for sale, as well. He moved to the Southeast land exchange where the work continues. It

has proved to be more difficult than anticipated to reach an agreement with the Forest Service on the values of the respective parcels involved in the exchange.

TRUSTEE COOKE asks about whether the funding approved for public radio is being used as intended.

MR. ABBOTT replies that it is, but the Trust is also getting work of ancillary recognition for being an overall funder of Alaska Public Media, as well.

TRUSTEE DERR thanks staff for the information on the grants and adds that it is really valuable information in the way it is presented and very comprehensive.

CHAIR MICHAEL recognizes Denise Daniello, and welcomes Gordon Glaser.

ALASKA COMMISSION ON AGING

MS. DANIELLO begins with an overview about the core programs that are funded with grants for seniors to make special note of how well we are doing serving seniors, particularly senior Trust beneficiaries. She thanks the trustees for approving the advisory board enhancement grant that was approved in May, which is making a lot of the projects possible. She states that there are a lot of concerns regarding senior Trust beneficiaries, highlighting four. First, there is concern about the level of grant funding for senior services going forward with the increasing senior population that is almost 130,000 based on the last estimates from the Department of Labor. She continues to the concern of family caregiver supports, older adults with behavioral health needs, and senior falls. The Commission's focus for the last few years has been to protect the funding for these important core services, but with the increasing senior population it is important to advocate for additional funding for some of the grant-funded services. She believes that family caregivers can benefit from having a systemized approach to assessing their needs to identify exactly what types of needs a caregiver has, and then develop a plan of care that will provide wrap-around services in order to be more effective in caregivers being able to provide care longer. She continues that there is an increasing recognition of older adults with mental illness, depression, substance misuse with very few treatment options to help them with those needs. She adds that senior falls continue to be the No. 1 injury for older people. About one in five adults, aged 65 and older, take a fall which results in a serious injury. She talks about some of the grant-funded services for seniors beginning with the Nutrition, Transportation, Support Services Program, which is the largest of the senior grant programs. She continues that this is one of the most effective services in helping people to retain their health and ability to live at home because it provides for their nutritional needs. She adds that research has shown that these seniors are most at risk for nursing homes, which is why this is most important. Someone comes in and helps with some chores and keeps the person company but are only able to provide them one hour a month of the homemaker services. That is one of the reasons for an increase in funding for the NTS program to provide some additional funding to serve the growing number of seniors, especially being able to provide additional homemaker services.

MR. GLASER states that there are a number of things that happen in the home where people are put at risk. It could be just changing a light bulb, if there is a problem with balance or some

heavy lifting. He continues that need to move toward a resiliency model where the talk is of improving the strengths of the in-home strengths. The basic one is the caregiver, which is often a family member.

MS. DANIELLO looks at a few more of the grant-funded services. She states that a particular concern is adult day. There were 13 adult day programs in the state and now there are ten. This is an important service for people with dementia, people with physical disabling conditions, as well as for family caregivers who work. She states that the funding for this program has not kept up with the changing population that is being served. She looks forward to working with the Trust to implement an environmental scan of all of the long-term support services, including adult day for seniors, to identify what the issues might be. She continues that senior in-home services is another program that serves vulnerable seniors, people needing assistance with three or more activities of daily living, and also low income. She adds that it provides care coordination, respite, homemaker services, and supplemental services. That is the program that shows an increase in demand. She continues her presentation, talking about some of the other grant-funded services that are needed and lacking in funding. She states that the Division of Behavioral Health has the 1115 Medicaid waiver which will help adults up until the age of 64. Unfortunately, people age 65 and older were not included because of the budget. She continues her presentation answering questions as she went through the data and then gives a quick update on the activities. She thanks the Trust for allowing herself and Mr. Glaser to attend the national conference which was a great learning experience.

MR. GLASER also thanks the Trust for the opportunity and gives a short synopsis on his experiences. He talks about some things that can be done to increase resiliency and prevent or delay problems down the road.

TRUSTEE EASLEY shares an incident that occurred in her neighborhood where a retired, over 80-year-old woman fell and laid on her garage floor for five days before someone checked on her. She had to stay in the hospital for quite a while before they could replace her broken hip. She was afraid to stay in her home afterwards, sold it and went into assisted living. Trustee Easley pointed out just the money involved in that fall.

CHAIR MICHAEL recognizes Patrick Reinhart.

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

MR. REINHART states that FASD Awareness Day is September 9th. He continues that there is a five-year FASD plan that was developed with the help of Michael Baldwin and many people across the state. He adds that a fairly lengthy list of goals was gone over and put into this one super graphic. It is hot off the presses and was used last night at a Channel 2 news report about FASD. He moves on to the council member news and states that there are a number of new council members coming on. He continues that the next meeting is October 2nd and 3rd in Anchorage, and will be doing a pre face-to-face meeting on October 1st on FASD. The Council meeting in Juneau is February 5th, 6th, and 7th. They are exploring the possibility of moving the Council meeting to coincide with the Key Campaign to save money and do one legislative advocacy trip. He moves to the Disability and Aging Summit on September 26-27, which is

expecting over 150 attendees this year, and the Peer Power Summit was supported last year by the Trust and had about 45 people last year. The limit this year is 90, and there were over 180 applications in the last few days. It is self-advocates running their own agenda and what they want to talk about. One of the topics this year is about sex and no one under the age of 18 can attend. He thanks the Trust for supporting that. He moves to a summit that is being planned for one day on November 15th. It is for self-advocates, supporters, guardians, lawyers, paralegals. He moves to the DD committee and states that Corey Gilmore, the new vice chair at the Council, was inducted in the Self-Advocate Hall of Fame Leadership Circle, which is quite an honor. He continues that the IDD registry is 877, and it is that high because everyone was applying for the individualized supports waiver. The regulation was approved by the Lieutenant Governor. He talks about the Enabling Technologies Group that is working hard and getting the demo up and running. This is the smart home technology that allows people to be able to track things in their own homes to prevent things like falls or being able to communicate with people quickly about a fall. These are going to be both senior related tracking and for people with disabilities. He talks about employment and the federal employment grant ending; and states that National Disability Employment Awareness Month is coming up. He continues that discussion has started about the Council taking over the management of the ABLE program from the Department of Revenue. He also states that a lot of work is being done with the Division of Public Assistance on the universal developmental screening; getting all kids screened to find out if there are developmental delays. He brings up the question of what can be done to improve the physical fitness and health of the beneficiaries. It is a big issue that should be looked at on a long-term level.

CHAIR MICHAEL thanks Mr. Reinhart and calls a five-minute break.

(Break.)

CHAIR MICHAEL calls the meeting back to order and states that next on the agenda is Angela Rodell, the Chief Executive Officer for the Alaska Permanent Fund Corporation.

ALASKA PERMANENT FUND CORPORATION

MS. RODELL begins with an overview of the capital markets, sort of what has been seen globally in the capital markets over the last year. She states that the markets did continue in a positive performance throughout fiscal year '18 and was seen across almost all geographies. Within fixed income, the U.S. rates continued to rise, and there has been a general push for increased rates by the Federal Reserve Bank. She continues that this makes it difficult for fixed income portfolios to perform well, and that was a big struggle due to the rise in the interest rate. She states that there continues to be concern over mounting trade tensions, and that is where global growth will keep those yields suppressed going forward. She adds that public equities continue to perform. The S&P 500 index, which is what is measured against the U.S. stock portfolio, was up 13.8 percent. International stocks also performed well, with an increase of their index of 8.4 percent. She explains that the base private markets tend to benefit from that same public market valuation and continue to do well. She continues that in real estate positive returns continue and the NCREIF property index was up 5.8 percent. That is at the top of the market. She adds that valuations tend to be very high across all the real estate sectors. The

strongest sector within the NCREIF index continues to be industrial. Retail properties continue to struggle within that sector. She moves to the total performance of the fund; the last quarter of fiscal year '18 was up 1.68 percent. It was beating both its passive and its performance benchmark. It did not beat the total fund return objective. She states that the trustees have three measurements of performance that are focused on: First, is the short-term metric; second is a three-year or midterm performance benchmark which compares performance against the peers; the longest run is a five-year return objective, which has been set at 5 percent plus CPI. She continues that the Permanent Fund invests with a very long time horizon. She adds that the chart points out the benefits that the fund has achieved as a result of legislation that passed 12 years ago now to impose the prudent investor rule and allow the trustees to pick the best mix of assets that should be invested in, as opposed to having the legislative-dictated list that the fund was operating under before. She then moves to doing a bit deeper dive into how each of the sectors performed and explains the growth area of the fund.

TRUSTEE SELBY asks if the private equity and special opportunities are all U.S. or multinational.

MS. RODELL replies that it is multinational. She states that when there is a need to meet income returns, this is where some of the negative performance can be seen. This has to do with the rising interest rate market and the tension that continues to occur in the bond market. She continues that the fixed income aggregate had a negative .4 percent, U.S. investment rate, negative .72 percent. There was a boost from non-U.S. fixed income bonds that generated 2.8 percent. She states that it is a real benefit to being in the illiquid asset classes of both private equity and private income. They generate a tremendous amount of value and a tremendous amount of income to the fund. She explains that each asset class is assigned by the Board of Trustees its own individual benchmark against, which determines its success and how well it is performing. She also points out that private equity and special opportunities, over three years, is 14.56 percent. Fixed income did contribute to the bottom line of the fund. She notes that, on performance, private equity performance is lagged a quarter. She states that the goal is to achieve 100 basis points annually over a three- to five-year period, and that will be very little risk. That is not taking a whole lot of risk with this particular overlay program. She moves to the second big program that was initiated over fiscal year '18, a liquidity overlay program. The Fund continues to have exposure to cash which is due to a number of different factors: First is to have cash for annual appropriation, which for fiscal year 2019 will be \$2.7 billion; next is to hold cash in anticipation of funding capital costs for the private market portfolio. She states that it creates exposure for the fund to the equity and fixed income market to get some of the benefit as if those markets were still invested in and having the availability of having that cash exactly when it is needed. She moves to the Mental Health Trust Authority assets.

MR. ABBOTT wants to know if the units of measurements have changed and there is no B after the numbers.

MS. RODELL states that, currently, it shows almost \$510 million in assets under management, which is up \$16 million from FY16, even though \$60 million was spent.

TRUSTEE COOKE asks if additional principal was transferred into the fund last year.

MS. RODELL replies, to date, one transfer of \$5 million was made that she was aware of. She continues that diversification has improved, and the risk of the fund is measured by a volatility that decreased by 24 percent over the year. Due to that reduced volatility in the markets, APFC's diversification managed to boost those returns without taking on undue risk. She states that they continue to work hard on fee reporting so there is greater transparency. The fee reports are also put on the website so that Alaskans can continue to monitor them. She states that they are continuing to work to bring management in-house; approximately 41 percent of the portfolio is managed internally. She adds that they were given a vote of confidence by the Legislature and the Governor with the addition of ten new positions that they are in the process of working towards filling to continue to increase that in-house management.

TRUSTEE SMITH states that these are positions that are coming to Alaska.

MS. RODELL adds that all of those positions are in Juneau. She states that the other big news is that the offices in Juneau are undergoing a renovation so there is room to work and bring all these different management initiatives in-house. That is hoped to be done in fiscal year '19, as well.

TRUSTEE COOKE asks about the importance of social investing, and if those kinds of issues affect the Permanent Fund in any way.

MS. RODELL replies that the statute's very clear to be prudent investors and have a duty of care and a duty of loyalty to the fund. She states that social investing is not done. She continues that the corporation has been asked to consider assuming oversight of the Trust Authority's commercial real estate portfolio. In preparing for that responsibility, it has been assumed that the portfolio would be managed in a similar manner, using a similar mix of internal and external resources that are used for the fund's real estate portfolio. She continues that, under this arrangement, the Board of Trustees for the Permanent Fund Corporation would have the ultimate fiduciary responsibility for the management of that portfolio as they have delegated to staff under the supervision of the CEO. She adds that the Mental Health Trust portfolio differs materially from the typical assets held by the Permanent Fund. The Trust portfolio has seven assets valued at approximately \$96.5 million. In contrast, the average value of any one asset is approximately \$170 million. She highlights that the Fund's approach to portfolio management will add cost that is more material because of the size of the portfolio and the size of the assets being held than what applies to the assets held at PFC. She explains the process in more detail and talks about soliciting proposals from three of the third-party real estate advisers. Each of them has a wealth of experience and would be more than qualified to operate the portfolio in a manner similar to the Permanent Fund's portfolio. There are detailed proposals from each adviser along with indication fees and how they would approach this. She adds those are available upon request. She concludes, stating that if the trustees decide to transfer the oversight of the portfolio, the Permanent Fund is prepared to assume that responsibility. She asks for any questions or discussion.

MR. ABBOTT highlights Andy Stemp's work with counterparts at the Permanent Fund to evaluate the options described. He states that the challenge comes down to cost. He continues

that the initial presentation of options that the three real estate investment partners came back with are more expensive than what could be recommended to the trustees. He adds that there is no recommendation today for consideration and is hopeful that it can be brought forward, perhaps in November, for the transition of management described. He states that staff is trying to find a solution that meets all three of those objectives.

CHAIR MICHAEL asks for questions from the trustees.

TRUSTEE COOKE asks if he is correct in inferring that this topic came up after the completion of the legislative audit of the Trust Authority that was conducted earlier this year.

MS. RODELL replies yes, and there was no contemplation prior to that. This is for the seven properties of that commercial real estate portfolio.

TRUSTEE COOKE asks if the Permanent Fund Corporation had any contact with the legislative auditors or their consultant regarding the Trust's real estate holdings and how they might be managed during the legislative audit process.

MS. RODELL replies that the State auditor came to the Permanent Fund to ask how the real estate is managed and to get an understanding of the processes that the board has put in place and what is required.

TRUSTEE COOKE asks if the auditors consulted with the Permanent Fund regarding their findings and recommendations before they were finalized.

MS. RODELL replies no.

TRUSTEE COOKE asks if the Permanent Fund Corporation reviewed the report and responded to it in any way.

MS. RODELL replies that the report was reviewed, and we have not responded to anyone about it.

CHAIR MICHAEL recognizes Carlton Smith.

TRUSTEE SMITH states that five advisers were mentioned and asks if there is a lead group among that for the fund.

MS. RODELL replies that there is not a lead to the group. There are three that work in the United States and the other two are international.

TRUSTEE SELBY states that it is a great report and he is impressed with how the management of the Permanent Fund has been tightened up in total. He appreciates the effort of all of the staff and supervision. He asks if there is a way to figure out how to do this with one staff that meets the Trust's fiduciary responsibility. He states that it needs to be done in a cost-effective manner to

preserve as much of the revenue coming from those real estate properties into providing services for the beneficiaries, which is the primary goal.

MS. RODELL replies that is the struggle that the Alaska Permanent Fund Corporation has, as well.

CHAIR MICHAEL thanks Ms. Rodell for her very good presentation, and breaks for lunch.

(Lunch break.)

CHAIR MICHAEL calls the meeting back to order and recognizes Alison Kulas, the executive director for the Alaska Mental Health Board and the Advisory Board on Alcohol and Drug Abuse.

ALASKA MENTAL HEALTH BOARD/ADVISORY BOARD ON ALCOHOL AND DRUG ABUSE

MS. KULAS begins with the Joint Advocacy Report which was seen back in May with the preliminary results of the legislative session this last year. She explains that it is structured with several articles on topics that are important to all of the boards. Then the bills that have passed with updates and when they were signed are at the back. She states that this will be published and distributed out and is referring to this hard-copy format. She starts at the State Budget Report which she goes over and then puts a focus on the challenges of the '19 budget. She stresses the importance of supporting the community-based services so that people with disabilities are served appropriately and cost effectively, allowing them to remain safe and stable members of the community. She goes through the budget in great detail. She moves to the shortfalls which will definitely be added to the list and structured. She then talks about the importance of a fully funded Medicaid. She states that this is something that Alaskans need to have access to, so they can keep going to jobs, and participating in their community events. They need to have the ability to receive that medical care appropriately and continuously, so they can maintain that stable home and provide that environment for their children. She talks about what the Division of Public Assistance budget looks like and states that this funding will address the backlog of over 20,000 public assistance applications. This is a huge burden for public assistance and for Alaskans who are waiting for those applications to be processed. She continues that these assistance applications are helping to provide aid to low-income Alaskans, including seniors and people with disabilities. She adds that the Division reported roughly 17,500 Alaskans will need an average of 231 days for their first-time Medicaid applications to be processed. She moves on to public advocacy, and then looks at recidivism reduction. She states that FY19 will be the third year of the three-year commitment by the State to fund re-entry and rehabilitation services for returning citizens after incarceration. The funding for this will support housing and employment services, case management, substance abuse mental health treatment, peer and recovery support, life skills, and financial training. She continues her presentation and highlights some of the key things that are being moved toward that can support the system overall. She states that one of the things that the Division of Behavioral Health and the Department put forward was changes to the regulations on the Medicaid state plan. The boards commented on this because this was removing sight and sound supervision during sleep hours.

This could really reduce services and appropriate level of care for Alaskans with serious emotional disturbance or severe mental illness who reside in assisted living facilities. There is a need to make sure that agencies have the funding that is needed to provide services ongoing and continually. She states there is a need to go forward next session with the revisions to Title 4 so that the public's health can be improved, increase enforcement, and bring the licensing structure up to current rather than depending on the way it was set up in 1993. She talks about justice reform and the intent to prioritize funding and solutions that may include transitional housing to reduce the disparity of Alaska Native incarceration, but also the Trust beneficiaries. She asks for any questions.

CHAIR MICHAEL recognizes Trustee Selby.

TRUSTEE SELBY asks about justice reform and when you said 65 percent are Trust beneficiaries and they stay significantly longer, has the question of why they are staying longer been addressed and if there is good rationale for why that happens.

MS. KULAS replies that is one of the statistics she inherited in her new role and is very curious about getting those answers.

MR. GLASER states that he used to be a parole officer and it can be parole and adds that it has not changed much since he was there. He continues that they were not allowed to be involved with alcohol or drugs on parole and if that was on their record, they needed to be involved in a program.. He adds that the waiting list for Akeela House and Salvation Army is still fairly long, and the Department of Corrections has some in-house programs in their facilities. There are some good ones and some bad ones.

MR. WILLIAMS talks about the statistic from the 2014 Hornby Zellers study. He states that beneficiaries were staying in longer largely because they were not good self-advocates; some of the beneficiaries were in a condition of either intoxication or instability related to their mental health issues that presents a safety challenge.

A brief discussion ensues.

TRUSTEE EASLEY asks about the potential areas of increased funding about reducing alcohol use in Alaska and what it involves. She feels that it would not do a lot of good.

MS. KULAS replies that she thinks that the world of alcohol can benefit a lot from the strategies that are used in tobacco control and prevention. She states that some of it is effective enforcement and checking that retailers are not selling to minors. She continues that the Trust has helped support funding for this through Recover Alaska. The Department of Health and Social Services has done some of this with the Be You campaign. She adds that it is challenging when creating public education campaigns because there is a need to do a lot of research to work with the target audience. She states that increasing knowledge and attitudes will eventually get to that behavior change. It needs to be a sustained campaign and not just one campaign and dropped.

TRUSTEE EASLEY agrees and states the need to make sure it is being maintained over time.

TRUSTEE SMITH moves back to Reducing Justice Involvement and asks for an example of what precharge and pretrial diversion looks like and how it works.

MR. WELCH replies that in diversion the officers that have contact with an individual are looking for ways to help that person. He states that the point of diversion is to take and try to find what that person needs rather than just finding probable cause and taking them to jail. He continues that if the underlying reason is that the person breaking into cars is addicted to heroin, the underlying problem is addressed rather than continuing to cycle them through the criminal justice system.

TRUSTEE SELBY asks if the opioid issue follows the purview of the boards.

MS. KULAS replies that some of the board members rose to this level of concern and helped convene the Opioid Policy Task Force which worked for about a year and a half to develop some recommendations, a lot of which the State has actually taken into consideration. She states that the Governor declared the emergency and the State has owned a lot of that work, but the boards really were the fire under that. She continues that they continue to support the work.

TRUSTEE SELBY asks if it is being tracked.

MR. ABBOTT replies that the short answer is yes. Opioid abuse is clearly within ABADA's purview to advise both the Trust and the rest of state government.

TRUSTEE SELBY states that he would like to get what came out of the legislative session in terms of what the State is going to be doing with that. He continues that he found it curious that there is no mention of opioids in the whole report here.

MS. KULAS replies that can be followed up on and states that the strategic plan is being developed, which is the next step.

CHAIR MICHAEL thanks Ms. Kulas and recesses the meeting until 8:30 in the morning.

(The Alaska Mental Health Authority Full Board meeting adjourned at 1:10 p.m.)

ALASKA MENTAL HEALTH TRUST AUTHORITY

FULL BOARD OF TRUSTEES MEETING

September 6, 2018
8:30 a.m.

Taken at:
3745 Community Park Loop, Suite 120
Anchorage, Alaska

OFFICIAL MINUTES

Trustees present:

Mary Jane Michael, Chair
Carlton Smith
Laraine Derr
Paula Easley
Jerome Selby
Christopher Cooke
Verne' Boerner

Trust staff present:

Mike Abbott
Steve Williams
Andy Stemp
Katie Baldwin-Johnson
Kelda Barstad
Jimael Johnson
Valette Keller
Luke Lind
Autumn Vea
Allison Biastock
Eric Boyer
Travis Welch
Carrie Predeger

Trustee Land Office present:

Wyn Menefee
Jusdi Doucet
Sarah Morrison
Also participating:

Randall Burns; Denise Daniello; Patrick Reinhart; Gordon Glaser; Alison Kulas; Cody Chipp;
Lisa Cauble; Eliza Eller (via telephone); Kevin Buckland (via telephone); Lizette Stiehr; Stuart
W. Goering; Bev Schoonover.

PROCEEDINGS

CHAIR MICHAEL calls the meeting back to order, and asks for any announcements. There being none, she recognizes Mr. Abbot to go over the FY20 deliberations.

FY20 BUDGET DELIBERATIONS

MR. ABBOTT states that there was a Program & Planning Committee meeting about a month ago where the FY20 and '21 proposals were gone through in detail. He continues that the plan is to review the budget at a relatively high level. He states that there have been a few changes in the proposal, and he explains those changes.

