

MEETING AGENDA

Meeting: Full Board of Trustee Meeting
Date: November 16, 2017
Time: 8:30 am
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (844) 740-1264 / Meeting Number: 801 427 809 # / Attendee No: #
<http://thetrust.webex.com>
Trustees: Mary Jane Michael (Chair), Chris Cooke (Vice Chair), Laraine Derr (Secretary),
 Paula Easley, Greg Jones, Jerome Selby, Carlton Smith

Thursday, November 16, 2017

Page No.

8:30a	Call to Order – Mary Jane Michael, Chair	
	Roll Call	
	Approval of Agenda	
	Review of Guiding Principles	6
	Ethics Disclosure	
	Approval of Minutes	
	• August 3, 2017	13
	• August 17, 2017	17
	• August 24, 2017	21
	• September 28, 2017	26
	Current Bylaws	29
8:40	Mission Moment	
9:00	CEO Update	
9:30	Committee Report	
	Finance Committee	36
	• Suspension of Quarterly Transfers to the Alaska Permanent Fund Corp	37
	• Inflation Proofing	39
10:00	Break	
10:15	FY18 Approvals	40
	• Focus Area Allocation - Beneficiary Employment and Engagement HCBS contract support	41
	• Juneau Trauma Informed Schools Pilot Project	46

Thursday, November 16, 2017 (continued)

Page No.

10:30	Trust Financial Picture 101 Andy Stemp, CFO Wyn Menefee, TLO Executive Director	
11:45	Committee Report Ad Hoc – Trust Statutes	
12:15p	RECESS FOR AUDIT & RISK COMMITTEE	
1:15	Presentation Health Care Authority • Natasha Pineda, Department of Administration • Emily Ricci, Health Care Policy Administrator	52
1:45	Committee Report Program & Planning Committee • FASD Update • Empowering Hope	54
2:15	Break	
2:30	Statutory Advisor Updates Denise Daniello, Executive Director, Alaska Commission on Aging	57
3:00	Statutory Advisor Updates Patrick Reinhart, Executive Director, Governor’s Council on Disabilities and Special Education	67
3:30	Statutory Advisor Updates Patrick Sidmore, Interim Executive Director, Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse	79
4:30	Adjourn	
4:45	Public Comment • For Public Comment Guidelines click here	

Future Meeting Dates

Full Board of Trustee / Program & Planning / Resource Management / Finance 2018 / 2019

(Updated – October 27, 2017)

- Program & Planning Committee January 4, 2018 (Thu)
- Resource Mgt Committee January 4, 2018 (Thu)
- Finance Committee January 4, 2018 (Thu)
- Full Board of Trustee January 24-25, 2018 (Wed, Thu) – JUNEAU

- Program & Planning Committee April 18, 2018 (Wed)
- Resource Mgt Committee April 18, 2018 (Wed)
- Finance Committee April 18, 2018 (Wed)
- Full Board of Trustee May 9, 2018 (Wed) – TBD

- Program & Planning Committee Jul 31- Aug 1, 2018 (Tue, Wed)
- Resource Mgt Committee August 2, 2018 (Thu)
- Finance Committee August 2, 2018 (Thu)
- Full Board of Trustee Sep 5-6, 2018 (Wed, Thu) – Anchorage
– TAB

- Program & Planning Committee October 17, 2018 (Wed)
- Resource Mgt Committee October 17, 2018 (Wed)
- Finance Committee October 17, 2018 (Wed)
- Full Board of Trustee November 15, 2018 (Thu) – Anchorage – TAB

Future Meeting Dates

Full Board of Trustee / Program & Planning / Resource Management / Finance 2018 / 2019

(Updated – October 27, 2017)

- Program & Planning Committee January 3, 2019 (Thu)
- Resource Mgt 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)
- 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)
- Finance Committee August 1, 2019 (Thu)
- Full Board of Trustee September 4-5, 2019 (Wed, Thu) – Anchorage
– TAB

- Program & Planning Committee October 16, 2019 (Wed)
- Resource Mgt Committee October 16, 2019 (Wed)
- Finance Committee October 16, 2019 (Wed)
- Full Board of Trustee November 14, 2019 (Thu) – Anchorage – TAB

Future Meeting Dates Statutory Advisory Boards 2017 / 2018 (Updated – October 27, 2017)

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

- April 16-20, 2018 – Utqiagvik / Barrow <dates tentative>

Governor’s Council on Disabilities and Special Education

- Jan. 31-Feb 2, 2018 – Juneau
- May 15, 2018 – Video/Teleconference
- October 4-6, 2018 – Anchorage

Alaska Commission on Aging

- December 12, 2017 – by teleconference/videoconference
- February 5-9, 2018 – face-to-face meeting
- May 2018 – Date to be determined.