TRUSTEE SELBY makes a motion that the Full Board of Trustees appropriate \$31,776,100 in MHTAAR, MHT Admin and Authority Grants for FY2020 consisting of \$19,439,400 of MHTAAR and MT Admin, and \$12,336,700 are Authority Grants. These funds are to be used for the programs and activities described in the detailed FY20 and FY21 budget recommendations and spreadsheet prepared for the September 5 and 6, 2018, Full Board of Trustees Meeting. He further moves the Full Board of Trustees recommend the appropriations of \$5,535,700 of GF/MH funds, and \$8,200,000 of other funds of FY2020.

TRUSTEE DERR seconds.

CHAIR MICHAEL asks for discussion.

MR. ABBOTT states that this is a significantly bigger proposal from before. Two things were learned that positively impacted the FY20 revenue expectations. He explains that the returns on investments were better than expected, and that the lapsed spending from FY18 is also significantly higher than expected. He adds that the lapsing is not related to the Trust's direct spending, but to the MHTAAR funds that are granted to State agencies. For a variety of different reasons, they were not able to expend all the funds that were available to them. He states that those two categories are the largest of the income categories. He continues that the Department came forward and stated that they would not be able to expend \$1.4 million in funds which were support for the Administrative Service Organization, a key part of the Medicaid reform process. He adds that the procurement process and start-up of the ASO will not take effect until the beginning of FY20, rather than FY19. He states that the Department recommends that \$1.4 million of MHTAAR funds that were approved in the FY19 budget be held and expended in FY20 instead. He continues that the FY20 proposal discussed at the meeting included about \$800,000 of MHTAAR money for the ASO. He states that staff recommends, instead of the \$800,000, budgeting for \$2.6 million. The primary impact on the revenue calculation is that \$1.4 million of FY19 spending. The Department would agree to release themselves from the authority to use that money in FY19. He continues that FY20 funding is being calculated at \$32.8 million. He states that the baseline budget, discussed at the Program & Planning Committee, was \$29,366,000; the available funding is almost \$3.5 million. He notes that they are still staying inside of the \$10 million multi-year commitment that was made three or four years ago. He states that also recommended are two other increases in programmatic expenditure; \$600,000 for emergency psychiatric services. This is the

programming that could relieve pressure on API and provide resources statewide for emergency psychiatric care. He continues that also recommended is additional funding in the area of early childhood prevention related to a trauma-informed educational pilot program. The net of those proposed increases is \$2.5 million. Also recommended are a couple of minor decreases to the budget seen last month, and this is in response to the changing conditions that we have become aware of. He states that it reflects a suggestion from the trustees, during the Program & Planning Committee meeting, to reduce the funding for Alaska 211. They are being funded in FY19 with the recommendation to not fund them after FY19. The second is to remove a portion of the funding for predevelopment, which is the partnership between the Foraker Group, Rasmuson, Mat-Su Foundation, AHFC and the Denali Commission. He explains that several of the partners are leaving the partnerships because there are less programmatic requirements for it.

CHAIR MICHAEL asks whether that grant was directly given, or was a set-aside for projects.

MR. ABBOTT replies that the grant is directly given, and will be done in \$5,000, \$10,000 and \$15,000 increments.

A brief discussion explaining the mechanical process ensues.

MR. WILLIAMS begins the FY20 budget under the heading of Nonfocus Area Allocations, and the total appropriation of recommendations for the operating budgets for the Trust Land Office and the Trust Authority Office. He asks for any questions regarding the operating budgets for either. He moved on to the category called Other Nonfocus Allocations which gets into the programmatic side of the Trust. He states that the Early Childhood/Prevention and Intervention has the Bring the Kids Home maintenance and monitoring under there; and then Trauma-informed Schools Pilot Juneau for \$100,000 under proposed increases.

CHAIR MICHAEL asks for some information on that program.

MS. JOHNSON replies that this would be the third year of funding for a three-year pilot program happening with the Juneau School District in collaboration with several partners, including the Juneau Community Foundation. She explains that they were working with a contractor out of Washington with a great deal of experience with culture change within schools to support at-risk children, but also through the development of staff from principals down to the front-desk and a line for mentorship and education for the staff to create a more trauma-informed environment for the children.

CHAIR MICHAEL asks for any questions and states appreciation to Ms. Johnson, who is the program officer that focuses on early childhood.

MR. WILLIAMS continues to the pooled predevelopment core operating operations and explains what is getting reduced there. There was \$75,000 for predevelopment projects that has been reduced to zero for the previous reasons discussed. He adds that there is still \$150,000 that can be used to do some predevelopment work to identify projects and partners working on a capital campaign or exploring the possibility of doing some sort of capital project. He moves on and

talks about the grant-writing technical assistance, and then continues to the change in emergency psychiatric services assistance, which increased from \$300,000 to a total of \$900,000.

TRUSTEE BOERNER states that this has been a real critical issue in rural Alaska and appreciates the increase in the attention and resources that are being dedicated to help alleviate some of the challenges.

CHAIR MICHAEL asks for any other questions or comments. There being none, she asks Mr. Williams to proceed.

MR. WILLIAMS continues to the reduction in the budget of Alaska 211 to zero. He asks for any questions, and states that the next big heading is Alaska Systems Reform, beginning with Medicaid. There were further discussions with the Department around the Administrative Service Organization and other efforts; the numbers were adjusted but the total does not change.

TRUSTEE DERR states that in August \$825,000 was approved under the ASO and in this one category approved \$1.35 million, which is a difference of \$1.3 million. Now, \$1.8 million is being recommended. She asks where the extra money comes from backing up the FY21 into this.

MR. ABBOTT replies that there is no FY21 money for the ASO. He explains in greater detail.

CHAIR MICHAEL asks for any other questions, and then asks Mr. Williams to continue.

MR. WILLIAMS moves on to Criminal Justice Reform and Reinvestment, and states that the budget increments are exactly as represented previously to trustees. He continues to the Housing and Long-Term Support Services that also have no changes to what was presented.

CHAIR MICHAEL asks for comments, and then asks if the trustees would be interested in putting on the calendar to look at the focus areas and reaffirm whether to continue with those or talk about other areas.

MR. WILLIAMS states that would be with all the trustees through Program & Planning.

TRUSTEE SELBY suggests that staff work through so at the April meeting there can be discussions about the programming for next year. He states that the April meeting would be the appropriate time to have that discussion.

MR. WILLIAMS continues to the next focus area, which is the Beneficiary Employment and Engagement, stating that there are no changes in that from the August presentation.

TRUSTEE COOKE asks about the Hiland Mountain project which is not in the budget and asks how that could be handled if and when it comes along.

MR. ABBOTT replies that there working with the Finance Committee will show the trustees other options for funding that or similar projects in FY19 using other funds that are not in the

operating budget. He continues that this budget can be amended at a later date.

MR. WILLIAMS states that the next focus area is Substance Abuse Prevention and Treatment, with no changes to what was presented in August. He continues on to Disability Justice, and adds that there are no proposed changes from what was presented in August. He states that the last category is the advisory board requests with no proposed changes. He continues that there were some conversations in August, and when we get to the FY21 process, it will show that Trust staff did talk to the Department and other partners, and instead of doing this every other year this will be done on an annual basis. He states that there are no other things for staff to highlight in the FY20 budget.

CHAIR MICHAEL asks if there were any questions specifically to the advisory board requests, or on the overall budget. She recognizes Trustee Selby.

TRUSTEE SELBY commends the staff. The response to the trustees after the last discussions has been outstanding. He states that he will be glad to make a motion to amend this budget when an excellent project that will benefit the beneficiaries during the year is brought forth.

CHAIR MICHAEL asks for any objection to the motion as presented.

MR. STEMPEL asks to clarify an item that is included. He received a note from some of his colleagues in the audience to be transparent about the TLO operating budget and be on the record. He states that the number presented in the FY19 trustee-approved budget number is carrying forward flat into the future. He continues that there is a difference between the request that came through the Finance Committee and the amount is slightly lower, reflecting changes that were made through the budget process. He adds that for today's purposes, he would like to keep the number flat with the FY19 and FY20 amounts. He explains that the difference is attributed to the FY19 merit increases for staff not being approved and the request was adjusted to reflect that.

MR. ABBOTT explains that there was \$29,000 more than what the Legislature approved for when the FY19 budget was presented in Juneau. The request being made here is for the same number that trustees requested last year. It is slightly more than what the Legislature approved for FY19, but not more than what the trustees asked for.

CHAIR MICHAEL asks for any other questions or any objections to the motion.

There being no objection, the motion is approved.

CHAIR MICHAEL states that there is a budget for FY20. She recognizes Trustee Easley.

TRUSTEE EASLEY observes that when there is money in one specific focus area, things done in another focus area can have an impact. For example, she points out the women's unit at the Hiland Correctional Center, and Autumn, who has worked in all of the prisons, made the observation that nearly all of the women in that facility are there for drug and alcohol abuse issues, not violent crimes or other things. She continues that even though money is not in

substance abuse, if it is put into that prison project, it is going to be helping a lot of people regarding substance abuse.

CHAIR MICHAEL thanks Trustee Easley, and recognizes Trustee Selby.

TRUSTEE SELBY makes a motion that the Full Board of Trustees appropriate \$28,491,000 in MHTAAR, MHT Admin and Authority Grants for FY2021 consisting of \$16,449,400 of MHTAAR and MHT Admin and \$12,041,700 of Authority Grants for planning purposes. And further moves that the Full Board of Trustees recommend the appropriation of \$5,535,700 of GF/MH funds and \$8,100,000 of other funds for FY2021. These amounts shall be reviewed and amended in a future meeting.

TRUSTEE DERR seconds.

CHAIR MICHAEL asks for discussion.

MR. ABBOTT asks for a few minutes.

CHAIR MICHAEL calls a ten-minute break.

(Break.)

MR. ABBOTT states that the trustees were supplied with an inaccurate second motion, which Trustee Selby read into the record. Trustee Selby has been provided with a corrected second motion, recommending a substitution.

TRUSTEE SELBY makes a substituted motion that the Full Board of Trustees appropriate \$28,491,100 in MHTAAR, MHT Admin and Authority Grants for FY2021 consisting of \$16,449,400 of MHTAAR and MHT Admin and \$12,041,700 of Authority Grants for planning purposes. He further moves the Full Board of Trustees recommend the appropriation of \$5,463,000 of GF/MH funds and \$8,200,000 of Other funds for FY2021. These amounts shall be reviewed and amended in a future meeting.

TRUSTEE DERR seconds.

TRUSTEE SELBY states the need to act on the amendment by substitution so that there is the amended version of the motion for discussion. He asks to proceed to a vote on the approval of the amendment.

CHAIR MICHAEL asks for any discussion regarding the amendment. She asks for any objection.

There being no objection, the motion is approved.

MR. ABBOTT states that the Trust statutes require that two years' worth of budgets are prepared at this time; which is why both an FY20 and FY21 budget are before the trustees today. He

continues there will be another chance to make final changes to the FY21 budget prior to its submission to OMB, essentially a year from now. He encourages support for this motion but also wants all to understand that this is likely to change substantially prior to this time next year when a final FY21 proposal is submitted to the Administration and the Legislature. He states that there are some minor changes that are being recommended to the version today that is different from the version seen in August. He adds that Mr. Williams will walk through identifying the changes.

MR. WILLIAMS states that there are only two places that changes were made that have not been highlighted. He moves to the Nonfocus Area Allocations, the Trust and TLO operating budgets, and states that those increments will change as the admin budgets are being developed for FY21 next summer. Other Nonfocus Area Allocations were highlighted and already proposed and discussed with no changes. He continues that under Alaska Medicaid Reform and Redesign there was \$400,000 for actuarial analysis which was zeroed out. He adds that the ASO for FY21 is also zeroed out. He moves to the focus areas and begins with Housing and Long-Term Support Services and then to Beneficiary Employment and Engagement, both with no changes. Substance Abuse Prevention and Treatment also had no changes from what was presented in August, as well as Disability Justice. He moves to the change in Deferred Maintenance. There is no increment in that row. There was discussion with trustees about the possibility of having that program operate and be funded on an annual basis, as opposed to every other year. That was proposed with the Department and advisory boards and has come back with a recommendation with \$250,000 of MHTAAR funding to be matched by \$250,000 of General Fund/Mental Health funding.

TRUSTEE COOKE asks if the Department is administering this.

MR. WILLIAMS replies yes.

CHAIR MICHAEL asks for any other questions.

TRUSTEE SELBY states that the amended motion has been discussed, and Madam Chairman needs to finalize the motion, as amended.

CHAIR MICHAEL asks if there are any objections to the amended motion.

There being no objection, the motion is approved.

MR. ABBOTT thanks the trustees for their forbearance as the process was changed a bit on this. It has made the preparation for this meeting a bit easier on the staff. He adds that it is appreciated and thanks them for their support.

APPROVE CEO JOB DESCRIPTION

CHAIR MICHAEL states that the budget is approved. She moves to the approval of the CEO job description. She continues that the portions highlighted in red were the recommendations

received from trustees. She thanks Trustees Cook and Smith for their recommendations, which have been included. She also thanks Valette Keller for all of her hard work and persistence, and also Mary Shields from the Commission on Aging. She asks for a motion.

TRUSTEE SELBY makes a motion to approve the chief executive officer job description as amended, and as presented in the packet.

TRUSTEE SMITH seconds.

CHAIR MICHAEL asks for any discussion.

TRUSTEE COOKE states that he has one further amendment to his additional language that is in red in the second paragraph. It says: "Trust Authority Office, TLO" and thinks there is a need for the work "and" following CEO responsible for the Trust Authority Office and The Trust Land Office, which is DNR, et cetera, pursuant to the Trust bylaws."

TRUSTEE SELBY states that he would accept that as a further amendment, a technical correction.

CHAIR MICHAEL asks if there are any objections.

There being no objection, the motion is approved.

BOARD ELECTIONS

CHAIR MICHAEL turns the meeting over to Laraine Derr, the chair of the Nominating Committee.

TRUSTEE DERR states that the Nominating Committee included Verne' Boerner, Carlton Smith and herself. She sent an e-mail to everyone asking for their recommendations on committees or officer positions that they would like to serve on. Three years ago, trustees had a discussion that officers only serve in a position for one year unless there were extenuating circumstances. In light of the memos received and the recommendations, the Nominating Committee is making the following recommendations:

"Mary Jane Michael to continue as chair due to the legislative audit concerns, and she has been dealing with the AG; therefore, the committee is recommending her continuance for another year. Jerome Selby as vice chair, and Carlton Smith as secretary." She moves for unanimous consent.

CHAIR MICHAEL asks for any nominations from the floor three times. She then asks for any objections.

There being no objection, the motion is approved.

TRUSTEE DERR congratulates all.

CHAIR MICHAEL takes this opportunity to announce the chairs of the committees: Jerome Selby has agreed to continue as the chair of the Finance Committee; Carlton Smith has agreed to continue as the Resource Management Committee chair; Laraine Derr has agreed to continue to serve as the Audit & Risk Committee chair; and Chris Cooke has agreed to continue as the Program & Planning Committee chair.

(Applause.)

CHAIR MICHAEL states that the next item on the agenda is the approval of the K1 Energy JV oil and gas lease.

K1 ENERGY JV OIL AND GAS LEASE

TRUSTEE SELBY makes a motion that the Alaska Mental Health Trust Authority Board of Trustees adopt the recommendation of the Trust Land Office to the negotiated lease of Tract 29 for exploration and development of Trust natural gas resources, as proposed.

TRUSTEE COOKE seconds.

MR. MENEFEE states that the benefits of this are that there are areas in the Valley that are not being leased for gas right now, and someone came in interested in leasing land, making it a performing asset. He continues that the deal was the Northern Dancer 1 gas well, which is drilled and there was talk about plugging and abandoning. They want to test that well. He adds that if they were to acquire the lease on this, that would solve that issue at the same time. This is beneficial to make this a performing asset for production of commercial natural gas.

TRUSTEE EASLEY asks about the size of the tract.

MR. MENEFEE replies that he does not have the exact acreage, but it is about 2500 acres.

TRUSTEE COOKE states that on the consultation page property description it is 6,264.

MR. MENEFEE states that it ran \$62,000 in income revenue by that lease, and any royalty would be in addition to that. He continues that the least amount brought in would be about \$62,000 a year.

CHAIR MICHAEL asks for any further discussion or objections.

There being no objection, the motion is approved.

TRUSTEE DERR points out that she had an opportunity to go up to Haines and ride in a helicopter with Mr. Menefee and Mr. Abbott. She encourages any of the trustees, when they get an opportunity, to go look at the Trust land and look at some of the things that are going on. It reinforces the tremendous responsibility the trustees have for the future funding for the beneficiaries.

CHAIR MICHAEL states that Open Meeting Act training is not until 11:00, and begins trustee comments, recognizing Trustee Easley.

TRUSTEE EASLEY states that for several years money has been put into the Alaska Justice Information Center. One of the purposes of that was to track prisoners and recidivism. She asks what is happening on the actual recidivism calculations.

MR. WILLIAMS replies that Brad Myrstol, the director of the Alaska Justice Information Center, has come and presented to the trustees in the past. He continues that they are looking at a variety of things. There is no data that any analysis has been done specifically around recidivism related to the performances that have been taking place. He adds that it is moving in that direction. There is a need to set up the data infrastructure both from a hardware IT perspective, as well as the data-sharing memorandums of agreement so that information could be collected and analyzed, both of which are in place right now. He states that approval was received by the departments to set up their IT service system, which was needed because of the type of data being exchanged. The memorandums of agreement with public safety, law, and the court system were set up, and information was pulled together to look at, not only recidivism but other crime data trends that are happening. The Department of Corrections now has electronic health records, which are in all the correctional institutions. He continues that they are working on identifying data elements tracking Trust beneficiaries to set up the reporting template that should be able to run on a regular basis instead of having to hire a contractor to do a leafing of paper files to get that information.

TRUSTEE EASLEY asks if having those records in there will create a problem concerning privacy.

MR. WILLIAMS replies that the Department of Corrections is protecting individual privacy. data-sharing agreements are important to get the appropriate information across systems for researchers and other departments to be able to track individuals.

MR ABBOTT replies that the individual privacy is protected through the use of confidentiality agreements and other tools so that data can be shared across platforms without putting individuals' health information at risk.

CHAIR MICHAEL recognizes Trustee Boerner.

TRUSTEE BOERNER states appreciation for the opportunity to speak freely. She continues that she received a notice this morning from the Anchorage School District and would like to read it into the record:

“Good morning, ASD families and employees. I want you to know that Anchorage School District received information about a potential threat posted on social media last night by a high school student. We thank the Anchorage Police Department for its swift action. APD is reporting that officers with the patrol division interviewed the student and determined there was no active threat to schools today.

"However, the threat warranted charges, and the student was arrested and remanded in custody. We appreciate the student's family and staff who came forward to share the

information. It has allowed us to deal with this situation swiftly, to insure the safety of our schools.”

She states that this shows the great need out there and hopes that this student gets the appropriate type of help and ties into a system where there is not just the punitive approach, but a more holistic approach. This way the student can be truly cared for in a way that helps all and ensures the safety of the children.

CHAIR MICHAEL recognizes Trustee Selby.

TRUSTEE SELBY reiterates his appreciation for the excellent work that staff has been doing for the last several months. It is obvious that everyone is working hard and doing a really good job. He states that he is impressed with the efficiency that the four leaders are providing information to the board for the decision-making process which gives the trustees the ability to make good decisions based on good information. He continues that in the October meetings for the committees, staff has been working hard on follow-up from the Finance Committee meetings last month to prepare and bring forward information on the reserve funds. He states that there may be some recommendations about allocation of reserve funds and the transfer to the Permanent Fund as is appropriate at the time. He adds that there are several significant financial items that will be coming to the Finance Committee, and then the Full Board in November for consideration. He looks forward to staff’s recommendation.

CHAIR MICHAEL recognizes Trustee Smith.

TRUSTEE SMITH states that taking time to get out and visit the different facilities is very meaningful and helps us see how these pieces fit in service to beneficiaries and the general public. He continues that the second item is that in Juneau the public’s awareness of the Trust is rampant and it is gratifying to see. He adds that the Trust is getting visibility and a face on the organization. He states that it is always good to spend time on the expense side of the budget. However, he would like to see a specific block of time as trustees and management to look at how to grow the assets of the Trust in the next 12 months.

TRUSTEE DERR dittos what Trustee Selby said about staff and the smoothness of the operation. She states that, as trustees, we are supposed to reflect on the past and look forward to the future. Reflecting on a year ago, this meeting, there is no percentage that can say how much better it is right now. She appreciates everything that has been done. She adds that she will be here for the committee meetings in October, but will miss the November meeting.

TRUSTEE COOKE echoes the comments that everyone has made about the value of the presentation at this meeting, the importance of the site visits and the input from the partner boards. He states appreciation for this portion of the agenda to talk to each other on where the board is in terms of interests, the priorities and some of the concerns. He continues that looking back on where we have been, and the outcomes and feedback is important. He is pleased to see more effort put into the communications element that brings out the face of the Trust. He thanks all for a great meeting.

CHAIR MICHAEL recognizes Trustee Selby.

TRUSTEE SELBY thanks Trustees Smith and Derr for their service this past year as vice-chair and secretary. He also thanks the board folks. The input from the boards is invaluable for the Trust to be able to achieve its mission.

CHAIR MICHAEL recognizes Trustee Easley.

TRUSTEE EASLEY asks if she could put Director Randall Burns here on the spot. She states that DHSS has been doing some work on tracking down some fraudulent activity with regard to Medicaid. There was a giant story in the paper about a hotel in Bethel that has really abused it and you caught him. She was wondering how that was done and how he monitors and tracks Medicaid fraud.

MR. BURNS replies that most of that work is done by the criminal division of the Department of Law. He continues that Health and Social Services has an entire fraud unit and uses the data that it collects from its Medicaid management information system. He adds that it is a combination and starts with the Department, and then referred to Law. Sometimes the district attorneys in the small town hear about things, and they contact the fraud department. Then, it goes from there. He continues on and makes a wonderful announcement between AHFC and the Department. Additional funding for beneficiary housing has been applied for, specifically for persons under the age of 65 with disabilities. He adds that HUD just awarded those and 50 rental assistance vouchers were received for Alaska.

(Applause.)

CHAIR MICHAEL asks for any more questions for Mr. Burns.

TRUSTEE BOERNER states appreciation to the Department for all their work. She also echoes some of Trustee Selby's words as far as appreciation to the advisory boards. She thanks them for welcoming the trustees to the meetings and letting us participate. That is very valuable. She also thanks Chair Michael for continuing in her role. She appreciates all of the trustees stepping up to the leadership roles, and adds that she is learning a great deal, and appreciates all as well.

CHAIR MICHAEL recognizes Trustee Cooke.

TRUSTEE COOKE points out that the Trust is unique and is continually inventing itself and figuring out what to do and how to assist and use the resources to improve the lives of the beneficiaries. He states that he feels privileged to be on this board and helping and finding the Trust's place in the activities in the State of Alaska that relate to the beneficiary populations.

CHAIR MICHAEL recognizes Trustee Smith.

TRUSTEE SMITH comments that the TLO continues to perform at a very high level. There have been some staffing changes recently, including a new deputy, which is terrific. He states that the land exchange is going to have a huge impact on the revenue side, and thanks

Mr. Menefee and staff for working on that, which will be great when it is done. He reviews and then states that it is terrific to see more engagement of the TLO and the trustees and adds that this is very important.

CHAIR MICHAEL asks if there is any comment from any of the boards.

MS. DANIELLO thanks the trustees and Trust staff for all of the support that is provided for senior Trust beneficiaries, adding that we are in a different place this year. She also thanks the Trust for all of the support to the Commission. She states that word was received that the Governor has signed the State proclamation, Executive Proclamation for Senior Fall Prevention Awareness, which will be September 22. Going forward, this is a huge issue and more is needed to prevent seniors falling. She adds that the Commission will be going to Nome next week as part of the rural outreach meeting. There will be an elder senior listening session also in Nome. She states that one of the former Commission members is from Shishmaref, and was very good in helping to make connections. She states that one of the highlights of the trip will be meeting with the Joint Coalition of four leadership entities in Shishmaref, and we are looking forward to learning more about the issues they have regarding Elders. She continues that one of the big issues is that Shishmaref is one of four communities in the State that have been identified as at-risk, because of the significant erosion and melting of permafrost which will cause them to have to move at some point causing a big issue.

MR. GLASER thanks the Trust for the opportunity. He states that he is a little different in that he is not a State employee. He is speaking as an individual and thanks the Mental Health Trust board for having the vision to see that there are parts of the state that are not being served and there are moneys that are really needed. He continues that, in terms of even the simple operation of the Commission and Division in terms of some data, there is a need to keep moving toward evidence-based, looking at outcomes, and not just numbers of how many times things happen. He states that Shishmaref is probably going to disappear, and we want to make sure that the beneficiaries are considered in terms of that process. He adds that they are talking about how the infrastructure for the community, which includes the Elders, are incorporated in the chain of process. On behalf of the Commission, he thanks the Trust for funding that trip.

CHAIR MICHAEL thanks Mr. Glaser for all the time he volunteers in the community. She states that she sees him everywhere spending time on giving back. She acknowledges that he is a remarkable person.

CHAIR MICHAEL recognizes Patrick Reinhart.

MR. REINHART states appreciation for the board and the change from a year ago. The feeling is very real and feels very positive now. He continues that working with staff is very easy to do. Everyone is organized and ready to get to work, from the comp plan to budgetary stuff, and he appreciates how hard the staff works when they are involved with us. He has a couple of announcements: Tomorrow is the face-to-face autism meeting at the Frontier Building and invites all; the Aging and Disability Policy Summit is in negotiations with the Governor's Office. He adds that it looks like the Governor will sign HB 336. He states that is an important effort

not only for the aging population, but for all disabilities. He announces that the Council meeting is October 2 and 3 in Anchorage, and invites all to come and be a part of that.

CHAIR MICHAEL recognizes Alison Kulas.

MS. KULAS states that the boards appreciated the trustees and staff attending the Utquiagvik meeting earlier this year, adding that they will be in Kodiak October 9 to 11. She continues that the statewide Suicide Prevention Council will be back in Utquiagvik October 2 and 3. She states appreciation for the conversations and questions that are seen during these meetings that are beneficial to all. Having those discussions and thinking about the intersections are important, and she appreciates the chance to be able to provide comments, work with staff on an ongoing basis to come up with some new ideas and some new programs so those best practices are being utilized to have the greatest impact to beneficiaries. She welcomes all to the upcoming meetings.

CHAIR MICHAEL talks about the tour yesterday and seeing the disparity between the two facilities was pretty remarkable. She thanks Ms. Kulas for being there, and stating that her input was really valuable. She recognizes Trustee Cooke.

TRUSTEE COOKE talks about the nominating process of considering recommendations to the Governor about appointment of new trustees. He states that later this month there will be some announcements through the media about seeking applicants or nominations for trustee seats, and then going through the committee process with the help of the partner boards.

CHAIR MICHAEL recognizes Trustee Boerner.

TRUSTEE BOERNER takes this opportunity to introduce another partner, Cody Chipp, as the new director for behavioral health for ANTHC. She also acknowledges staff who are participating in the Tribal behavioral health directors' meetings, as well. She adds that Mr. Chipp will be intimately involved in that process.

CHAIR MICHAEL calls a five-minute recess.

(Break.)

MR. ABBOTT states that the trustees made a decision late last year to take opportunities at most of the regular Trust meetings to improve the practice and continue the education on the responsibilities as public officials. He continues that today the topic is the Open Meetings requirements with the State of Alaska. He introduces Stuart Goering, assistant attorney general assigned to the Trust, who has made himself available to give the benefit of some of his experience.

MR. GOERING states that the Open Meetings Act is found in Alaska Statutes Title 44, Chapter 62, Sections 301 through 319. He continues that the three primary things that need to be talked about are the basic presumption that government business takes place in public. There are a few exceptions to that. There also is the ability under similar circumstances to have executive sessions, and it is also important to know the consequences of violating the Open Meetings Act.

He states that Section 310 says everything that needs to be said, which is that all meetings of a governmental body of a public entity in the state are open to the public, except as otherwise provided by this section. He continues that the statute establishes the presumption that meetings of a governmental body of a public entity are open to the public. The statute provides that presumption applies, unless something specifically gives the ability to do otherwise. He adds that another important thing that the Open Meetings Act requires is that if materials will be considered, public comment as been received, any analysis that staff has done of those public comments should be made available to the public, both at the physical location or participating on a teleconference. He states that it is important to know what a meeting is, and that means three or more members or a majority, whichever is less. That means that even if it is a larger board where three members does not constitute a quorum for doing business, it is still subject to the Open Meetings Act if there are three members there. He explains that if there is a smaller group with only three members, a majority would be two, and the Open Meetings Act would apply to that. It does not only apply to the board as a whole, but also to meetings of committees or subcommittees of the board. The statute is pretty minimal in terms of describing what has to be in the notice. The minimum is to have the date, time and place of the meeting, including any locations for teleconference. As a matter of practice, most agencies include more information than that, but it is not required by statute. He states that the notices have to be posted on the Alaska Online Public Notice system, and has to be posted there at the agency's office. He continues that one thing that is not specifically included is the Federal Americans with Disabilities Act, as well as the state counterpart, which requires that accommodations are made for people with particular needs. He adds that the timing of the notice is not specified in the statute because it is impossible to know all of the circumstances as to why there is a meeting. He goes through some of the exceptions to the Open Meetings Act, stating that staff meetings are an exception. He adds that executive sessions are not an exception to the Open Meetings Act. Notice has to be given, and it has to convene in open session, with a motion which has to be affirmatively adopted by the board with a majority vote. Also, no action can be taken in executive session. He goes through what should be discussed in executive session. The view is expressed that executive session should be used infrequently. He moves to what happens if the Open Meetings Act is violated, stating that nothing happens automatically. He continues, if an action was taken and done in a way that violates the Act, that action can be voided, and someone could be sued. He adds, that is a dramatic consequence to basically decide something and have that decision voided. He states that the Act does give the ability to cure a violation and that is by issuing a public notice and having a public meeting to go back and reconsider the action that was previously a violation of the Act. The problem with curing a violation is that sometimes does not fix the problem. He encourages all to call him if there are any questions.

TRUSTEE EASLEY asks if there is a work session and staff is present, if that is okay.

MR. GOERING replies that a work session would not be considered to be a staff meeting. He continues that, typically, a work session would be the exchange of ideas. He adds that, under normal circumstances, a work session should be noticed even if no action is planned.

CHAIR MICHAEL recognizes Trustee Smith.

TRUSTEE SMITH states that the Municipal League does this training every year. He asks how

often should the Trust have this kind of orientation, and is there any case law on this.

MR. GOERING replies that it depends on the board, and it depends on the circumstances. He states that typically the time to do this is when there are any new trustees.

CHAIR MICHAEL recognizes Trustee Cooke.

TRUSTEE COOKE states that "when three or more members are together and if policies or decisions are considered." What does "considered" mean.

MR. GOERING replies that is actually a problem. If three board members get together the conversation should stay away from the business if the public is not invited to participate in that. He states that substantive discussions should be avoided.

MR. ABBOTT asks if there are any requirements there related to meeting minutes as it relates to open meetings, the statutory requirements around that.

MR. GOERING replies that the Open Meetings Act does not explicitly require that all of the meetings are either recorded or transcribed. However, that has some impacts on some other things collaterally. He states that the Department of Law has interpreted the requirement to make conflicts of interest disclosures in writing. He adds that it is what the Trust's practice is, more than the requirement of the statute.

TRUSTEE COOKE states that the issue is that the minutes of the last meeting were 34 pages long and included recitation of presentations that were made during the meeting which are also recorded and dealt with in materials that are part of the packet provided to all the trustees and the public. He continues that it seems that the essential requirements of minutes are to reflect the facts of the meeting, who was there, what actions were taken, and the rationale behind those actions. He adds that everything else is surplus, especially when the whole thing is recorded anyhow.

MR. GOERING replies that there is no requirement to transcribe everything and no requirement that there are detailed minutes on every agenda item.

TRUSTEE DERR comments that this discussion was held several years ago about what kind of minutes were wanted, and that was part of the discussion. She states that at that time trustees felt that it was important to have details on the record. She adds that maybe it is time to have a discussion again about the type of minutes wanted.

TRUSTEE SMITH agrees with Trustee Derr, and states that looking at the National Association of Corporate Secretaries and the corporate standard may be worth investigating.

TRUSTEE DERR states that as Secretary, she read all 34 pages of those minutes to make sure that, as Secretary, they are correct.

MR. ABBOTT asks what decision-making opportunities are there for electronic means.

MR. GOERING replies that the Open Meetings Act allows for teleconferencing and the requirement if that if everyone is not physically present in the same room, all votes have to be taken by roll call. It seems to imply that decisions then are made by some sort of verbal interaction among people as opposed to e-mail voting. He adds that he thinks it is very important for an opportunity for discussion before any action is taken. He does not recommend doing e-mail voting on something of great importance, and we may find that vote being challenged if it was e-mailed.

A short discussion ensues.

CHAIR MICHAEL thanks Mr. Goering. She states that before recessing for lunch, she passes the gavel to Trustee Derr to chair the public comment and the adjournment, because she will be gone this afternoon. She reminds all that Public Comment begins at noon.

(Lunch break.)

PUBLIC COMMENT

VICE-CHAIR DERR states that the public comment is to inform and advise the board of trustees about issues and concerns. It is not a hearing. She continues that there is Public Comment during all regular meetings of the board of trustees, and individuals are invited to speak for up to three minutes. She explains the Public Comment process and rules, and recognizes Lizette Stiehr.

MS. STIEHR states that she is the executive director of the Alaska Association on Developmental Disabilities, AADD. She continues that two years ago the Trust started supporting AADD in some of the work with members across the state which has been a profound difference in terms of what has happened with the trade association, and much more impact was made in the field of developmental disabilities in Alaska because of resources that have been made available to the beneficiaries. She adds that the results have made the association much stronger in terms of being able to support members with questions with connections with their peers. She moves to the shared vision which came out with the help of Amanda Lofgren. This vision is: "Alaskans share a vision of a flexible system in which each person directs their own supports and based on their strengths and abilities toward a meaningful life in their home, their job and their community. This vision includes supported families, professional staff and services available throughout the State now and into the future. She continues that this shared vision is a way of wanting to get back to that part of the services. The developmental disability field has been under a lot of stress in the last few years from everything from increasing costs that everyone experiences in their lives. She commends the Trust's foresight, wisdom and willingness to fund this service system.

VICE-CHAIR DERR thanks Ms. Stiehr, and recognizes Lisa Cauble.

MS. CAUBLE states that she is director of the Alaska Training Cooperative at the UAA Center for Human Development. She thanks the trustees and staff for the ongoing support of the development and training of the workforce that supports the beneficiaries and their families. She

states that the training cooperative is starting their 12th year, and the team is highly energized and motivated to move into the program of training of the workforce this year. She shares the ongoing collaborations with the Division of Behavioral Health and the Division of Senior and Disability Services. She continues that, with that collaboration, they have been able to use resources to do trainings and make sure all are prepared to move into a huge systems change. The other aspect is with Senior and Disability Services, specifically around required training that has been made as part of the requirements for providers. They have been a huge part of that work so that training is available, and those workforce areas have continued to be supplied with adequately trained personnel. A lot of that work is done by us, which is important for the Trust to know. She also shares that in 2004 she was an intern at the Trust during her master's program in social work, and has had an opportunity to grow with the Trust as a professional social worker. She states that she is very pleased to see the wonderful growth that has happened this last year and to be part of this sort of new beginning. She adds that it is very rejuvenating and feels a very bright future.

TRUSTEE EASLEY asks what percent of the training is done electronically versus in person around the state.

MS. CAUBLE replies that it is just about 50/50. She states that they continue to increase the ability to do distance-delivered training through Zoom, which is a video and audio training that is relatively free so that a service provider can access that training. She continues that they broadcast out of Fairbanks or Anchorage, and can get to just about any place that a computer can have access to the internet. There is also Web-based training that is available 24/7. Those offerings have increased especially for assisted-living-home staff and direct-service providers so that they can be accessed whenever that staff person has the time for that assignment. She adds that the face-to-face trainings are required trainings that must be offered and delivered for certification. That is the one area that has to continue being offered at that rate, and cannot be done through Zoom.

VICE-CHAIR DERR thanks Ms. Cauble, and asks for anyone online that wishes to testify under Public Comment.

MS. ELLER states that she is from Ionia, which is a peer support and wellness community down on the Kenai Peninsula. She hopes that the trustees will come to visit. She continues that they have been around for about 30 years, a group of families that gather together to learn how to take care of themselves and each other. She is here to talk about peer support because she hopes to grow their own peer support workforce throughout the state in the next five years. She adds that she is excited about the possibilities for peer support in Alaska right now. She states that they are teaching natural peer support and wellness classes through the University, and are, also, working with the State on peer-support certification. There is a lot of strength in gathering together with the hopes that the Trust invests in peer support and in growing this peer support workforce. She also sends a sincere invitation to visit Ionia, in person, down on the Kenai. She also states that their Website address is: www.ionia.org.

VICE-CHAIR DERR thanks Ms. Eller, and asks for anyone online or in person to testify under public comment. She recognizes Kevin Buckland.

MR. BUCKLAND states that he was chief financial officer from 2010 until the end of 2016 when he resigned after some repeated behavior by the Executive Committee that was really unbecoming for the positions that those trustees held; two of which are no longer on the board. He reiterates what Senator Stedman has said in his Alaska Journal of Commerce article interview, that you cannot hide behind your mission and claim that your breach of trust settlement is, therefore, just. He continues that when he read the response to the audit, that was his takeaway on what the board was doing. He thinks that it is very unfortunate, and he would have hoped to have seen a more conciliatory response. He states that one thing that the audit did not fully touch upon was the sort of damage financially done to the beneficiaries in the sense of foregone earnings. That is kind of lost on most people. Although on the surface income increased because of real estate income, that could only be done by holding back and building up tens of millions of dollars in the TADA cash account that should have gone to the Alaska Permanent Fund Corporation. Those swelling balances in the TADA were periodically redeployed into real estate investments that were hand-picked by the chair of the Real Estate Management Committee at the time and the executive director of the TLO at the time. He continues that while APFC was enjoying the fruits of equity investments during a record equity bull run, the swelling TADA balances basically sat on the sidelines invested in little money market returns, had those funds been transferred to the Permanent Fund at that time rather than redeployed into real estate investments for Trustee Norene to purchase real estate with public money. He hopes that this is something that Senator Stedman and others really explore further down the road, and, ultimately, that the parties responsible really do have to answer for their actions. He appreciates the time and thanks all.

VICE-CHAIR DERR thanks Mr. Buckland and asks for questions. There being none, she asks for anyone online or present that wishes to testify. There being none, she closes Public Comment for this meeting.

MR. ABBOTT states that Faith Myers brought by some written comments that he would like to share. It is not part of the formal public comment process, trustees know Faith and her partner Dorrance. He continues that they are thoughtful, active advocates for many of the beneficiaries, and thinks their comments would be something that the trustees could take advantage of over time. He shares them, stating that they will be part of the public comment record.

VICE-CHAIR DERR thanks him and asks for a motion to adjourn.

TRUSTEE SELBY makes a motion to adjourn the meeting.

TRUSTEE BOERNER seconds.

There being no objection, the meeting is adjourned.

(Alaska Mental Health Trust Authority Full Board meeting adjourned at 12:26 p.m.)

Current Trust Bylaws

1
2
3 ALASKA MENTAL HEALTH TRUST AUTHORITY
4 BYLAWS
5

6
7 ARTICLE I
8 NAME
9

10 The name of this organization is the Alaska Mental Health Trust Authority.
11

12
13 ARTICLE II
14 PURPOSE OF THE AUTHORITY
15

16 The Alaska Mental Health Trust Authority acts in the best interest of the beneficiaries
17 of the trust. It is accountable to:

- 18 (a) Provide for sound governance, fiduciary oversight and direction in achieving the
19 mission of the Trust Authority;
20 (b) Ensure an integrated, comprehensive mental health program for the State of Alaska
21 in partnership with Department of Health and Social Services (DHSS); and
22 (c) Preserve, protect, and grow the trust corpus and administer trust assets.
23
24

25 ARTICLE III
26 BOARD OF TRUSTEE MEMBERSHIP AND TERMS OF OFFICE
27

28 Section 1. Trust Authority board of trustees composition:

- 29 (a) The Trust Authority shall be governed by its board of trustees.
30 (b) The Trust Authority board of trustees, hereafter referred to as the board, consists of
31 seven members appointed by the governor in accordance with AS 47.30.016 and
32 confirmed by the legislature.
33

34 Section 2. Term of office, vacancies, and removal:

- 35 (a) The members of the board serve staggered five-year terms. A member shall continue
36 to serve until the member's successor is appointed and confirmed by the legislature.
37 (b) A vacancy occurring in the membership of the board shall be filled within 60 days by
38 appointment of the governor for the unexpired portion of the vacated term.
39 (c) The governor may remove a member of the board only for cause per AS 47.30.021.
40 (d) Except for a trustee who has served two consecutive five-year terms, a member of
41 the board may be reappointed. A member of the board who has served two
42 consecutive five-year terms is not eligible for reappointment to the board until one
43 year has intervened as per AS 47.30.021(d).
44
45

ARTICLE IV
BOARD OF TRUSTEE DUTIES

Section 1: The role of the board is to:

- (a) Set the vision for the organization;
- (b) Set policies for the organization, including adoption of regulations as appropriate under AS 47.30.031;
- (c) Adopt charters that define the role, authority, operating procedures, duties, and responsibilities of the board and standing committees; and
- (d) Approve contractual agreements with advisors as defined in statute and the settlement agreement, specifically Alaska Permanent Fund Corporation (APFC), Department of Natural Resources (DNR), and Statutory Advisory Boards.
- (e) Fulfill the duties listed in AS 37.14.007(b)(1)-(12).

Section 2: The board will conduct business in accordance with AS 47.30.036.

ARTICLE V
OFFICERS AND DUTIES

Section 1. The board, by a majority vote of its membership, shall annually elect a Chair, Vice Chair, and Secretary from its membership.

Section 2. The officers will be elected by a majority vote at the annual budget approval meeting, and officers' terms of office commence upon adjournment of that meeting. Officers' terms of office end effective at adjournment of the meeting in which new officers are elected.

Section 3. Officers may be re-elected to the office in which they serve by vote of the membership of the board as above. The board's intention is to allow board members the opportunity to serve in officer roles in support of ongoing board development. To that end, no member may serve more than 2 consecutive terms in the same office except as provided for by affirmative vote of 5 board members.

Section 4. If the office of the Chair becomes vacant, the Vice Chair succeeds to the office of the Chair and serves until an election held at the next board meeting. The newly elected Chair will serve until the next annual election.

Section 5. Except for the office of Chair, if an office of the board becomes vacant, an election shall be held to fill the vacancy at the next regular meeting following the vacancy. The officer will serve until the next annual election.

Section 6. The duties of the officers shall be as follows:

(a) Chair

- 1. Call all meetings. Preside at all meetings.
- 2. Appoint chairs of committees and committee members.

3. Serve as ex-officio (voting) member of all committees, but may not concurrently serve as board Chair and chair of any standing committee, with the exception of the Executive Committee.
4. Act as primary spokesperson for the board.
5. Act as one of the official spokespersons for the Trust Authority, together with the Chief Executive Officer (CEO), when requested by the Chief Communications Officer.

(b) Vice Chair

1. Assist the Chair in the discharge of his/her duties.
2. Perform the duties of the Chair in the absence or incapacity of the Chair.
3. Perform other duties as assigned by the board.

(c) Secretary

1. Assume duties of the Chair when Chair and Vice Chair are unavailable.
2. Perform other duties as assigned by the board.
3. Assure that the records of board proceedings are maintained in accordance with these bylaws and in accordance with AS 37.14.007(b)(2) and the Records Management Act (AS 40.21).

ARTICLE VI
MEETINGS

Section 1. The board will hold four regular meetings each fiscal year. Committees will meet as necessary to accomplish their responsibilities.

Section 2. Special or emergency meetings of the board may be held at such time and place as the Chair may order; or upon the written request to the Chair of any four trustees.

Section 3. Reasonable public notice of board and committee meetings shall be provided in accordance with AS 44.62.310. Meetings of the board and its committees are subject to the Open Meetings Act, AS 44.62.310 and 44.62.312.

Section 4. A quorum at all board meetings shall consist of four board members. A quorum at committee meetings is a majority of the committee's members.

Section 5. No member of the board may designate a proxy.

Section 6. The board will schedule at least one period for public comment during each regularly scheduled board meeting.

Section 7. Formal actions by the board are accomplished through adoption of motions.

ARTICLE VII
COMMITTEES OF THE BOARD

There will be five standing committees of the board. Standing committee chairs and members will be appointed by the Chair after polling the board regarding individual trustee's interest and ability to serve. A member may serve as chair of only one standing committee at any time except as a stand-in until the next regularly scheduled board meeting. Standing committees will have a minimum of 3 committee members. The board chair may designate ad hoc committees to accomplish special purposes. Persons other than board members may serve on the board's ad hoc committees; however, such persons may not be voting members of such committees, only appointed board members may vote on committee actions. Committee recommendations will be reported to the board for action at the next regular board meeting.

Section 1. The Executive Committee of the board is composed of three board officers, the Chair, the Vice Chair, and the Secretary. The Executive Committee will:

- (a) Ensure development of policies for governing the Trust Authority for approval by the board.
- (b) Oversee implementation of governance policies at the direction of and on behalf of the board in accordance with law and the committee charter adopted by the board.
- (c) The Executive Committee will meet only as needed.

Section 2. The Resource Management Committee will, in consultation with the CEO and Executive Director (ED) of the TLO:

- (a) Ensure development of policies for protecting, enhancing, and managing the trust's non-cash resources in the best interests of the beneficiaries for approval by the board.
- (b) Oversee implementation of plans at the direction of and on behalf of the board in accordance with law and the committee charter adopted by the board.

Section 3. The Program and Planning Committee will, in consultation with the CEO and Executive Director (ED) of Mental Health Policy and Programs.:

- (a) Ensure development of policies to meet needs and improve the circumstances of beneficiaries; and recommends to the board for approval.
- (b) Oversee implementation of plans at the direction of and on behalf of the board in accordance with Trust Authority statutes and regulations and the committee charter adopted by the board.

Section 4. The Finance Committee will, in consultation with the CEO and Chief Financial Officer (CFO):

- (a) Ensure development of policies for investment and fiscal management for approval by the board.
- (b) Oversee implementation of approved investment and fiscal management policies on behalf of the board in accordance with Trust Authority statutes and regulations and the committee charter adopted by the board.

- 1 Section 5. The Audit and Risk Committee will, in consultation with the CEO and CFO:
2 (a) Ensure development of policies for managing the annual audit process and
3 identifying and addressing organizational risk for approval by the board.
4 (b) Oversee implementation of approved audit and risk management policies on behalf
5 of the board in accordance with Trust Authority statutes and regulations and the
6 committee charter adopted by the board.

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9 ARTICLE VIII
10 CHIEF EXECUTIVE OFFICER
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12 Section 1. The board shall select and employ a Chief Executive Officer as provided by law.

13
14 Section 2. The Chief Executive Officer is responsible for day-to-day operations of the Trust
15 Authority including planning, organizing, coordinating, and directing all activities
16 necessary to enable the Trust Authority to exercise its powers and duties, and
17 fulfill the purpose of the Trust Authority. The CEO will operate and conduct the
18 business and affairs of the Trust Authority according to the statutes, regulations,
19 bylaws, policies, and charters adopted by the board. The CEO duties and
20 responsibilities shall be set forth in a CEO Job description to be adopted by the
21 board.

22
23 Section 3. The Chief Executive Officer shall oversee administration of the contract with the
24 Trust Land Office on behalf of the Trust Authority to ensure compliance with
25 AS 37.14.009(a)(2).
26

27
28 Section 4. The board will evaluate the Chief Executive Officer's performance annually in
29 writing. The board will define the process for conducting annual reviews and
30 include it in the Board Operations Manual.
31

32 Section 5. Termination of employment of the Chief Executive Officer is by majority vote of
33 the board.
34
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36 ARTICLE IX
37 PARLIAMENTARY AUTHORITY
38

39 Unless otherwise provided by law or these bylaws, the board's procedures shall be
40 governed by Robert's Rules of Order Newly Revised. The Chair may appoint an appropriate
41 person to serve as parliamentarian.
42
43

44 ARTICLE X
45 ETHICS
46

47 Board members are required to comply with the Alaska Executive Branch Ethics Act
48 (AS 39.52) and AS 47.30.016(c)(2).

1
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3 ARTICLE XI
4 AMENDMENT OF BYLAWS
5

6 These bylaws may be amended at any meeting of the board. Amendment of these
7 bylaws requires 5 affirmative votes of board members provided that written notice and
8 copies of the proposed amendment have been submitted to the members 30 days prior to
9 the meeting, or by unanimous vote without notice.
10

11
12 ARTICLE XII
13 DEFINITIONS
14

15 In these bylaws,
16

17 **The Alaska Mental Health Trust** means the sum of all assets owned by the Alaska
18 Mental Health Trust as established by the Alaska Mental Health Trust Enabling Act, P.L. 84-
19 830, 70 Stat. 709 (1956) and the Mental Health Settlement Agreement (June 10, 1994),
20 including cash and non-cash assets.
21

22 **The Alaska Mental Health Trust Authority (the Trust Authority)** means the entity
23 charged with administering the trust, as trustee, is governed by a seven-member board. (AS
24 37.14.007, AS 47.30.011, AS 47.30.016)
25

26 **The Trust Land Office (TLO)** means the unit of the Alaska Department of Natural
27 Resources that is charged with managing the trust's natural resources, land, and other fixed
28 assets. (AS 44.37.050)
29

30 **Regular Meeting** means a board meeting that is scheduled at the annual budget
31 meeting to occur during the succeeding year, provided that a regular meeting that is
32 rescheduled on reasonable notice to the public is still a regular board meeting.
33

34 **Special Meeting** means any board meeting other than a regular meeting, including
35 an emergency meeting.
36

37 **Emergency Meeting** means any board meeting conducted for the purpose of
38 addressing time sensitive matters that may not be capable of resolution within the statutory
39 or delegated authority of the Executive Committee or the CEO. If an emergency meeting is
40 conducted on less than the customary public notice, public notice shall be published as
41 soon as practicable. If the agenda of an emergency meeting is not available in advance, the
42 agenda will be published as soon as practicable after the emergency meeting.

Mary Jane Michael, Chair

Laraine Derr, Secretary

Finance Committee Report / Update

To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Andrew Stemp, Chief Financial Officer
Date: November 2, 2018
Re: Finance Committee Report

Meeting Summary:

There has been one meeting of the Finance Committee since the last board report. The meeting occurred on October 17, 2018 and was attended by trustees Christopher Cooke, Laraine Derr, Paula Easley, Vernè Boerner, Mary Jane Michael, Jerome Selby (Chair), and Carlton Smith.

The October 17, 2018 Finance Committee addressed three items:

Cash Management Report: The Committee reviewed the report provided and had a discussion of the Trust's financial results for the year through August 31, 2018. Overall results for the year are positive with continued good investment results. The Committee provided recommendations and suggestions for improving the report, which were noted by the staff and will be incorporated into the January report.

Principal Transfer to APFC: Staff provided the committee members with an analysis of the funds available in the Trust Authority Development Account and a recommendation to set a threshold for the account equal to the amount of existing funding commitments (\$4.05 million) and transfer funds beyond that amount to Permanent Fund for investment. The Committee considered the proposed action and makes the following recommendations to the Board of Trustees:

RECOMMENDED MOTION #1:

The full Board of Trustees approve setting a target level for Trust Authority Development Account funds at \$4.05 million.

RECOMMENDED MOTION #2:

The full Board of Trustees authorizes the Chief Financial Officer to transfer TADA funds that exceed the target level (\$16.883 million) to the Permanent Fund for investment.

Analysis of Reserve Funding Levels: Staff provided the committee members with an analysis of existing reserve levels compared to the targeted reserve threshold (400% of the annual budget). Based on the results of this analysis, it was recommended that the Committee consider allocating a portion of the reserves that exceed the threshold amount for use in two areas: (1) establishing a new account to support the Trust Land Office development projects (TLODA) and (2) meeting certain facility needs

identified by the staff. After discussion, the Committee made the following recommendations to the Board of Trustees:

RECOMMENDED MOTION #3:

The full Board of Trustees approve establishing a new account to support the Trust Land Office development projects, with an initial funding commitment of \$8 million from reserves. Staff are authorized to develop and implement a cost recovery plan that will facilitate replenishing this account from the proceeds of future development projects.

RECOMMENDED MOTION #4:

The full Board of Trustees approve an allocation of \$4.8 million from reserves for addressing facility needs, subject to additional review and approval of specific projects by the Board.

The Finance Committee concluded at approximately 10:45 am. The next scheduled meeting of the Finance Committee is **January 3, 2019**.

FY19 Approvals & Allocations

MEMO

To: Mary Jane Michael, Chair, Alaska Mental Health Trust Authority
Through: Mike Abbott, Chief Executive Officer
From: Steve Williams, Chief Operating Officer
Date: November 14, 2018
Re: Hiland Mountain Correctional Center – Women’s Mental Health Unit Remodel – Authority Grant Approval

REQUESTED MOTION:

Approve a \$1,145,000 FY19 Authority Grant from Trust Reserve Funds for the Hiland Mountain Correctional Center – Women’s Mental Health Unit Remodel project. These funds will be granted to the Department of Corrections through a reimbursable services agreement.

STAFF ANALYSIS

The Department of Corrections (DOC) provides acute mental health services to approximately 200 female trust beneficiaries at the Hiland Mountain Correctional Center (HMCC) annually. Hiland Mountain is DOC’s only correctional facility with an acute mental health unit for females. Incarcerated female trust beneficiaries from other institutions around the state requiring acute mental health care are transferred to HMCC. The current mental health unit was built in 1998 and is undersized to meet current beneficiary needs.

Trust staff recommend providing capital funding in partnership with DOC to expand and enhance Hiland Mountain Correctional Center’s women’s mental health unit. The expanded and enhance unit will include mental health and detoxification beds as well as integrating HMCC’s existing medical unit and its services. This will result timely access and improved mental and physical healthcare for trust beneficiaries. The executive directors of the Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse, the Alaska Commission on Aging and the Governor’s Council on Disabilities on Special Education support this project.

BACKGROUND

Between SFY98 - 01, the Trust partnered with DOC to retrofit Hiland Mountain Correctional Center’s existing segregation unit to a female mental health unit with the requisite staffing and programs. Over the four-year period the Trust granted DOC \$1,071.8 of MHTAAR funds (\$914.0 for capital and \$167.8 of operations). That partnership resulted in a 850 sf/ft mental health unit with 18 beds and a 425 sq/ft day room. Detoxification beds were not included in the project.

Since that time the needs of female beneficiaries have changed. According to the 2014 report, *Trust Beneficiaries in Alaska’s Department of Corrections*, Trust beneficiaries account for more than 40 percent of the Department of Corrections’ incarcerations each year. During the report period, July 1, 2008 and June 30, 2012, 32.5% of the identified Trust beneficiaries were female. Since 2008, the Department of

Corrections has seen a 5.7% increase in the female beneficiary population requiring acute mental health services. This increase has resulted with female beneficiaries being placed temporarily on the segregation unit when the mental health unit is full. This placement could be for several days. In addition, there has been an increase in female beneficiaries requiring acute detoxification services. For those beneficiaries, they receive detoxification services at the Alaska Correctional Center- West (ACC-W) male infirmary. The Department of Corrections reports that two-three times per week female beneficiaries are placed at ACC-W for acute detoxification services.

To address the changed needs of female beneficiaries, DOC has analyzed its historical population data, identified population trends, and forecasted for future growth over the next ten years. This analysis resulted in the development and architectural design for remodeling existing space into an expanded women's mental health and medical unit at HMCC. The proposed remodel design will create a:

1. 3,801 sq/ft mental health and detoxification unit,
2. twenty-seven beds (23 mental health and 4 acute detoxification),
3. 905 sq/ft day room,
4. 427 sq/ft outdoor recreation area,
5. a group treatment room, and
6. three private interview/consultation rooms.

It is important to note this remodel will not require any additional staff positions or operating expenditures. DOC is able to accomplish this through integrating mental health and medical services in a central location. This allows for reallocation of current resources to meet the needs of beneficiaries housed on this unit.

Beneficiary Impacts

The construction of this new unit will positively impact those female incarcerated beneficiaries in the following ways:

1. Updated more therapeutic mental health unit environment
2. Increased access to acute mental health services for beneficiaries from rural areas
3. Decreased risk of beneficiaries needing acute mental health services being placed on the segregation unit
4. A safe place for beneficiaries requiring acute detoxification services
5. Integrated mental health and medical service space
6. Integrated space for beneficiaries with dementia, palliative care needs and suicide monitoring
7. Increased space for group programming and individual consultation

Project Budget Cost

Mental Health Unit	\$2,290,000
Medical Unit	\$1,600,000
Total	\$3,890,000

Project Budget Revenues

Department of Corrections	\$2,745,000
Alaska Mental Health Trust*	\$1,145,000
Total	\$3,890,000

*This represents 50% of the cost for the mental health unit.

The Department of Corrections has the balance of the required funding \$2,745,000 to fully fund this project.

MEMO

To: Mary Jane Michael, Chair, Alaska Mental Health Trust Authority
Through: Mike Abbott, Chief Executive Officer
From: Katie Baldwin-Johnson, Senior Program Officer
Date: November 14, 2018
Re: **Program related investment Budget Reserve Allocation**

REQUESTED MOTION:

Approve the allocation of \$3,655,000 from the Trust Budget Reserve for program related investments, including Crisis Stabilization Center and Beneficiary/Peer Support Services Facility. These funds will be set aside and additional Trustee authorization will be required for expenditures.

DESCRIPTION

Staff recommends this allocation for two key program related investments, including the possible acquisition of a facility to house crisis stabilization services in Anchorage and acquisition of a facility to house peer support organizations serving trust beneficiaries in Anchorage. Staff will work with key partners to develop these investment options and present recommendations for Trustee approval in the future.

Crisis Stabilization Services

The Trust and key stakeholders impacted by the gaps in the crisis services continuum for beneficiaries have prioritized the need for crisis stabilization services. Crisis stabilization services are effective in addressing the needs of individuals in mental health or substance use crisis by deescalating the severity of an individual's level of distress in secure/safe psychiatrically supervised/medically managed environments lowering rates of hospital and emergency room admissions and unnecessary admissions to Alaska Psychiatric Institute (API).

The Trust is positioned to work with the Department of Health and Social Services (DHSS), other stakeholders, including those stepping forward to provide this service, to select and purchase a facility to locate crisis stabilization services. Trust ownership of the facility would substantially reduce the operational cost and establish a foundation for the service in Anchorage.

Beneficiary/Peer support services facility

Over the last several years the Trust Authority and Trust Land Office have been working to identify a facility that could provide a new program home for Trust/DHSS funded

beneficiary directed, peer support organizations that provide drop-in engagement and comprehensive community based services to Trust beneficiaries. We are continuing to explore facility options as promising opportunities arise and are seeking trustee support to consider utilizing a portion of set aside reserves for the purchase of a facility when a useful opportunity presents itself.

The beneficiaries served by these organizations are challenging to engage and serve effectively in traditional mental health or social service agencies. Co-location of services in one facility provides opportunities to find efficiencies and to build out a stronger, smoother connection for a more effective continuum of care, each important aspects of long term sustainability. Beneficiaries will benefit directly from being able to access services in one location, to build relationships through primary engagement services and link to additional treatment, services and supports. The Trust is striving to create stability for these needed services and improve access overall for beneficiaries experiencing mental illness, substance use and other cognitive disabilities residing in Anchorage.

COMP Workgroup Update

Comprehensive Integrated Mental Health Program Plan to Promote Independent and Healthy Alaskans

Plan Vision: Alaskans receive comprehensive prevention, treatment, and support services at the appropriate level of care across the lifespan to lead to meaningful lives in their home communities.

Authority for Plan: Alaska Statute 47.30.660 requires the Department of Health and Social Services, in conjunction with the Alaska Mental Health Trust Authority, to develop and revise a plan for a comprehensive integrated mental health program for Alaska. Under the statute, the preparation of this plan is to be coordinated with federal, state, regional, local, and private entities involved in mental health services.

Purpose of Plan: The purpose of this Comprehensive Integrated Mental Health Plan (Comp. Plan) is to assist with guiding resource allocation decisions in the development of services, workforce, and facilities to meet the needs of Alaskans who have a severe mental illness, a developmental disability, experience chronic alcoholism or Alzheimer's disease or related dementia or have experienced a traumatic brain injury. The overall goal is creation of a system of care that quickly meets the needs of each individual, where highly qualified staff from state, federal, tribal and private agencies have the resources necessary to work together to provide seamless care for the best outcome possible for each person. Another goal is to reduce the incidence of disabling conditions through prevention and early intervention.

Plan Development: This Plan was developed by the Department of Health and Social Services (DHSS) in close collaboration with the Alaska Mental Health Trust Authority and its advisory boards. As such, the plan itself is coordinated with other plans addressing specific services developed by the Alaska Mental Health Trust Authority, the Alaska Mental Health Board, the Governor's Council on Disabilities and Special Education, the Governor's Advisory Board on Alcoholism and Drug Abuse, the Statewide Suicide Prevention Council, and the Alaska Commission on Aging. Input from DHSS division staff as well as stakeholders through the public comment process was also an instrumental facet of plan development.

Target Population of Plan: The Comp Plan has a vision to provide comprehensive services across the lifespan, especially for those Alaskans who receive services under the Comprehensive Mental Health Program (AS 47.30). By law, these service recipients (also called Trust Beneficiaries) are Alaskans who have a mental illness, or a developmental disability or who experience chronic alcoholism or Alzheimer's disease or related dementia, or have experienced a traumatic brain injury. Efforts include prevention, to the extent possible, of these disabling conditions. Since prevention is the surest way to limit human suffering and is usually the least costly strategy, the Plan also addresses prevention efforts.

Foundational Goal: State of Alaska provides adequate resources and funding to support the comprehensive service system to promote independent, healthy Alaskans so that they may live meaningful lives in communities of their choice.

1. Goal: Early childhood programs prevent and address trauma, promote educational attainment and provide access to early intervention services.

Early childhood social emotional development underlies all areas of development. Brains are not born; they are built throughout childhood, with experiences and interactions creating lifelong foundations. Effective primary preventative programs and early identification decreases future high-risk behaviors and their associated costs by reducing the impacts of Adverse Childhood Experiences (ACEs). Supporting caregivers, including the high number of grandparents caring for grandchildren, is vital in the success of this goal.

1.1 Objective: Promote evidence based universal screening efforts and early intervention services for Trust beneficiaries.

- a. Strategy: Develop a statewide outreach campaign which makes developmental screenings a normal part of the well-child process for all Alaska children.
- b. Strategy: Utilize a centralized hub for developmental screening with a standardized developmental screening tool (such as Ages and Stages Questionnaire/ASQ).
- c. Strategy: Provide training and technical assistance on trauma-engaged strategies for early childhood providers to assess children for service needs.
- d. Strategy: Promote training for pediatricians in a tiered screening process for neurodevelopmental disabilities.

1.2 Objective: Provide ongoing support to ensure accurate identification of social-emotional and maternal health needs for children and their care givers.

- a. Strategy: Develop and provide common guidance to childcare and preschool providers supporting young children and their caretakers (two-generation approach).
- b. Strategy: Ensure access to trauma informed services for children and their caretakers (two-generation approach).
- c. Strategy: Provide training on social-emotional development to early childhood providers.
- d. Strategy: Support programs in having qualified staff representing diverse cultures & disciplines.
- e. Strategy: Create resources and opportunities for caregivers, including grandparents, through such programs as National Family Caregiver Support Program (NFCSP) to access community supports.

1.3 Objective: Reduce the instances of Adverse Childhood Experiences (ACEs) through community engagement.

- a. Strategy: Support services that address resiliency through reducing early adversity, toxic stress, childhood trauma, and the promotion of resilience through protective relationships, supports, and self-regulation.
- b. Strategy: Support community efforts with training and technical assistance on evidence-based practices for trauma- engaged communities.
- c. Strategy: Promote trauma-informed schools through cross agency collaboration with Department of Education and Early Development (DEED), developing consistent referral guidance to teachers across the state.
- d. Strategy: Support parenting skill development through community programs and activities.

2. Goal: Alaskans have access to integrated healthcare options that promote optimal health, wellness and independence.

For many Trust Beneficiaries, Medicaid is an integral access point for health, wellness, and independence within their home community. Medicaid serves 205,908 Alaskans overall (27.9% of Alaska's population based on Department of Labor's 2017 estimated Alaska population); 44,767 are served through Medicaid expansion, ultimately impacting eligible adults, children, pregnant women, elderly adults, and individuals with disabilities. While Medicaid's required services for healthcare are critical, so are Medicaid's optional services such as: dental, vision, occupational and speech therapy, hearing and language disorder services, home and community based services, as well as 40 other optional services. These Medicaid services, both required and optional, keep Alaskans in their home communities, able to pursue meaningful lives. Optional services can also supplant the need for costlier required services such as the case with home and community based services (optional) versus placement in an institutional setting (required).

Alaska's Medicaid system has seen many changes in the past few years. The Medicaid Expansion and Reform Plan was initiated in 2015, enhancing access to Medicaid for Alaskans. Since Senate Bill 74 was passed in 2016, Alaska's Medicaid program has been in the process of comprehensive reform and redesign and includes a series of 16 different initiatives. This includes the pursuit of telehealth options and new optional Medicaid services like the Individualized Supports Waiver. While Medicaid serves a significant portion of the state's population, timely and meaningful access across all regions continues to be a challenge.

Medicare is the leading insurance coverage for older Alaskans. When seniors turn 65 years of age many will become eligible for Medicare. Due to the low reimbursement rates with Medicare, many clinics have been unwilling to accept patients. Many seniors

are utilizing community health centers or urgent care facilities for general primary care and preventative services. However, urgent care centers primarily treat walk-in patients for injuries or illnesses that require immediate care. Unfortunately, going to see providers in these settings doesn't guarantee that you will be seen by the same health care provider each visit. This causes challenges to the patient, health care provider and clinic.

2.1 Objective: Health care, through Medicaid, is managed efficiently and adequately resourced.

- a. Strategy: Leverage all available health care options to support Alaskans.
- b. Strategy: Maintain funding for optional Medicaid services such as dental, vision, occupational therapy and speech, hearing and language disorder services, home and community based services.
- c. Strategy: Ensure Medicaid is the payer of last resort.

2.2 Objective: Alaskans, across the lifespan, have timely access to appropriate levels of high quality, person-centered care in their region or communities of choice.

- a. Strategy: Increase enrollment of both Medicare & Medicaid providers across the State.
- b. Strategy: Support access to Complex Behavior Collaborative services through exploration of a tiered level of services.
- c. Strategy: Promote screening for individuals who experience a traumatic brain injury.
- d. Strategy: Explore opportunities for multi-disciplinary teams to provide the needed level of service.
- e. Strategy: Connect Alaskans to care via telehealth services.
- f. Strategy: Optimize the role of the Alaska Pioneer Homes within the statewide array of long-term services and supports.
- g. Strategy: Provide comprehensive and coordinated services for persons living with Alzheimer's disease and related dementia across the continuum of care.
- h. Strategy: Support family and other natural support caregivers with appropriate training and supports to reduce caregiver burden and improve health outcomes.
- i. Strategy: Improve access to end of life care including hospice and palliative care and provide appropriate training for natural support caregivers.

2.3 Objective: Alaskan's receive quality health care.

- a. Strategy: Collaborate across agencies to collect, measure and share data on patient care and experience.
- b. Strategy: Implement, review and maintain a cultural and linguistic diversity plan.
- c. Strategy: DHSS reports are 508 compliant and use plain language to ensure that all consumers can be included in the exchange of information.

- d. Strategy: Ensure effective and efficient management of dual eligible Alaskans (those who receive both Medicare and Medicaid) by improving coordination of their care to improve health outcomes and reduce costs.

2.4 Objective: Ensure a sustainable system of care through continued Medicaid innovation.

- a. Strategy: Enhance tele health and tele practice opportunities for decreasing costs and increasing access.
- b. Strategy: Expand Medicaid Administration claiming for the proper and efficient administration of Medicaid.
- c. Strategy: Leverage Medicaid options to provide alternative to institutional placement.

2.5 Objective: Alaskans have access to quality comprehensive maternal health.

- a. Strategy: Provide effective pre-pregnancy and prenatal services and education around community awareness of disability risk factors.
- b. Strategy: Increase screening, brief intervention, and referral to treatment (SBIRT) to provide early intervention for infants born with fetal alcohol spectrum disorder and neo-natal abstinence syndrome.
- c. Strategy: Reduce the instances and consequences of sexually transmitted infections.
- d. Strategy: All pregnant women are screened by a health care provider for intimate partner violence and referred to appropriate services.

3. Goal: Trust beneficiaries have strong economic and social well-being.

The employment disparity between typical working age Alaskans with disabilities as compared with the general population continues to be wide. The 2017 Annual Disability Statistics Compendium finds only 47.9% of Alaskans with disabilities ages 18-64 are employed vs. 76.1% of similar aged Alaskans without disabilities. 17.9% of Alaskans age 18-64 with disabilities live in poverty vs. 8.2% of Alaskans without disabilities. The Centers for Disease Control and prevention note low income and unstable housing as having a strikingly negative impact on health. Healthy People 2020 includes economic stability as a key social determinant to health and determines it to include: employment, food insecurity, housing instability, and poverty. Alaska's geography and high number of rural and remote communities amplify typical economic stability concerns, presenting unique transportation challenges and diverse economic structures. Successful long-term employment is strongly influenced by a myriad of different situational dynamics, including: access to safe and affordable housing and healthcare, appropriate vocational training and support, financial literacy training, as well as understanding the impact of employment on benefits such as Medicaid and Social Security along with the awareness of applicable employment safety net programs.

3.1 Objective: Ensure Trust beneficiaries, that are able to work, become employed and maintain employment in competitive part-time or full-time jobs in integrated settings that pay minimum wage and above.

- a. Strategy: Establish a formal Employment First taskforce or commission, including appropriate other departments in cross agency collaboration to fully implement Alaska Employment First Law.
- b. Strategy: Enhance home and community based services supported employment service.
- c. Strategy: Provide appropriate vocational training and placement that supports beneficiaries, across the lifespan, to obtain meaningful and productive employment.

3.2 Objective: Expand resources that promote successful long-term employment for Trust beneficiaries.

- a. Strategy: Increase understanding of the impact of employment on one's benefits such as Medicaid, Social Security, Housing, etc.
- b. Strategy: Provide training and information to promote financial literacy for all ages.
- c. Strategy: Increase awareness of ABLE accounts which allow the ability to save money without risking loss of Medicaid and Social Security benefits due to asset limits.
- d. Strategy: Increase awareness of safety net programs for those who want to work and who need to retain vital benefits such as Social Security and Medicaid (such as Ticket-to-Work, the Alaska Working Disabled Medicaid Buy in Program, and 1619(b))
- e. Strategy: Provide connection with benefits advisement and counseling resources such as the Alaska Work Incentive Planning and Assistance Project.

3.3 Objective: Promote efforts to have beneficiaries meaningfully engaged in their communities.

- a. Strategy: Promote volunteer and peer driven opportunities for beneficiaries.
- b. Strategy: Improve access to culturally sensitive food supplies for beneficiaries and other vulnerable Alaskans.

3.4 Objective: Alaskans have stable, safe housing with appropriate community-based social supports to maintain tenancy.

- a. Strategy: Strengthen and enhance long term services and support in rural and remote regions of the state.
- b. Strategy: Provide transition and housing services to enable individuals to live in the least restrictive housing option of their choosing.
- c. Strategy: Reduce discrimination by providing training to housing professionals on fair housing laws.

- d. Strategy: Leverage state and federal funding to provide sufficient affordable housing.
- e. Strategy: Improve long term tenancy through pre-tenancy training including a full understanding of tenant responsibilities.

3.5 Objective: Enhance timely access to safety net services.

- a. Strategy: Strengthen core safety net programs such as senior benefits, Supplemental Nutrition Assistance Program (SNAP), heating assistance, Women, Infants and Children (WIC).
- b. Strategy: Collaborate across agencies to improve transportation infrastructure.
- c. Strategy: Support a streamlined database that efficiently aids in the processing of requests for services.

4. Goal: Prevention and treatment for drug and alcohol misuse is provided through collaborative effective informed strategies.

Alcohol and substance misuse impacts every community in Alaska. Over the last several years, the State of Alaska has exceeded national averages for alcohol induced deaths, heavy drinking and binge drinking rates, illicit drug use and Opioid overdose mortality rates. According to the Alaska Behavioral Health Systems Assessment Final Report (2016) reports approximately one in nine adults needed treatment for an illicit drug or alcohol problem or roughly 62,815 adults in Alaska. Among Alaska traditional high school students, roughly 33.5% are estimated to have a risk behavior for substance use with 18.4% having moderate to high risk behavior for substance use.

4.1 Objective: Increase awareness, improve knowledge, and change behaviors to prevent drug and alcohol misuse.

- a. Strategy: Develop research-based health education campaigns.
- b. Strategy: Develop a collaborative and long-term prevention program plan that includes a health education campaign.
- c. Strategy: Educate young people using informed strategies about the adverse health impacts of using substances during critical brain development years.
- d. Strategy: Establish statewide alcohol prevention coalition.
- e. Strategy: Partner with researchers to create culturally based health, wellness and prevention campaigns.

4.2 Objective: Reduce the impact of mental health and substance use disorders through prevention and early intervention.

- a. Strategy: Standardize mental health and substance use screenings and assessments that are age appropriate (i.e. older adults, youth) statewide.
- b. Strategy: Access and assess data to ensure that substance misuse prevention efforts are appropriate and targeted across the lifespan.

- c. Strategy: Increase awareness of available peer supports regarding drug and alcohol misuse for individuals and family members.

4.3 Objective: Improve treatment and recovery supports to reduce the impact of mental health and substance use disorders.

- a. Strategy: Create statewide standards for Medicaid funded peer recovery supports.
- b. Strategy: Increase access to community-based outpatient services and other community supports.
- c. Strategy: Increase access to residential substance use disorder services and respective case management services to aid in stepping down thorough the continuum of care.
- d. Strategy: Increase access to sub-acute and acute mental health and substance use disorder treatment and services.

5. Goal: Individuals, families, communities, and governments take ownership to prevent suicides and self-harm in Alaska.

Suicide is preventable. While each suicide or attempted suicide can be as unique as the person who experiences it, there are ways to address the “web of causality” — the multiple social, emotional, environmental, and health factors — involved. Data from the Health Analytics and Vital Records shows that 186 Alaskans died by suicide in 2016, resulting in a statewide suicide rate of 25.3/100,000. Alaska’s rate remains nearly double the national average (13.3/100,000 in 2015). The contributing factors to the high rate of suicide deaths in Alaska are as complex as the “web of causality” that influences risk of suicide. If every one of us learned about suicide, and the risk factors and protective factors involved, we would be better prepared to prevent suicide in our families and communities.

5.1 Objective: Coordinate prevention efforts to ensure that Alaskans across the lifespan have access to a comprehensive prevention system.

- a. Strategy: Recognize, within prevention efforts, the connections between suicide, substance abuse, mental illness, domestic violence, bullying, child abuse, teen risk behaviors, poor school performance, and health outcomes.
- b. Strategy: DHSS agencies/providers have guidance on referral supports and services.
- c. Strategy: Provide financial and technical support for implementation of evidenced-based prevention and research-based suicide prevention practices.
- d. Strategy: Consistent social media and Public Service Announcements (PSA) regarding available suicide and crisis supports and services.

5.2 Objective: Support and improve the system to assist individuals in crisis.

- a. Strategy: Maintain effective Careline services to all Alaskans in crisis.

- b. Strategy: Provide public education on mental health and suicide.
- c. Strategy: Support vulnerable Alaskans through protective services.

6. Goal: Alaskans are free from abuse, neglect, self-neglect, and exploitation.

6.1 Objective: Promote primary prevention of abuse, neglect, self-neglect, and exploitation.

- a. Strategy: Increase public awareness around the signs of potential abuse and how to respond.
- b. Strategy: Families First Act services are provided in homes to prevent out of home placement.
- c. Strategy: Negotiate with tribes and Alaska Native tribal organizations to implement Alaska Tribal Child Welfare Compacting.

6.2 Objective: Those that suspect potential abuse understand the role of protective agencies and practice reporting potential abuse, neglect.

- a. Strategy: Increase awareness of the Office of Children's Services; child abuse reporting and mandatory reporter obligations.
- b. Strategy: Increase awareness of Adult Protective Services; abuse reporting and mandatory reporter obligations.
- c. Strategy: Improved access to training for mandatory reporters.
- d. Strategy: Online reporting is available 24 hours per day 7 days per week.
- e. Strategy: Interagency data sharing to ensure reports of harm are transmitted timely and accurately.
- f. Strategy: Encourage communities to implement a coordinated community response system.

6.3 Objective: Alaskans who are vulnerable have timely access to protective services statewide

- a. Strategy: Support communities building sustainable systemic approaches to protection services.
- b. Strategy: Apply person centered model to the delivery of protective services.
- c. Strategy: Continue funding for emergency and transitional housing options.
- d. Strategy: Meet national caseload standards.
- e. Strategy: Recruit and retain certified long-term care ombudsman volunteers.

6.4 Objective: Vulnerable adults understand their rights and responsibilities.

- a. Strategy: Develop an awareness campaign to educate people about the array of legal services or options offered in Alaska.
- b. Strategy: Improve access to quality civil and criminal legal assistance for all beneficiaries.
- c. Strategy: Support the court system in creating a statewide probate process that is consistent across judicial districts.

7. Goal: The assessed needs of Trust beneficiaries are met in the least restrictive environment.

7.1 Objective: The cycle of substance misuse is broken.

- a. Strategy: Enhance early access to care by training providers on Screening, Brief Intervention, and Referral to Treatment.
- b. Strategy: Increase the number of treatment spaces available across the *American Society of Addiction Medicine* continuum of care.
- c. Strategy: Promote same day access to substance use disorder treatment.
- d. Strategy: Expand Medication Assisted Treatment (MAT) options across Alaska.
- e. Strategy: Support funding for and increase the number of aftercare treatment programs.
- f. Strategy: Build a comprehensive case management system to assess client needs and facilitate referrals and assistance.

7.2 Objective: Increase access to effective and flexible person-centered long-term services and supports in urban and rural areas to avoid institutional placement.

- a. Strategy: Provide mechanism for individuals to receive timely assessment and installation of environmental modifications.
- b. Strategy: Utilize appropriate assistive technologies to improve safety and health outcomes for vulnerable Alaskans living in the community.
- c. Strategy: Form a collaborative committee around serving individuals with complex behaviors to troubleshoot the most challenging circumstances.
- d. Strategy: Provide training on person-centered planning to service providers, recipients, and family members.

7.3 Objective: The number of Trust beneficiaries entering or becoming involved with Alaska's criminal justice system is reduced.

- a. Strategy: Increase the use of pre-charge and pre-arrest diversion without incarceration.
- b. Strategy: Collaborate with other criminal justice involved partners to develop and implement services for trust beneficiaries.
- c. Strategy: Expand immediate access to treatment and support services for individuals who encounter law enforcement and the legal system.
- d. Strategy: Accommodate the needs of victims and offenders who are beneficiaries and involved in the criminal justice system.

8. Goal: Support the needs of Trust beneficiaries who are in an institutional setting and ensure they live with dignity.

Trust beneficiaries experience high levels of placement within institutional settings which results in a loss of connection with their home community. Institutional settings include: placement into the Alaska Psychiatric Institute (API), becoming incarcerated, as well as placement out-of-state in an institution such as an intermediate care facility. Alaska has had a strong progression away from institutional settings and towards serving beneficiaries in their home communities which ultimately leads to more meaningful lives and more cost efficiency for state government.

Prior to statehood in 1959, there were no services for individuals who experienced developmental disabilities. Adults and children were sent outside to Morningside Hospital in Oregon. Morningside closed in 1960 and Alaska residents were relocated to Harborview Developmental Center in Valdez. Community-based services emerged in the late 1960s with the help of state and federal grants. In 1994, Alaska's Medicaid program obtained federal approval to offer home and community-based service waivers for individuals who meet institutional level of care. Waivers accelerated the move to supporting individuals in their home community. Based on wide spread agreement, Alaska committed to intentionally closing its one institution, Harborview Developmental Center in 1997. Currently, some Alaskans are being served in intermediate care facilities for individuals with intellectual disabilities out-of-state.

Those beneficiaries who are within an institutional setting need the opportunity to live with dignity and have their needs accommodated appropriately. This includes, robust collaboration across state agencies to ensure that transition from institutional settings back to the community are successful.

8.1 Objective: Ensure all Alaskans who are in psychiatric settings in state or out-of-state care are provided the appropriate therapy and supports (such as transitional supports, aftercare, and follow-up).

- a. Strategy: Ensure all individuals residing in an institutional setting is assessed correctly and are care coordinated to a less restrictive environment when appropriate.
- b. Strategy: Enhance care coordination process and wrap around services for successful transition from an institutional setting back to one's home community.
- c. Strategy: Improve the system for those with complex behavioral needs by enhancing service level options.
- d. Strategy: Establish quality of care standards and improvement processes for Medicaid/Medicare funded psychiatric inpatient services.
- e. Strategy: Create person-centered discharge and aftercare plans for Alaskans leaving psychiatric settings and provide follow-up case management.

8.2 Objective: Ensure Alaskans who are in nursing homes and Intermediate Care Facilities (ICF) are provided the appropriate therapy and supports including transitional supports, aftercare, and follow-up.

- a. Strategy: Enhance care coordination process and wrap around services for successful transition from a nursing home or ICF setting back to one's home community.
- b. Strategy: Improve the system for those with complex behavioral needs by enhancing service level options such as exploring a temporary stabilization center.
- c. Strategy: Ensure all individuals residing in nursing homes and ICF settings receive information on less restrictive setting options.
- d. Strategy: Create person-centered after care plans for Alaskans leaving nursing homes and ICF settings and provide case management as well as ongoing follow up for adjustments to plans as needed.
- e. Strategy: Ensure that the Office of the Long-Term Care Ombudsman visits a minimum of 90% of assisted living and nursing homes that are licensed to serve seniors.

8.3 Objective: Provide appropriate therapeutic clinical support and case management for Alaskans who are incarcerated.

- a. Strategy: Ensure all correctional facility staff are trained in Mental Health First Aid to properly respond to crises as they occur.
- b. Strategy: Support the efforts of DOC to provide appropriate care for people with mental, cognitive, and/ or substance use disorders.
- c. Strategy: Provide therapeutic environments for individuals in the mental health, aging, and substance use disorder units
- d. Strategy: Support the Department of Corrections (DOC) efforts to expand medication assisted treatment options to incarcerated Alaskans.
- e. Strategy: Provide opportunities for funding and technical assistance that aid DOC's efforts to eliminate suicides that occur behind the walls.
- f. Strategy: Support efforts such as conducting listening sessions and collecting data on reasonable accommodations and the respective grievance process of incarcerated individuals who have disabilities to enhance living with dignity.
- g. Strategy: Screening for appropriate intervention and accommodation/ placement for Alaskans with neurobehavioral-disabilities (FAD, TBI, ADRD) who are incarcerated.

9. Goal: State of Alaska provides adequate resources and funding to support the Comprehensive Integrated Mental Health Program.

9.1 Objective: Strengthen workforce capacity with improved recruitment and retention to obtain and maintain knowledge, support innovation and modernization.

- a. Strategy: Engage and prepare Alaska's youth for health careers.
- b. Strategy: Improve retention strategies for existing health professionals.
- c. Strategy: Develop strong leader and leadership courses and offerings.
- d. Strategy: Promote organizational culture that supports workforce development.

9.2 Objective: Provide specialized training or career paths to new and existing workforce to support beneficiaries with high needs in a community based setting.

- a. Strategy: Create an attractive career path for those entering the workforce with accompanying training.
- b. Strategy: Utilize student loan repayment and forgiveness options to address workforce shortages statewide.
- c. Strategy: Payment levels are in alignment with actual costs to promote providers paying a livable wage.
- d. Strategy: Expand and enhance training and professional development opportunities for all healthcare professionals.
- e. Strategy: Enhance the use of technology for distance delivered educational opportunities.

9.3 Objective: Optimize information technology investments to improve process efficiency and enable innovation.

- a. Strategy: Explore utilization of innovative distance technology to increase access and cost savings.
- b. Strategy: Utilize the DHSS IT Governance Project and Portfolio Management Review team and the DHSS IT Leadership team to work with business stakeholders to evaluate potential technologies and solutions.
- c. Strategy: Utilize the DHSS IT Governance processes for requesting/soliciting new technology or to change an existing DHSS technology.

9.4 Objective: Encourage a culture of data-driven decision making that includes data sharing, data analysis and management to link support services across Divisions and Departments.

- a. Strategy: Understand what data is available and can it be streamlined.
- b. Strategy: Purpose driven collection and analyzation of data.
- c. Strategy: Consolidate data sharing agreements where possible.
- d. Strategy: Obtain legal counsel for final determination on the opportunities and constraints of DHSS inter-division data sharing, including new regulations found in 42 CFR part 4.
- e. Strategy: Using the DHSS systems map and legal determination, retain consultant services to create a DHSS data streamlining and data sharing plan.

Resource Management Committee Report / Update

Memorandum



To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Wyn Menefee, Executive Director *Wyn*
Date: October 17, 2018
Subject: October 17th, 2018 – Resource Management Committee Meeting Summary

The Resource Management Committee met on October 17th, 2018, received an update of key TLO activities including a real estate management properties overview, mining updates, and reviewed two (2) consultations presented by TLO staff. Both consultations require the full board review.

After consultation, the Resource Management Committee recommended the board of trustees concur with the proposals:

1. Item A – Mountain Point Waterfront Negotiated Sale, MHT 9100966

Proposed Motion: *"The Alaska Mental Health Trust Authority board of trustees concurs with the Trust Land Office recommendation for the Executive Director to dispose of Trust parcel CRM-3392-02 through a negotiated sale or subsequent disposal."*

Anticipated Revenues/Benefits: By entering into a negotiated sale for this parcel with the Ketchikan Gateway Borough, the TLO would seek a approximately 40% premium above the appraised value of \$360,000.00. The offer by the borough to purchase for \$500,000.00 would ensure the Trust receives value in excess of what would be expected in a competitive sale. Disposal of the property to the borough demonstrates cooperation between our agencies which serves the greater good in addition to the Trust's interests and ends the Trust's efforts at working towards rezoning the property from Public/Institution. Disposal would also alleviate the need to manage the ongoing unauthorized use that's occurring on the parcel.

2. Item B – Icy Cape Closure, MHT 9100218

Proposed Motion: *"The Alaska Mental Health Trust Authority board of trustees concurs with the Trust Land Office recommendation for the Executive Director to close the following Trust parcels to public use: CRM-0001, CRM-0002, CRM-0003, CRM-0004, CRM-0005, CRM-0006, CRM-0007-A, CRM-0008, and CRM-0009."*

Anticipated Revenues/Benefits: The extension of the closure will preclude public use conflicts with the industrial uses occurring and future revenue generating uses intended at Icy Cape.

cc: Board of Trustees
Mike Abbott, CEO Alaska Mental Health Trust Authority
Wyn Menefee, Executive Director, Trust Land Office

Additional Documents

To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Andrew Stemp, Chief Financial Officer
Date: November 2, 2018
Re: Audit & Risk Committee Report

Meeting Summary:

There has been one meeting of the Audit & Risk Committee since the last board report. The meeting occurred on October 17, 2018 and was attended by trustees Christopher Cooke, Laraine Derr (Chair), Paula Easley, Vernè Boerner, Mary Jane Michael, Jerome Selby, and Carlton Smith. The October 17, 2018 Audit & Risk Committee addressed one item:

FY2018 Audit Report Status & Results: Bikky Shrestha, the BDO LLP audit partner assigned to the Trust account presented the results of the audit work completed to date, including preliminary financial statements and a summary of the audit team conclusions. He then answered questions from the Committee. At the conclusion of the presentation he noted that the final report would be delivered to the Trust after the GASB 75 information was finalized. The Committee expressed appreciation for the work completed so far and expressed interest in a timely report issuance.

No motions were acted upon by the committee.

The Audit & Risk Committee concluded at approximately 9:30 am. The next scheduled meeting of the Audit & Risk Committee is ***January 3, 2019***.

To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Steve Williams, Chief Operating Officer
Date: November 7, 2018
Re: Program and Planning Committee Report

There has been one meeting of the Program and Planning Committee since the last board report. The meeting occurred on October 17, 2018 and was attended by trustees Christopher Cooke (chair), Carlton Smith, Vernè Boerner, Laraine Derr, Paula Easley, Mary Jane Michael, and Jerome Selby.

Meeting Summary:

The following items were presented and discussed by the committee.

1) *Comprehensive Integrated Mental Health Plan (Comp Plan) Update*

Jillian Gellings and Deb Ethridge (Department of Health and Social Services) and Michael Baldwin and Autumn Vea (Trust staff) presented the current work of the Department, Advisory Boards and the Trust to the updating and revision of the existing Comprehensive Integrated Mental Health Plan. The presentation included an overview of the draft framework and goals of the Comp Plan and timelines for next steps. The timelines outlined were:

- November 15, 2018 – Present 1st draft to the Mental Health Trust Board
- December 31, 2018 – Complete the 2nd draft of the Comp Plan
- January 7, 2019-February 4, 2019 – Public Comment
- March 1, 2019 – Final Comp Plan Completed
- April 1, 2019 – Website Developer Procurement
- May 1, 2019 – Begin Website Development
- June 30, 2019 – Complete Website
- July 1, 2019 – Distribute Comp Plan & Website goes live

There was good follow-up dialogue between the presenters and trustees. Trustees offered general feedback and observations for the workgroup's consideration. The workgroup committed to all taking information into account as their work moves forward. The trustees expressed appreciation of all the work invested by the partners.

2) *Developing Projects Update*

Trust staff provided updates on three potential program related projects that should positively impact services for and the lives of Trust beneficiaries. The projects were:

- Expansion of the Hiland Mountain Women's Mental Health Unit
- Peer support services building
- Crisis stabilization center

The individual presentations provided overviews and were informational in nature, no action was requested or taken by the committee. However, trust staff did indicate their intention to bring forward a funding request for the expansion of the Hiland Mountain women's mental health unit consideration to the board of trustees on November 15, 2018. There was no objection by the committee or individual trustees to that direction.

The following funding request was presented to and considered by the committee.

1) *FY19 Substance Abuse Prevention & Treatment Focus Area Allocation (\$300,000)*

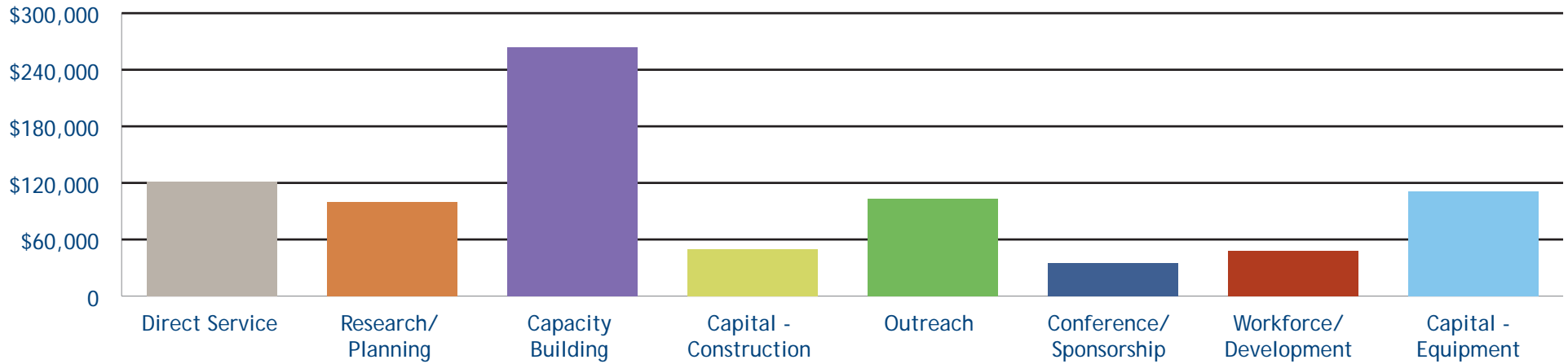
Trust funds were requested to bridge Volunteers of America (VOA) mental health and addiction outpatient and residential treatment services to at-risk youth and young adults statewide, between the ages of 13 and 24. This requested funding investment would provide bridge funding and service enhancements to build out and stabilize VOA programming for Trust beneficiaries.

Action taken: The committee unanimously approved a \$300,000 FY19 Substance Abuse Prevention & Treatment focus area allocation to Volunteers of America Alaska for the Treatment Programs Bridge/Enhancement Funding project.

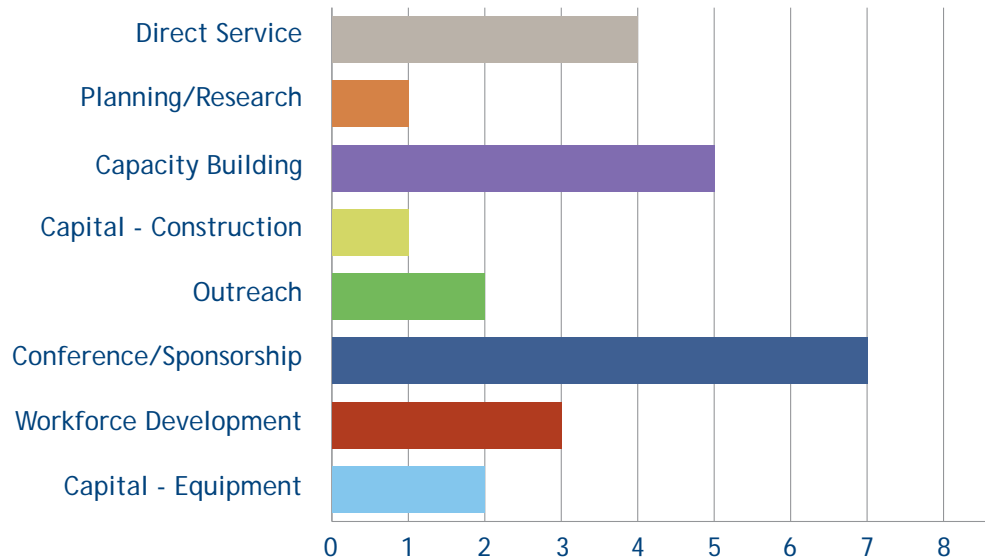
The Program and Planning Committee adjourned at approximately 2:15 pm. The next scheduled meeting of the committee is ***January 3, 2019.***

Trust Authority Grant Summary, July 1 – September 30, 2018

Total Grant Amount by Category



Number of Grants by Category



Grant Location



Primary Beneficiary Category Served by Grants

Grant Name	Mental Illness	Developmental Disabilities	Chronic Alcoholism and other Substance Related Disorders	Alzheimer's Disease and Related Dementia	Traumatic Brain Injuries	All Beneficiaries
Volunteers of America Alaska						
Covenant House Alaska						
Juneau Community Foundation						
Haven House, Inc.						
Catholic Social Services						
Alaska Christian College						
Choosing Our Roots						
Akeela, Inc.						
Alaska Youth and Family Network						
Alaska Court System						
Mat-Su Services For Children & Adults, Inc.						
Association of Alaska School Boards						
Bridges Community Resource Network, Inc.						
North Star Community Foundation						
All Alaska Pediatric Partnership						
SeaView Community Services						
Interior Alaska Center For Non-Violent Living						

Grant Name	Mental Illness	Developmental Disabilities	Chronic Alcoholism and other Substance Related Disorders	Alzheimer's Disease and Related Dementia	Traumatic Brain Injuries	All Beneficiaries
Alaska Mental Health Consumer Web						
Programs for Infants and Children, Inc.						
Division of Public Health						
Alaska Public Health Association						
Alaska Childrens Alliance						
South Peninsula Behavioral Health Services, Inc.						
First Alaskans Institute						

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	Youth Homeless Demonstration Project - Permanent Supportive Housing	Volunteers of America Alaska	\$100,000.00
Project Description		Other Funding Partners (Secured and Pending)	
Volunteers of America Alaska (VOAAK) will provide scattered site permanent supportive housing to approximately 30 transition-aged youth (ages 18-24) who are homeless. Permanent supportive housing is an evidence-based intervention with established outcomes that keeps people stably housed, reduces incarceration, reduces substance abuse and decreases emergency room usage. This program will provide scattered site subsidized housing and mobile behavioral health support services in Anchorage. VOAAK is working in partnership with the Youth Homelessness Demonstration Program and Anchorage Coalition to End Homelessness. This investment is recommended as it benefits youth beneficiaries across all categories and will significantly impact the homeless youth of Anchorage. Trust funds are used in conjunction with federal, local and private funds to implement this program.		Anchorage Coalition to End Homelessness - Conditionally awarded awaiting HUD final approval, Block Foundation (PENDING)	

Authority Grant Type	Project Title	Name	Grant Amount
Substance Abuse	Coordinated Youth & Young Adult Street Outreach	Covenant House Alaska	\$100,000.00
Project Description		Other Funding Partners (Secured and Pending)	
Covenant House Alaska (CHA) will offer Transition Age Youth (TAY) Street Outreach support and connections to coordinated Community Outreach Response Efforts (CORE), which will identify, assess, and connect homeless and trafficked TAY to wraparound services and housing. CHA is requesting \$100,000 gap funding to be a part of Anchorage's cross-disciplinary Community Outreach Team. Currently, there are no organizations specifically targeting TAY. The majority of youth served by CHA suffer from mental health illness, substance abuse issues or both, many have suffered abuse or neglect, and are involved with the foster care or juvenile justice systems. After such extensive trauma, TAY are often afraid to extend trust to adults and do not seek shelter on their own. Without the persistence of CHAs Outreach team, they run a high risk of human trafficking, addiction, exploitation and chronic homelessness. This investment is recommended as it benefits youth beneficiaries across all categories and will significantly impact the homeless youth of Anchorage. Trust funds are used in conjunction with federal, state, local and private funds.		Alaska Community Foundation (SECURED), Administration of Children and Families Street Outreach Program (PENDING)	

Authority Grant Type	Project Title	Name	Grant Amount
Substance Abuse	Year 2 - CLEAR Pilot with Juneau Schools	Juneau Community Foundation	\$100,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>This request supports the second year of pilot funding for the three-year trauma informed school consultation project using the CLEAR model. Preliminary feedback from year 1 has been very positive and promotes a culture change for improved education and health outcomes for beneficiaries and at-risk children and their families. Year 2 efforts build on relationships and skills established over the past year to promote institutional implementation of trauma-informed practice. Funds will be used to continue the CLEAR contract providing consultation to Juneau School District staff.</p> <p>This project supports Trust strategies related to mental illness and substance use prevention (Substance Abuse Prevention and Treatment focus area) and furthers statewide policy recommendations related to trauma-informed schools.</p>		<p>Division of Behavioral Health, Juneau School District, Juneau Community Foundation (SECURED), Alaska Children's Trust (PENDING)</p>	

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	Akeela Electronic Health Records System Replacement	Akeela, Inc.	\$86,100.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>The funding request would increase Akeela's organizational capacity to serve beneficiaries with mental illness, substance use disorders and traumatic brain injuries through an improved electronic health record system. Replacement of the current system will streamline recordkeeping and billing functions and allow more time to be spent with beneficiaries to maximize therapeutic value and improve outcomes.</p> <p>This project supports Trust strategies related to organizational sustainability as well as beneficiary access to treatment.</p>		None	

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	Recovery/Reentry program and residence for incarcerated and formerly incarcerated women	Haven House, Inc.	\$80,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>Haven House provides peer recovery and reentry services for women who have been formerly incarcerated. This includes supportive transitional housing tailored to the needs of formerly incarcerated women; peer recovery and reentry coaching; peer probation/parole coaching; collaboration with other community agencies to bridge between general recovery services and the support that is specific to the special circumstances of formerly incarcerated individuals.</p> <p>The housing and supportive services provided to people leaving corrections fills a unique need in the Juneau community. The housing and services provided have reduced recidivism for the women participating in the program. Haven House is also working with the Trust to receive technical assistance to develop a defined service model for sustainability and possible replication in other parts of the state. The Department of Corrections and other beneficiary stakeholders support the use of this model to support people transitioning from correctional institutions to the community.</p>		<p>Benito and Frances C. Gaguine Foundation, Juneau Community Foundation, AK Native Social Justice Grant (SECURED), individual donations, church contributions (PENDING)</p>	

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	Path to Independence	Catholic Social Services	\$50,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>This program will quickly house individuals and families experiencing homelessness in Anchorage and help them remain housed permanently. The purposes of Path to Independence are: to pilot a model to address homelessness in Anchorage that engages private landlords as partners, investors, and proponents; to quickly transition homeless individuals and families into housing and relieve pressure on crowded shelter facilities; to combine housing interventions with supportive services and employment opportunities, including with private landlords; and to promote long-term self-sufficiency and reduce instances of recurrent shelter stays. This project aligns with increasing the number of supportive housing options for beneficiaries, has been identified as a community need by the Anchorage Coalition to End Homelessness and is a collaboratively funded proposal supported by our beneficiary stakeholders.</p>		<p>Weidner Apartment Homes, United Way/Providence Health and Services Alaska, Rasmuson Foundation, BP, ConocoPhillips, Carr Foundation, First National Bank, Wells Fargo, 14 additional funders including all 12 ANCSA Organizations (SECURED)</p>	

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	Behavioral Health Classroom with Simulation Laboratory	Alaska Christian College	\$50,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>The Behavioral Health (BH) AA degree program is expanding and increasing in enrollment at Alaska Christian College (ACC) and the school needs an additional classroom to meet the need. We are partnering with ACC for \$50,000 to help purchase the building materials needed to double the classroom size and capacity. This support will directly increase the workforce as 90% of the students come from rural Alaska. The BH AA degree aligns with the Alaska Native Tribal Health Consortium (ANTHC) BH 1 program, which they have been working on with Xio Owens at ANTHC. Supporting this request will help increase the rural workforce as well as help beneficiaries get support for mental health and substance use disorders.</p>		<p>Partners Churches, Volunteer Workers (SECURED), Rasmuson Foundation, Other Donors (PENDING)</p>	

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	Host Home Program for LGBTQ Youth	Choosing Our Roots	\$50,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>Choosing Our Roots (COR) is a grassroots nonprofit devoted to safely housing homeless and marginally housed Alaskan youth (ages 13-24) who identify as lesbian, gay, bisexual, transgender, and/or queer (LGBTQ). LGBTQ youth who experience familial rejection and homelessness are at high risk for depression, posttraumatic stress disorder, substance abuse and other mental health challenges. Using an evidence-based host home model, COR will provide more than shelter. Trauma-informed wraparound services, intensive case management, material assistance and lasting adult relationships will empower COR's youth participants to thrive as confident, resilient young adults.</p> <p>The 2017 Municipality of Anchorage Community Plan to End Homelessness: Youth and Young Adults, produced jointly by the State of Alaska, the Municipality of Anchorage, the Anchorage Coalition to End Homelessness, and Covenant House Alaska, identifies LGBTQ youth as one of five subpopulations of focus known to be disproportionately at risk for homelessness. Despite representing less than 10% of the population, LGBTQ persons make up 40% of homeless youth. COR was formed as a grassroots response to that unmet need among LGBTQ youth in our communities. This project is recommended for funding by the Trust in collaboration with our beneficiary stakeholders. COR is connected with the Anchorage Coalition to End Homelessness and received Youth Homeless Demonstration Grant funds administered by Covenant House to serve the homeless LGBTQ youth population.</p>		<p>Anchorage Coalition to End Homelessness / Youth Homelessness Demonstration Project, St. Mary's Mission Outreach, Harnisch Foundation (SECURED) Pride Foundation, Palette Fund, Arcus Foundation, Anchorage Community Foundation, Rasmuson Foundation, Individual Donations (PENDING)</p>	

Authority Grant Type	Project Title	Name	Grant Amount
Employment	Akeela Peer Support Workforce Development Project	Akeela, Inc.	\$30,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>Funding is requested to support startup costs for a new peer support program through Akeela that would increase engagement of beneficiaries with substance use disorder. Introduction of peer support services to the Akeela continuum of care will provide timely support for women seeking help with their addiction who would otherwise have to wait for traditional clinical services and/or inpatient care. Additionally, hiring beneficiaries as peer support staff with lived experience serves to directly support the recovery and wellbeing of beneficiaries providing the peer support service.</p> <p>This project supports Trust strategies related to peer support (Beneficiary Employment and Engagement priority) as well as beneficiary access to substance use disorder treatment.</p>		<p>Hope & Grace New Venture Fund, Akeela Inc. (SECURED)</p>	

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	Mat-Su Operations Supplemental Grant	Alaska Youth and Family Network	\$25,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>This funding request supports Alaska Youth & Family Network's (AYFN) operational expansion to the Mat-Su in partnership with the Mat-Su Health Foundation (MSHF). MSHF program staff is currently developing a proposal to secure operational bridge funding for the next 2-3 years while AYFN works with Trust technical assistance to plan diversified funding and sustainability for family and peer support services in the Medicaid reform environment. Trust funds will ensure agency viability as MSHF funds are requested.</p> <p>This project supports Trust strategies related to organizational stability to ensure access to family support services and the continuum of care.</p>		<p>None</p>	

Authority Grant Type	Project Title	Name	Grant Amount
Disability Justice Grant	Palmer Families with Infants & Toddlers Court Training	Alaska Court System	\$12,000.00
Project Description		Other Funding Partners (Secured and Pending)	
This proposal supports the Palmer therapeutic court focused on families with children involved in the child welfare system also known as the Palmer Family Infant Toddler Court (FIT). The goal of the FIT court is to maintain or reunify the family unit. It has been established that a parent involved in the criminal justice system or a child's involvement in the child welfare system places increased risk of abuse of substances and or mental health disorders. This project aligns with the Trust's established Disability Justice focus area and criminal justice reform and reinvestment priorities.		None	

Authority Grant Type	Project Title	Name	Grant Amount
Employment	Employment Program for Trust Beneficiaries	Mat-Su Services For Children & Adults, Inc.	\$10,000.00
Project Description		Other Funding Partners (Secured and Pending)	
This funding request supports beneficiaries with intellectual and developmental disabilities (I/DD) in temporary employment at the Alaska State Fair. The expected outcome of this project will provide beneficiaries work experience in a supportive environment that promotes learning new skills and builds employment history.		AK State Fair (Secured)	
This project supports Trust strategies related to Beneficiary Employment and Engagement.			

Authority Grant Type	Project Title	Name	Grant Amount
Substance Abuse	Youth Leadership Institute	Association of Alaska School Boards	\$7,500.00
Project Description		Other Funding Partners (Secured and Pending)	
Requested funding supports an intensive student leader gathering in conjunction with the Association of Alaska School Board annual meeting. Students represent the diversity of the state (~30 school districts including urban and many rural) and are empowered with leadership tools and strategies to reduce substance use and improve mental health within their communities.		Association of Alaska School Boards (Secured)	
This project supports youth focused Trust strategies related to prevention and early intervention as well as Substance Abuse Prevention and Treatment.			

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	2019 Kenai Project Homeless Connect	Bridges Community Resource Network, Inc.	\$6,000.00
Project Description		Other Funding Partners (Secured and Pending)	
At each Project Homeless Connect (PHC) event, a person experiencing homelessness can receive assistance from multiple service providers - all under the same roof. From employment counselors to mental health professionals to housing assistance programs, the goal is to ensure participants have all the tools necessary to rebuild what they have lost and move forward. Project Homeless Connect events are held in many towns and cities across Alaska and all occur on the same date in January. This date coincides with the annual HUD Point In Time count that attempts to count the number of homeless individuals and families in an area. Funding is recommended to continue the work done in the Kenai area to connect homeless people with housing, services and supports. This project aligns with the housing focus area and is supported by our beneficiary stakeholders.		Tesoro, ConocoPhillips Alaska, Walmart, other local private funders	

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	2019 Fairbanks Symposium on Homelessness	North Star Community Foundation	\$5,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>Fairbanks Housing and Homeless Coalition (FHHC), under the fiscal umbrella of the North Star Community Foundation, is hosting the second Fairbanks Symposium on Homelessness that will be a community-wide work session to explore the possibility of establishing a local Assertive Community Treatment (ACT) team. ACT provides mental health and supportive services to vulnerable individuals in a community who otherwise are unlikely to receive care. The symposium will connect local stakeholders with state/federal resources and leading experts from around the country. The FHHC hosted a similar symposium in 2017 that resulted in a multiagency collaborative Rapid Re-Housing project. The 2017 symposium was attended by a large cross section of the Fairbanks community including service providers, housing providers, local elected officials and government officers as well as State of Alaska staff representing behavioral health, housing and employment services, and HUD staff. Community advocates, business owners and those interested in housing and homeless issues also participated.</p> <p>Funding is recommended for the 2019 Symposium. This has shown to be an effective way for Fairbanks to involve the broader community in housing and homelessness service discussions and kickstart work on large initiatives that require multiple partnerships across service sectors to be successful. With the Department of Health and Social Services' 1115 Waiver expected to be finalized prior to – or if delayed, soon after - this meeting, the timing of this discussion is ideal for creating a plan to provide ACT services in the community of Fairbanks.</p>		City of Fairbanks, Fairbanks Housing & Homeless Coalition (SECURED), Alaska Housing Finance Corporation; Corporate Sponsorships and Private Donations (PENDING)	

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	Sponsorship of the All Alaska Pediatric Symposium	All Alaska Pediatric Partnership	\$5,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>Funding will support the annual All Alaska Pediatric Symposium, which includes children's mental health and neurodevelopmental topics focused on Trust beneficiaries and families. This year's keynote speaker is Dr. David Willis of the Perigee Fund - an emerging Trust funding partner focused on infant and early childhood mental health. The event provides a key opportunity for health professional education and statewide partnership relevant to Trust beneficiaries.</p> <p>This project supports Trust strategies related to early intervention and prevention including integrated care and access to treatment for young beneficiaries and their families.</p>		<p>Intermountain Primary Children's Hospital (Utah), Alaska Native Tribal Health Consortium, Seattle Children's Hospital, The Children's Hospital at Providence (SECURED), Fairbanks Memorial Hospital, North Star Hospital (PENDING)</p>	

Authority Grant Type	Project Title	Name	Grant Amount
Medicaid	Organizational Financial Technical Assistance Services	SeaView Community Services	\$39,050.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>SeaView is the community behavioral health and social service agency for the eastern Kenai Peninsula and greater Seward area. Currently the organization is experiencing substantial financial instability caused in part by grant reductions, Medicaid billing and repayment of prior Medicaid overpayments to the agency. These factors and the uncertainty about how the proposed behavioral health reform changes will further impact the organization in the near future create a threat to the financial viability of the organization.</p> <p>Typically this type of request would be accommodated through the Trust technical assistance resource when contractors are available to do the work within the time frames needed. Providing the agency a grant to directly contract with the technical consultant, in this situation, is more expedient.</p> <p>This project supports Trust strategies related to organizational stability to ensure beneficiary access to services and a continuum of care in the Seward area.</p>			

Authority Grant Type	Project Title	Name	Grant Amount
Housing	Transitional Housing Program (FY18)	Interior Alaska Center For Non-Violent Living	\$25,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>This transitional housing project targets women and their children who are victims of domestic violence and/or sexual assault who are in need of safe affordable housing while transitioning to a safer life. In selecting participants for transitional housing we use a “barriers worksheet” and the individual with the most barriers to housing is who we place in the program. IAC prioritizes chronically homeless and mental health trust beneficiaries experiencing substance abuse, mental health issues, developmental disabilities and traumatic brain injury.</p> <p>Women and their children reside in a clustered apartment setting within the secure building that also houses the emergency shelter. Each apartment has the ability to house a woman with up to two children for a twenty-four month period. Supportive services include life skills training to live independently; education and support while re-establishing themselves in the workforce; intensive case management; appropriate referrals for needed services not provided by IAC and partnering with agencies in substance abuse, mental health, and additional educational and workforce opportunities.</p> <p>Funding is recommended as the goals of the project are in alignment with the housing focus area and a majority of women served in the shelter are Trust beneficiaries. This is a second year continuation of previously approved FY18 funding.</p>		None	

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	MHCW – Furniture, Renovation & Service Upgrades	Alaska Mental Health Consumer Web	\$25,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>This project supports deferred maintenance and technology needs for the Alaska Mental Health Consumer Web to continue serving Trust beneficiaries with dignity and respect and retain employees in a safe and welcoming physical environment. Funds leverage a Rasmuson Tier 1 request to improve the comfort, safety and functionality of the Web’s drop-in center which serves many of Anchorage’s most vulnerable beneficiaries.</p> <p>This request aligns with the Trust’s Beneficiary Employment and Engagement focus area priorities and philosophy of recovery-oriented peer support.</p>		Rasmuson Foundation (PENDING)	

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	DIR-Floortime certification for Early Intervention	Programs for Infants and Children, Inc.	\$6,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>This project increases the professional capacity of early intervention providers to support young children with Autism Spectrum Disorder (ASD) in the “DIR-Floortime” treatment modality. There are currently no certified providers in the state for this particular intervention. This project will prioritize training for providers committed to eventually becoming trainers of the model in order to increase statewide capacity.</p> <p>This project aligns with Trust priorities related to early intervention services for young beneficiaries with ASD and their families.</p>		Programs for Infants and Children (SECURED)	

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	12th Annual Alaska School Health and Wellness Institute (FY19)	Division of Public Health	\$5,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>This event supports training of school health and administrative professionals as well as related agencies working regularly on health issues affecting Alaskan youth. Participants will gain knowledge and skills to identify and intervene early when children and youth are at risk for mental health and substance abuse concerns. Trust funds will support scholarships allowing increased rural school participation.</p> <p>The project aligns with Trust priorities related to early intervention and prevention for youth at risk of mental health and substance abuse.</p>		State of Alaska Department of Education and Early Development; SOA Division of Public Health; MatSu Health Foundation (SECURED)	

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	2019 Alaska Public Health Summit	Alaska Public Health Association	\$5,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>The Alaska Health Summit is an important gathering of interdisciplinary professionals and community action minded advocates from across Alaska. This conference is important for bringing these folks together for several reasons, one, they are communicating as a group on current best practices and public health issues, i.e. opioid crisis. Second, they are helping to prepare our communities for healthcare reform as they discuss innovative ways to increase the healthcare capacity in our state.</p>		<p>Providence, Information Insights, Alaska Comprehensive Cancer Partnership, SEARHC, UAA, Alaska State Hospital and Nursing Home Association (SECURED)</p>	

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	Alaska Conference on Child maltreatment: Changing Futures	Alaska Childrens Alliance	\$5,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>The Alaska Conference on Child maltreatment draws in multidisciplinary teams consisting of law enforcement and prosecution, OCS, advocates, medical professionals, and mental health professionals, from across Alaska and provides them the opportunity to gain information on current best practices for responding to child victims and their families with a focus on healing justice. The Adverse Childhood Experiences study clearly shows the correlation between childhood trauma and the challenges that plague Alaska: mental health issues, substance abuse, suicide, physical illnesses and high crime rates. It is critical that those responding to child abuse have information on current issues, best practices and research, including Alaska specific information.</p> <p>Trust funds will support the cost of presenter Elspeth Bell, a licensed psychologist with an extensive background in cognitive behavioral therapy with a focus on Hoarding Disorder, Obsessive Compulsive Disorder and depression.</p> <p>The project aligns with Trust priorities related to early intervention and prevention for youth at risk of mental health, suicide and substance abuse.</p>		<p>Children's Justice Act Task Force, Council on Domestic Violence and Sexual Assault, Child Welfare Academy, Providence Hospital, Western Regional (SECURED)</p>	

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	The DeStig Cinema Series	South Peninsula Behavioral Health Services, Inc.	\$3,000.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>This project supports Homer community conversations to reduce stigma and increase integration of Trust beneficiaries. Building on a successful film series publicly offered through the local theater, the 2019 project will expand both the number of films and the evaluation to increase the depth and duration of the community conversation impact.</p> <p>Project goals support further integration of beneficiaries in community settings through reduced stigma and inclusion.</p>		<p>Hospice of Homer, Sprout (SECURED), Homer Foundation, Seldovia Village Tribe, Homer Opiod Task Force (PENDNG)</p>	

Authority Grant Type	Project Title	Name	Grant Amount
Partnership	2018 First Alaskans Institute Elders and Youth Conference	First Alaskans Institute	\$2,500.00
Project Description		Other Funding Partners (Secured and Pending)	
<p>This event supports Alaska Native beneficiary and family wellness and cultural heritage and reflects Trust values of prevention and community-led mental health promotion.</p>		<p>GCI, Alyeska Pipeline, CIRI Foundation, Alaska Airlines, BP, Conoco Phillips, First Nations Development Institute, Ilisagvik College, Rasmuson Foundation, Ravn Alaska (SECURED)</p>	



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of
Health and Social Services

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November 7, 2018

Chair Mary Jane Michael and Trustees
Mike Abbott, Trust CEO
Alaska Mental Health Trust Authority
3745 Community Park Loop
Anchorage, Alaska 99508

Re: Alaska Commission on Aging, Update on Planning Activities

Dear Chair Mary Jane Michael and Mr. Mike Abbott:

The Commission regrets not being able to present at the Trust November 2018 meeting as we have already scheduled a Listening Session for "Alaskans Aging with Intellectual and Developmental Disabilities" on the revised date of the Trust meeting, November 14. This targeted listening session, being conducted in partnership with the Alaska Association of Developmental Disabilities, the Governor's Council on Disabilities and Special Education, and Special Olympics, focuses on the needs of aging beneficiaries with intellectual and developmental disabilities (I/DD) and their concerns about aging in place in their communities of choice. Aging beneficiaries with I/DD is a small but growing segment of the Alaska senior population that is due, in part, to the strength of Alaska's home and community based services and access to improved health care along with the caregiving provided by the beneficiary's families and friends. This listening session is a needs assessment activity being conducted to prepare for the Alaska State Plan on Senior Services, FY2020-FY2023.

According to the ACoA Trust MHTAAR Statement of Intent, the Commission is required to report annually on planning activities which is usually done at the November Trust meeting. In lieu of a presentation, we offer this report of the Commission's needs assessment planning activities and findings to date. In addition to this correspondence, we also submit a separate report of the outcomes from the FY2019 ACoA Rural Outreach meeting to Nome and Shishmaref which was made possible through the FY19 ACoA Advisory Board Enhancement Capacity MHTAAR Grant. Thank you for your support of the Commission's activities!

Alaska State Plan for Senior Services, FY2020-FY2023 Needs Assessment Activities Update

The Commission is in the process of performing several needs assessment activities that include a senior survey, provider survey, and Elder-Senior listening sessions being held statewide for development of the statewide senior plan. This Plan documents the needs of older Alaskans and establishes direction for the coordination of all State activities related to seniors, with an emphasis on efforts related to implementing the Older Americans Act, including the development of a comprehensive and coordinated system for delivery of support services. The Alaska State Plan for Senior Services meets the federal requirement for states that receive funding through the Older Americans Act as well as state funds. Based on a preliminary analysis of the needs assessment activities, we are pleased to share the following highlights.

Highlights from the Electronic Senior Survey

The 52 question senior survey was conducted from May 1 through July 13, 2018. Alaskans age 55 years and older were asked to complete the survey that included questions about access to affordable health care, long-term support services, affordable/accessible senior housing, financial security, elder protection/safety, family caregiver

supports, and other related topics. Approximately 17,000 copies of the printed survey were distributed through *The Senior Voice*, a statewide senior monthly newspaper, as well to participants of four Elder Senior Listening Sessions conducted during the survey's timeframe. The survey was also mailed in bulk to senior centers and other providers statewide. In addition, the electronic survey was made available on the Commission's website with links from Senior and Disabilities Services, AARP Alaska, and other partner websites to the senior survey.

Electronic Survey Respondents: To date, we received a total of 3,117 responses of which 711 were electronic submissions and 2,406 written surveys from almost all areas of the state. While those responding were not a statistically chosen random sample, we believe that the large volume of responses will lend credibility to the survey's portrait of Alaska seniors after all of the findings are analyzed. However, the survey findings presented in this report only relate to responses from the electronic submissions using Survey Monkey. We are in the process of implementing a new software data system that will be used to analyze both survey formats, paper and electronic responses.

Of the 711 Alaskans responding to the electronic survey, approximately 74% were women and 25% were men with approximately 74% being adults between ages 55-69 (22.6% age 55-59; 30.8% age 60-64; 21% age 65-69; and 25% age 70+). In the 2014 survey, respondents age 70 and older were more likely to submit a paper survey and we expect a similar trend in the 2018 survey. The race of electronic survey respondents was 84% Caucasian/White, 9.7% Alaska Native/American Indian, 2.3% African American/Black, 1.1% Asian/Pacific Islander, 4% two or more races, and 2.7% other (Respondents could check more than one race). The typical senior electronic survey responder has lived in Alaska for a long-time. Almost 55% of the respondents stated having lived in the state for more than 30 years, while another 15% were born here. In other words, many of the respondents have been residents of the state since before the oil boom of the 1970s and 1980s. Sixty-two percent stated their desire to remain in Alaska permanently.

The respondents perceived themselves in good health. Four-fifths of respondents rated their overall health as Good, Very Good, or Excellent (29.5%, 37.5%, and 19.3%, respectively). Another 12.2% rated their health as Fair, and only 1.4% rated their health as Poor. More than half of the respondents said that they experience an illness or disability that limits the range of activities they enjoy such as a chronic disease (20.38% related to heart disease or diabetes, for example), physical health problems (16.8%), depression/anxiety (8.9%), fear of falling (7.8%), or other health-related reasons.

Responses show that 76.8% live in a home that they or a family member owns with another 7.5% renting at the time of the survey. Less than 1% of the electronic survey respondents collectively live in other housing situations such as assisted living, nursing home, a rooming house, or homeless shelter. Of those living independently, 33% stated that their housing was in need of improvement for accessibility (47.6%), electrical plumbing repairs (37.8%) and/or weatherization (48.7%). Twenty-eight percent stated that they "live alone."

The majority of the electronic survey respondents are young seniors with many actively in the workforce or self-employed. Forty-three percent reported working full-time (with 34% having no plans for retirement) and 32% identified as being retired. Regarding income, 53% reported earnings from wages, 15% from self-employment, and 53% from Social Security benefits. Other revenue streams include the Permanent Fund Dividend (77%), pension from a previous employer (43%), investments (26%), Native corporation dividends (8%), personal savings (33%), and other resources. Only 16% stated receiving some form of public assistance (Senior Benefits, Supplemental Nutrition Assistance Program, Adult Public Assistance, rent subsidy, or cash support from family). (Respondents could choose more than one income source for this question.)

Preliminary Survey Findings: The survey asked respondents to identify the top three issues of most importance to them as an older adult living in Alaska today. Access to health care (54.7%), financial security (36.8%), and maintaining physical health (36.8%) were the three leading priorities identified by the respondents. Having enough

food to eat (29.7%), access to affordable/accessible housing (27.7%), and availability of long-term support services for seniors (26.9%) were identified as important concerns as well. In a separate question, respondents were presented with a list of senior concerns and asked to identify the most important concerns for seniors they personally know who live in their community/neighborhood. They used a Likert scale to rate their responses (“most important,” “somewhat important,” “not as important,” and “not sure”). While access to health care remained the most important concern (89%) for both the respondent as well as other seniors they personally know, additional critical issues rose to the top including affordable/accessible housing (73%), long-term support services for persons with dementia and their families (61%), and transportation (53%). Assisted living facilities (52.2%) and caregiver supports (50.3%) were also identified by the respondents as important for seniors living in their community.

Access to health care and financial security have been consistently identified as critical concerns by surveys conducted in 2010, 2014, and 2018 for the four-year state senior plan. Many people noted the link between not being able to find a primary care provider who accepts Medicare, worries about rising health care costs, and fears that they will not have enough money to afford an adequate lifestyle in the future. When asked about barriers to accessing health care, not finding a provider who accepts Medicare (70.1%) was identified as the primary reason followed by health care costs being too high to afford (34.5%), limited dental/vision/hearing services being covered by Medicare (33.6%), and having no transportation to get to medical appointments (33.3%). Medicare was the health care insurance reported by almost half of the respondents (49.1%). Of those responding to questions regarding financial security, 47% said they had more than enough money to cover living expenses, 36.8% said their income was just enough to pay for necessities, and 13% said that they did not have enough to make ends meet either sometimes or all the time.

Although the majority of respondents reported receiving no formal services to help with activities of daily living such as preparing meals, shopping, personal tasks, getting to medical appointments, paying bills, and managing medications, about two-thirds of the respondents (66.5%) reported requiring some help. Respondents reported that most of the assistance they need comes from family (52.4%) and friends/neighbors (26%) as opposed to paid services (21.2%) or services provided through agencies (1.9%). Areas where respondents identified needing more help were general home maintenance (36.5%) and household chores (18.9%).

Declining health (53.8%), affordable health care (32.3%), limited income to afford necessities (46.5%), diminished mental abilities (30.5%), and isolation/loneliness (25.5%) are the top concerns/worries/fears that respondents noted having for themselves about aging.

Elder-Senior Listening Sessions

To date, six listening sessions have been conducted in Wrangell (February 2017), Mat-Su (May 2018), Anchorage (May 2018), Fairbanks (June 2018), Nome (September 2018), and Shishmaref (September 2018). These sessions were hosted in partnership with the senior center, regional senior advisory commissions, and other partners. One is planned for Juneau in addition to two other focused listening sessions planned for persons aging with intellectual and developmental disabilities (November 2018) and older adults with behavioral health needs (pending). The purpose of the listening sessions was to gather first-hand public input on elder-senior issues and to identify “what is working” and “what areas are in need of improvement” for seniors. The information gathered from the listening sessions is qualitative and complements the quantitative data from the senior and provider surveys.

The listening sessions included information about the state plan process in addition to senior demographics, the array of services provided for seniors, housing, elder safety, and health background information followed by facilitated discussions on local priorities.

In summary, the listening sessions all identified areas of common concern by local seniors that were also identified by the senior survey respondents as well as issues specific to their community. Each session had a number of recurring themes. Senior centers are named by most of the participants living in communities having senior centers as “working well” in addition to other community based services for seniors and recreational activities. The ability to live a subsistence lifestyle and enjoying subsistence foods were noted by listening sessions held in rural/remote communities.

What’s Working Well: The following attributes were identified as areas “working well” by community participants:

- Wrangell – Services provided by the Wrangell Senior Center and Alaska Island Community Services operated by Southeast Alaska Regional Health Care Consortium (SEARHC).
- Mat-Su – Services provided by Mat-Su Senior Services and Wasilla Senior Center because they provide “tasty meals,” reliable transportation, and recreational activities.
- Anchorage – Services provided by the Anchorage Senior Activities Center; volunteer opportunities for seniors; quality of life; recreational opportunities; and access to health care for persons insured by private insurance (not Medicare).
- Fairbanks – All of the senior centers (North Star Council on Aging, Fairbanks Native Association, North Pole Santa Seniors, and Fairbanks Resource Agency Adult Day Center); Fairbanks North Star Borough, Parks and Recreation activities for seniors that include senior exercise, transportation, and outings; University of Alaska Fairbanks, Osher Life Long Learning Institute; and intercultural activities and events hosted by Fairbanks Native Association and Denakkanaaga were identified as resources for Fairbanks seniors.
- Nome - Access to traditional subsistence foods; services provided by the XYZ Senior Center, Nome Community Center, Arctic Access, Quyanra Care nursing home, and housing services provided by local agencies; cash assistance from Native dividends; Senior Benefits; and “free” transportation service (a temporary service provided by Nome Eskimo Community).
- Shishmaref – Living the subsistence lifestyle with access to traditional foods and community sharing; and Elders for their wisdom, stories, and guidance.

Areas in Need of Improvement - Housing, transportation, health care (medical and behavioral health), and caregiver supports were identified as areas of critical need by listening session participants for their communities:

- Wrangell – Participants identified the need for a cardiologist to care for the growing number of older adults; doctors who understand behavioral health needs of an older person; and funding to repair an eroding ferry system that many seniors rely on for transportation.
- Anchorage – Develop more options for affordable/accessible senior housing as well as assisted living for seniors; enhance transportation services; improve access to primary health care for seniors insured by Medicare; and the desire for increased age-appropriate recreational opportunities were noted.
- Mat-Su – Improve para-transit services; attract geriatric specialists (particularly providers who understand health care needs of an older person and the “senior personality”); recruit personal care service providers who are well-trained and certified; and provide safe walkways/parking lots for seniors and disabled persons.
- Fairbanks – Expand para-transit services (to address senior isolation, especially in the wintertime); develop culturally appropriate assisted living for Native Elders moving to Fairbanks from rural/remote locations; provide caregiver respite for evenings and weekends; offer companion services to provide emotional support for homebound, isolated seniors; recruit geriatric health care specialists; provide opportunities for inter-generational activities; and promote community-wide education about geriatric mental health/behavioral health needs of older adults.
- Nome – Increase options for affordable, accessible, and quality senior housing; weatherization and accessibility improvements for existing housing; enhance supports for grandparents raising grandchildren; explore strategies to address high cost of living; and improve Internet communication systems.

Shishmaref – The top priorities include the need to establish an Elder meal program; Elder assisted transportation; address prevalent use of alcohol/drugs by community members; establish a local Food Bank; build a senior center; and make weatherization/accessibility improvements for existing housing.

The Provider Survey is the third needs assessment activity for the upcoming State Plan for Senior Services. This survey, now available using Survey Monkey, aims to gather information about what's working well for senior programs, from the provider's perspective, as well as service gaps, barriers for seniors to access care, and anticipated service needs from a growing senior population. The deadline for returning the survey is December 1, 2018. To date, the Commission has received 85 completed surveys.

By two Executive Proclamations, Governor Walker has declared that November 2018 is *Alzheimer's Disease Awareness Month* and *Family Caregivers Month* to recognize Alzheimer's disease as a public health priority for the older Alaskan population and to offer support for their caregivers who tirelessly care for them as well as other vulnerable Alaskans.

We invite Trustees and Trust staff to the Commission's upcoming board meeting on December 6, 9:00 a.m. to 5:00 p.m. that will be held by teleconference/videoconference. The call-in number is 1-800-315-6338, 53250#. The Trust report is scheduled for 1:00 p.m. to 1:30 p.m. followed by public comment, 1:30 p.m. to 1:45 p.m.

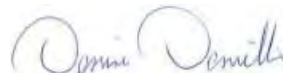
The Commission values the opportunity to provide this update of the State Plan's needs assessment activities. We also greatly appreciate your support of the Commission's efforts to address the needs of Senior Trust Beneficiaries. Please feel free to contact Denise Daniello, ACoA's Executive Director (465-4879 and denise.daniello@alaska.gov) for further information. Thank you.

Sincerely,



Gordon Glaser
Chair, Alaska Commission on Aging

Sincerely,



Denise Daniello
Executive Director, Alaska Commission on Aging



THE STATE
of ALASKA
GOVERNOR BILL WALKER

Department of
Health and Social Services

ALASKA COMMISSION ON AGING

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Memorandum

Date: November 7, 2018

To: Chair Mary Jane Michael and Alaska Mental Health Trust Authority Trustees

Thru: Mike Abbott, AMHTA CEO

From: Denise Daniello, Alaska Commission on Aging (ACoA) Executive Director *Denise Daniello*
Gordon Glaser, Alaska Commission on Aging Chair *Gordon Glaser*

Subject: ACoA FY2019 Rural Outreach Meeting, Nome and Shishmaref

The Alaska Commission on Aging (ACoA or "the Commission") is pleased to provide you with this report of the outcomes from the Commission's FY2019 Rural Outreach Meeting in Nome and Shishmaref that took place September 12 through September 15 and was followed by a wrap-up discussion held by teleconference on September 18. This outreach activity included the ACoA board meeting in Nome as well as Elder Senior Listening Sessions, agency site visits, and interactions with public members in both Nome and Shishmaref. In addition to Commission members and staff, Kelda Barstad, Program Officer for the Alaska Mental Health Trust Authority, Caroline Hogan, Chief of Programs for the Division of Senior and Disabilities Services, and Rita Gray, Program Coordinator for the Department of Labor Mature Alaskans Seeking Skills Training (DOL MASST) program participated in the meetings and site visits. The Commission brought several resources as handouts for public members including public assistance application forms for heating assistance, Senior Benefits, the Supplemental Needs Assessment Program, public assistance as well as information about age-appropriate exercise and senior fall prevention.

The Commission expresses our sincere gratitude to the Alaska Mental Health Trust Authority for providing funding that made this trip possible. ACoA members agree that visits to Alaska's rural and remote areas provide an invaluable glimpse into rural life that increase our understanding about the diverse needs of older Alaskans statewide and strengthen our planning and advocacy efforts on behalf of Alaska's older people. During the Elders Listening Session in Shishmaref, for example, we learned that the community lacks an Elder Meals program, Elder Transportation, and other community-based services that help older people to age in place. These core services were identified by Shishmaref participants as community priorities for their Elders. The Commission is currently working with members of the Shishmaref Joint Coalition to assist them in their efforts to obtain Title VI funding for these services by coordinating with the Administration on Community Living, Region X office and the UA National Resource Center for Alaska Native Elders and American Indians. This ongoing effort is described later in this report under the heading "Shishmaref Elder Senior Listening Session, Follow-Up Activities."

The rural outreach meeting provides an opportunity for the Commission to share information about public resources with rural-based seniors, providers, and other public members who may not know about programs available to older Alaskans or how to access those services. Information obtained from the Nome/Shishmaref Elder Senior Listening Sessions has informed our needs assessment activities that are currently underway as we move forward with the development of the Alaska State Plan for Senior Services, FY2020-FY2023. (Alaska's current State Plan for Senior Services expires on June 30, 2019.)

Nome Meeting, September 12 – 14, 2018

The Commission held its business meeting at the XYZ (*eXtra Years of Zest*) Senior Center (September 12-13) that included a public comment session and the Nome Elder Senior Listening Session. We also conducted site visits (September 14) with the following agencies based in Nome: Nome Community Center, XYZ Senior Center and Munaqsri Adult Day Services, Norton Sound Health Corporation (NSHC) Hospital, NSHC Quyanna Care Center, NSHC Dental Services, NSHC Behavioral Health Services, ResCare Home Care, Kawerak Community Services, Munaqsri Senior Apartments, and the Bering Straits Regional Housing Authority Senior Housing. A separate report describing the Nome agency visits is attached (prepared by Lesley Thompson, ACoA Planner). Persons who participated in the Nome site visits include ACoA Commissioners Mary Shields, David Blacketer, Linda Combs, Rosemary Hagevig, ACoA staff Lesley Thompson, and Rita Gray, DOL MASST Program Coordinator.

Nome Elder Senior Listening Session, September 13

The Listening Session took place at the XYZ Senior Center from 10:00 a.m. to 1:30 p.m. and included a break for senior congregate lunch. We had a strong turnout of 34 participants who attended all or part of the Listening Session. Participants included seniors/elders, local agency providers, family members, and other public members. The majority of the participants were older adults who had lived their entire life in Nome. Many were of Alaskan Native descent.

The Listening Session included an introduction about the Commission on Aging and the Alaska State Plan for Senior Services as well as an overview about senior demographics and the State's continuum of care for older adults. Discussion focused on the following topics: Access to long-term support services, senior housing, elder protection, economic security, and healthy aging. The purpose of this listening session was to gather first-hand public input about elder/senior issues and to identify what is working and what areas need improvement in Nome and at the state level. Many participants provided personal stories to support their comments. Others provided thoughtful suggestions of how to make Nome and the State a better place for older people to live and thrive.



What's Working Well in Nome – Many of the Elder participants said they enjoy life in Nome because they are able to eat their traditional subsistence foods, which are essential to their health and well-being. They appreciate the sharing of food provided by family and friends. They highly commended the services provided by the XYZ Senior Center (meals, rides, and special activities), a program of the Nome Community Center, as well as having access to health care, Quyanana Care nursing home, and help provided by Arctic Access with filling out paperwork, obtaining winter clothing, finding resources to do home repairs and making accessibility improvements, as well as other personalized assistance. "Free" bus transportation, provided by the Nome Eskimo Community, was another service identified as a community asset. This temporary "free" service is expected to transition into one that costs a "minimal fee" as Nome Eskimo Community works to establish a local transit program utilizing a new federal grant they recently received. Participants noted their appreciation for annual dividends paid by their Native corporations (Bering Straits Native Corporation and the Sitnasuak Native Corporation) in addition to Senior Benefits as many live on fixed incomes. While we heard much about housing problems, participants were satisfied with living at Munaqsri Senior Housing. The housing resources provided by Bering Straits Housing, Nome Eskimo Community, and Kawerak were also mentioned and valued. Other positive comments included Nome's small town atmosphere where people are willing

to look out and help each other in addition to the ease of getting around town using public transportation, the Senior Center bus, and on foot.

What Needs Improvement? Several issues were identified by participants in need of improvement:

- *Housing* – Participants emphatically agreed that Nome lacks affordable, accessible, and quality housing for all age groups which poses serious concerns related to health and welfare for residents. Housing, a need raised several times in multiple contexts, was identified as the #1 community problem for Nome’s elders/seniors by the session participants during a prioritization exercise identifying community assets and challenges. Many of the homes owned by older people are old, small, and in serious disrepair. The properties lack accessible bathrooms (toilet and tubs were noted) which can lead to falls. Many of the homes lacked ramps to get in and out of the home safely. Some elders, participants noted, spend extended periods of time at home because they cannot leave without assistance. Being confined indoors, they explained, leads to social isolation and depression.

Many homes require weatherization and renovation. Doors do not close properly. Melting permafrost has caused some homes to shift leaving gaping holes where cold air blows into the house. Frozen, broken pipes were mentioned by at least two of the participants. One person told us they plug the gaps with clothing and blankets. Another said they use a large rock to keep the door closed.

While homelessness is not a common problem in Nome, according to the participants, overcrowding is definitely a concern. Many homes are occupied by extended families with six or more occupants. Mold is a reoccurring problem as many people live together under one roof. Sickness and disease are easily transmitted, especially to young and older persons with compromised immune systems. One participant also noted that overcrowding affects mental health leading to depression when multiple households live together in a small house. One participant commented that small communities, like Nome, do not receive much public funding for housing construction and improvements. Building larger, higher quality homes to accommodate extended families living together was identified as a possible solution by participants. Independent senior housing with rules that prohibit children from living on site limit affordable housing options for grandparents raising grandchildren in Nome.

- *Grandparents Raising Grandchildren* – A few of the session participants were raising grandchildren. They told us that many Native Elders in Nome take an active role in raising their grandchildren. Some Elders provide assistance to the parent while they are at work. While others assume full-time responsibility if the child’s parents are not able to perform this role due to incarceration, recovering from alcohol/drug addiction, or are actively participating in a substance abuse lifestyle. As one participant explained, ‘it’s difficult to raise grandchildren when you are living on a fixed income and are older with health conditions.’ Another participant explained that she is a grandparent raising five grandchildren in one small house while living on a small income. Grandparents, she noted, teach their grandchildren about traditional culture and practices. By assuming parental responsibilities, some grandparents take on disciplinary roles that make them feel uncomfortable as they would rather be “spoiling” their grandchildren. Grandparents who attended the listening session talked about their need for support such as helping their grandchildren with school work and using the computer. Grandparents at the session also mentioned their need for someone to talk to regarding problems on a variety of levels related to raising grandchildren, including resolving custody issues with the Office of Children’s Services.
- *Need for Personal Care Services* – The city of Nome has a growing senior population that numbers approximately 517 residents age 60 and older, or 14% of the total population (Alaska Department of Labor, Workforce and Research Analysis, 2017). Participants who are family caregivers said while families care for their elderly loved ones at home, many lack the appropriate skills to perform these tasks. Families would greatly benefit from having practical training in caregiving. ResCare Home Care provides personal care

services, chore, respite, and supported employment for Elders and disabled persons to promote independent living in the community. At the time of our visit, ResCare lost staff in their Nome office and was experiencing problems recruiting new staff. Session participants expressed their desire for ResCare to re-open and recognized Nome as having few paid caregivers. ‘Caregivers are asked to do a lot of hard work for minimal pay,’ the session participants explained.

- *Elder Respect, Elder Protection, and Safety* – Participant comments focused on three issues related to Elder respect and safety: (1) Improved law enforcement to protect Elder rights and public safety is particularly needed to address public drinking and problem behavior; (2) Family members drinking and using drugs in Elders’ homes, especially around children, is a form of elder abuse, according to the participants, which causes Elders much distress and sadness; (3) Complaints about patient safety were noted by at least three of the participants at the Norton Sound Health Corporation Hospital resulting from “hostile” patient-staff interactions that go unresolved by the hospital’s administration. Further, some of the Elder participants noted that family members take money from them without consent and do not offer help with household chores. There were also a couple of references to racial discrimination.
- *Financial Security* – The Nome Census Area has a high cost of living but a comparatively low median income (\$45,938) in contrast to statewide levels (\$56,196). Approximately 78% of Nome residents receive Senior Benefits (231 recipients out of 297 residents age 65+) (U.S. Census Bureau, American Community Survey 2012-2016; Division of Public Assistance 2018). Participants noted the high cost of living in combination with the high cost of heating fuel (\$10/gallon), food, and air transportation as significant barriers to enjoying life in Nome. Some Elders, participants noted, only earn \$900 a month and people who live in the villages have to manage with less. Many participants voiced their strong appreciation for the Senior Benefits program as well as the annual Native Corporation dividends paid to Elder shareholders stating that there should be more support for people with limited incomes to meet their basic living expenses. They also voiced emphatic concerns about changes made to the Permanent Fund Dividend (PFD) amounts stating that people who live on fixed incomes need this money. They also noted that the PFD program should be protected in statute.
- *Participant Recommendations* - Nome session participants offered the following suggestions for making improvements for senior programs:
 1. Adjust income eligibility criteria to qualify for needs-based programs according to the regional cost of living, rather than using a state standardized income amount, to account for regional variations between urban, rural and remote locations. Costs for food, heating fuel, and other basic necessities are significantly higher for people living in rural Alaska.
 2. Expand opportunities for Elders to mentor younger people. Elders want to share their knowledge with younger people but have limited occasions to do so. Nome Mayor Richard Benneville, a senior who attended part of the Listening Session, reminded participants that “Elders teach when they have a friendly ear...”
 3. Add a member to the Commission on Aging representing the Nome Census Area to provide a strong voice for rural Alaska. (As a follow-up, we received word from the Nome legislative office that one of the Nome participants planned to apply to the Governor’s Office to serve on the Commission.)
- *Identifying Community Assets and Challenges* – At the end of the session, participants were asked to prioritize Nome’s community strengths and problem areas for older people living in Nome. Participants identified several community strengths and challenges together as a group. Then, participants were issued 10 colored dots and asked to vote on the top five community assets and top five community problems for older Nome residents. Below are the results of this prioritization process. In some cases, items are ranked the same because there was an equal number of votes received for the item identified:

Nome Community Strengths:

- #1 XYZ Senior Center/Nome Community Center
- #2 Free public transportation provided by Nome Eskimo Community for all age groups.
- #3 Strong community partnerships between organizations that serve seniors
- #3 Public media – Radio stations and the Nome Nugget News
- #4 Competitive grocery stores help to control food prices
- #5 Road system allows residents to drive out of town

Nome Community Needs:

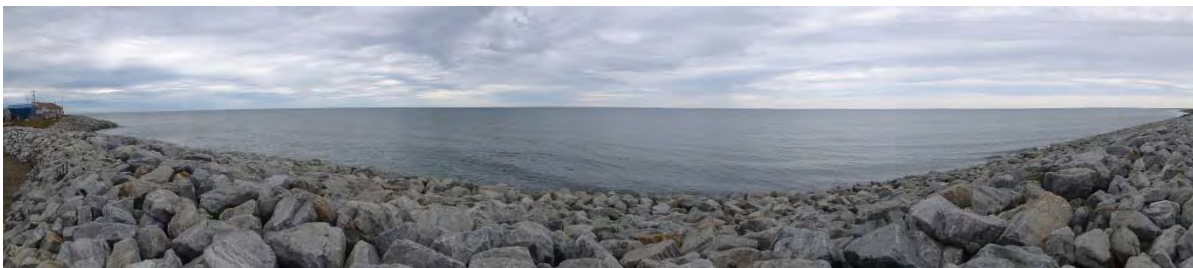
- #1 Lack of affordable, accessible and quality housing for all age groups
- #2 High cost of living and high cost of transportation
- #2 Lower PFD amount than desired
- #3 People released from jail not able to find jobs. Nome needs more re-entry programs and vocational training for people re-entering the community
- #4 Internet services are expensive and unreliable
- #5 Lack of employment opportunities

Shishmaref Elder Listening Session, September 14

The Commission and our partners participating in the ACoA Rural Outreach meeting split into two groups on September 14. While the first group visited agencies in Nome, the second group went to Shishmaref to conduct an Elder Listening Session as well as to visit with the Katherine Olanna Memorial Clinic and the Shishmaref Behavioral Health Clinic. Persons who participated in the Shishmaref meeting included ACoA Commissioners Gordon Glaser and Bob Sivertsen; Kelda Barstad, AMHTA Program Officer; Caroline Hogan, SDS Chief of Programs; and Denise Daniello, ACoA Executive Director.

Shishmaref, a small Inupiat coastal village located on Norton Sound in the Nome Census Area on the Chukchi Sea, has an estimated resident population of 539 people with 53 being age 60 and older. The median household income is approximately \$30,000. Approximately 40% of the resident population lives below poverty (or 214 persons out of their total population of 539 residents), which is significantly higher than the national average of 14% (Suburban Stats, U.S. Census Bureau 2017).

Shishmaref is identified as a community-at-risk due to significant coastal erosion from melting permafrost presumably resulting from climate change. Currently, a rock buttress protects the shoreline but at some point in the near future, many villagers believe, the community will need to relocate. Residents have identified a new location, West Tin Creek Hills, which is approximately 9 miles from their current location. Shishmaref has applied for federal funding to relocate. The decision to move or stay is an issue that divides the community with Elders, particularly those who are homebound, wishing to remain on the island while younger people want to relocate.



Preparation for the Shishmaref Listening Session - ACoA reached out to a former Commission member, Albert Ningeulook, who is a lifelong Shishmaref resident. Albert provided us with the names and contact information for Shishmaref agency personnel in addition to members of the “Joint Coalition” of which he serves. This leadership

coalition includes representatives from the Shishmaref City Council, Shishmaref Village Corporation, the IRA Traditional Council, and the Shishmaref Elders Committee.

Prior to our arrival, the Commission submitted a letter to the Joint Coalition describing the purpose of our visit, namely to learn about the needs of older people living in Shishmaref, as well as the community's thoughts about what could be done to improve the quality of life for Shishmaref Elders. Our letter explained that the information gathered would be used as part of the needs assessment activities being conducted for the Alaska State Plan for Senior Services, FY2020-2023. We also asked if ACoA could conduct an Elder Listening Session at the Coalition's September meeting, inviting them and other public members to attend. The Commission's letter was distributed to all of the Coalition members and read aloud at their August meeting by Albert Ningeulook. The Commission's request to conduct an Elder Listening Session was approved by the Coalition and flyers were distributed around town, along with radio announcements, to advertise the meeting scheduled for September 14 at the Shishmaref Community Hall.

The Commission brought food for the participants to enjoy lunch which consisted of sandwich meats, cheese, bread, fresh vegetables and fruit, chips, cookies, coffee, and bottled water. The lunch was greatly appreciated by attendees. ACoA Chair Gordon Glaser facilitated the discussion with other Commission and partners providing supplemental information in response to participant questions. Approximately 22 participants attended the session.

Listening Session Findings: Do you think Shishmaref is a good place to live and grow old?

Participants agreed that the subsistence lifestyle and traditional cultural practices are important to the health and well-being of the Shishmaref community. Shishmaref is a traditional whaling community with supplemental food items including seal, ptarmigan, rabbit, duck, and other local game in addition to seaweed and berries. Participants enjoyed talking about their traditional food, joking that it is lower in cholesterol, and described a favorite side dish of "green dipped in seal oil." The community shares subsistence food with the Elders, which is important and much appreciated by the Elders.



The Elder participants agreed that older people prefer to remain in the community as they age. They do not want to move to an "old people's home" away from the village. Younger participants added that when the Elders move to the nursing home, they are sad and want to return to Shishmaref because they miss their traditional foods, family, and way of life. However, more young people are choosing to move away from Shishmaref leaving few family members to care for a growing number of Elders, according to participants. Moreover, local services are limited to assist older residents, with the exception of occasional help provided by Arctic Access. Community health aides provide some assistance to families caring for their elderly loved ones. Participants observe a growing number of Elders with dementia and other disabilities having to leave the village as there are few to care for them at home.

What is most needed in Shishmaref to care for the Elders? Shishmaref participants identified many needs but the two most pressing affecting Elders were the absence of Elder Meal and Transportation services. Many Elders are not able to cook for themselves, while others have no one to cook for them. Shishmaref has no senior nutrition program

providing home-delivered and congregate meals. Transportation and homemaker services are also limited. Based on the participants' knowledge, Shishmaref does not receive Title VI funding from the Administration of Community Living to support Elder services and were not aware of this federal resource.

While Shishmaref does not have a senior center, the community has a school with a Department of Environmental Conservation (DEC) approved kitchen. The Shishmaref School has plans and funding for expansion, due to a growing student population, that is expected to increase kitchen and congregate meal space among other improvements. The Tribal Council, in some rural communities, applies for Title VI funding to support an Elder meals program and then contracts with the school to prepare those meals. Elders go to the school and enjoy lunch with the students, which helps to promote Elder-Youth exchange. In some cases, the Council provides home-delivered meals using Title VI funds by coordinating with volunteers reimbursing them for gas and perhaps a small stipend. We discussed this option at the Listening Session. ACoA promised to do some further research to explore this possibility for Shishmaref and provide follow-up correspondence with the Joint Coalition.

Elder Transportation was another priority need identified at the Listening Session. Many Elders are not physically able to get on and ride on the back of a four-wheeler, which is the primary mode of transportation in Shishmaref besides walking. The participants said that they would like to have a multi-purpose paratransit vehicle to transport Elders, the disabled, and children to go to school. Kelda Barstad noted that the Trust may be able to provide technical assistance to help the community apply for a capital grant to procure a paratransit vehicle and offered her contact information. Once the paratransit vehicle is acquired, operational funds through Title VI funding could be used to support Elder assisted transportation, pending a successful application to the Administration on Community Living.

Other community priorities identified were a foodbank and assistance to restore existing housing. At one time, the community had a foodbank but it is no longer operational. Shishmaref has tried unsuccessfully to contact the National Guard and ask them about use of their now abandoned facility in the village. In regards to housing, many homes are old and deteriorating. Mold is a common problem due to the lack of heat and ventilation. Mold affects the health of Elders and youth as they are more susceptible to respiratory problems. Many of the houses are shifting and doorways have gaps letting in cold air and other winter elements. Elder homes are in particular need of insulation. Many Elders also need help paying for fuel. Their homes require new furnaces.

Although Shishmaref is a dry community, drug and alcohol use is prevalent. Family members often drink in the presence of Elders and children, which causes much concern and distress among Elders. This issue was discussed at the Listening Session as well as during our meeting with the Village Based Counselor.

Representatives from the Elders Committee said that they would like more opportunities to engage with youth. Elders now talk to the student body before school starts in the fall. Suicide is a problem in Shishmaref and Elders try to address this problem during their interactions with youth. Providing more opportunities for elder-youth interaction, the participants noted, would promote healthy aging for the Elders as well as assist youth to learn about the responsibilities of adulthood.

What are the primary strengths and challenges for Shishmaref? We asked participants to identify and prioritize their comments.

Community Strengths

- Extended families
- Practice of traditional culture
- Sharing of food and resources with Elders
- Elder respect – One participant noted that there is no elder abuse in Shishmaref. The oldest resident is “Papa,” a 93 year old man who is still active and walks daily.

Community Challenges

- No Elder meal program
- No Elder transportation
- No homemaker services and programs for Elders
- Alcohol and drug use

Participants also provided the following thoughts at the end of the Listening Session:

- Shishmaref is dependent on its traditional knowledge for survival. This knowledge is passed down from generation to generation. Elders play a critical role in the transfer of knowledge.
- Access to health care is a problem. Unless you are an Elder or young person, some patients have to wait a week for an appointment. The Clinic prioritizes Elders and youth for services, not patients who are sick and need immediate care.
- Priorities for the State – Elder homes need to be safe. Maintain the Senior Benefits program. Heating assistance is much needed.

Shishmaref Elder Senior Listening Session, Follow-Up Activities

ACoA's Executive Director reached out to Shelly Zylstra, Region X Program Officer with the Administration on Community Living, regarding the need for an elder meals program and other elder services in Shishmaref. Shelly confirmed that Title VI funds can be used to contract with a school to prepare meals in communities where there are few options for meal preparation, and noted that many rural programs operate in this way. Title VI funds can also be used to support elder transportation and homemaker services. Shelly explained that the Tribal Council applies for the Title VI funds and then a "grant managing" organization, such as the clinic or other local entity with grant management experience, takes responsibility for grant management and reporting. Shelly noted that the next round of Title VI funding will be available in fall 2019. Prior to submitting an application, a needs assessment would need to be conducted. The needs assessment could include information from the Commission's write-up of the Shishmaref Listening Session in addition to other information. The minimum requirements for Title VI funding include having at least 50 Elders in the community and a federally recognized tribe.

As Shishmaref has limited resources for putting together a grant application, the Commission also reached out to the UA National Resource Center (NRC), a federal grantee, asking if they could provide technical assistance to Shishmaref in their efforts to secure funding for an Elders meal program and other services. Jordan Lewis, Executive Director for the UA NRC, graciously agreed to provide Shishmaref with grant writing support in addition to other mentoring resources as needed to support Elder services.

The Commission has sent written correspondence to the Joint Coalition describing our findings from the Listening Session as well as a summary of our correspondence with the Administration on Community Living concerning application for Title VI funding and the UA National Resource Center as a potential resource to assist Shishmaref with establishing and maintaining Elder services. We have been told that the Shishmaref Elders Committee plans to move forward with preparing an application for Title VI funding. ACoA will continue to work with the UA NRC, ACL Region X, and Shishmaref community to further discuss and move forward with this important project. As always, please feel free to contact Denise Daniello with questions or requests for additional information. Thank you.