**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.

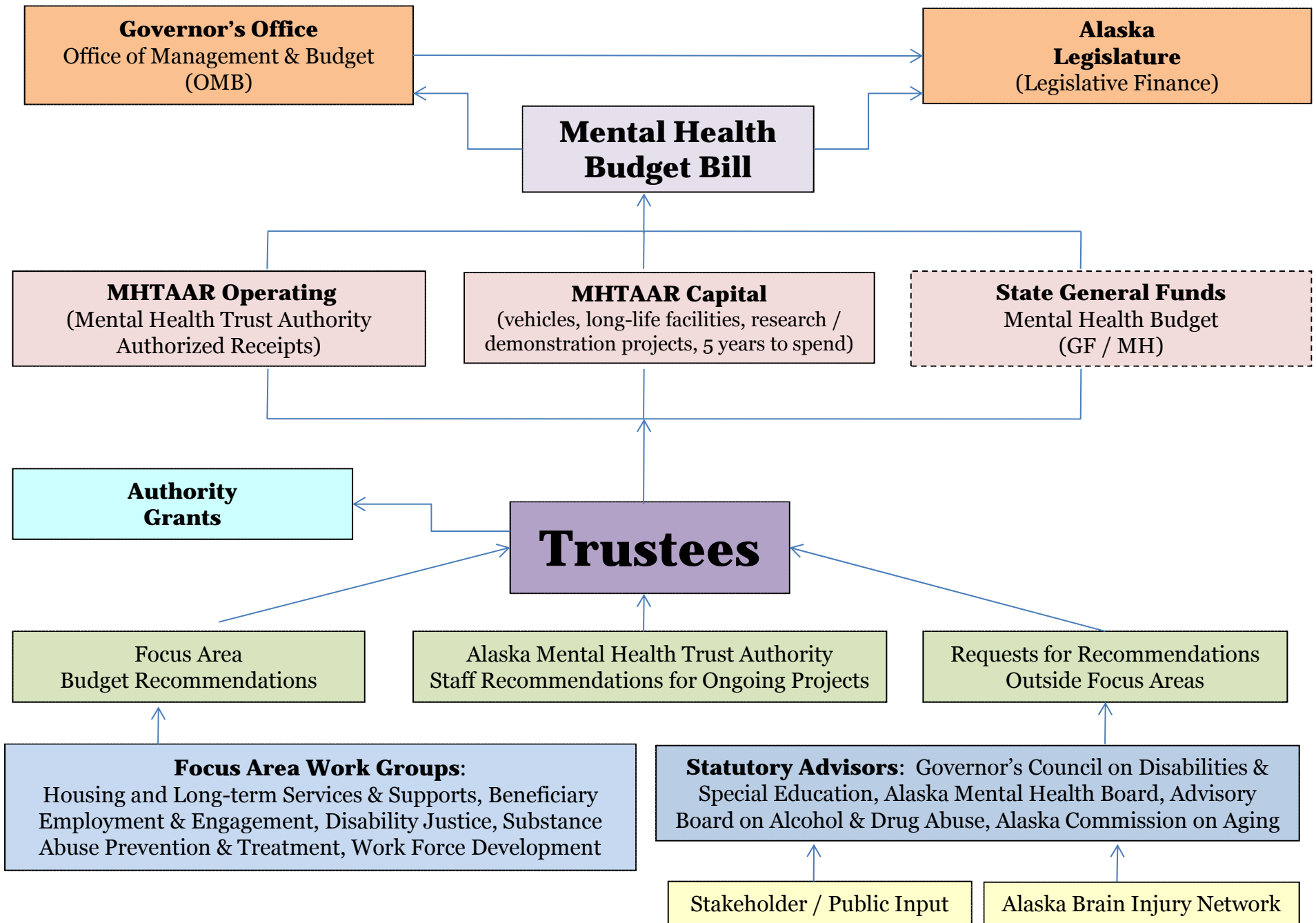
Approved 5-12-09, Board of Trustee meeting

Trust Mission Statement

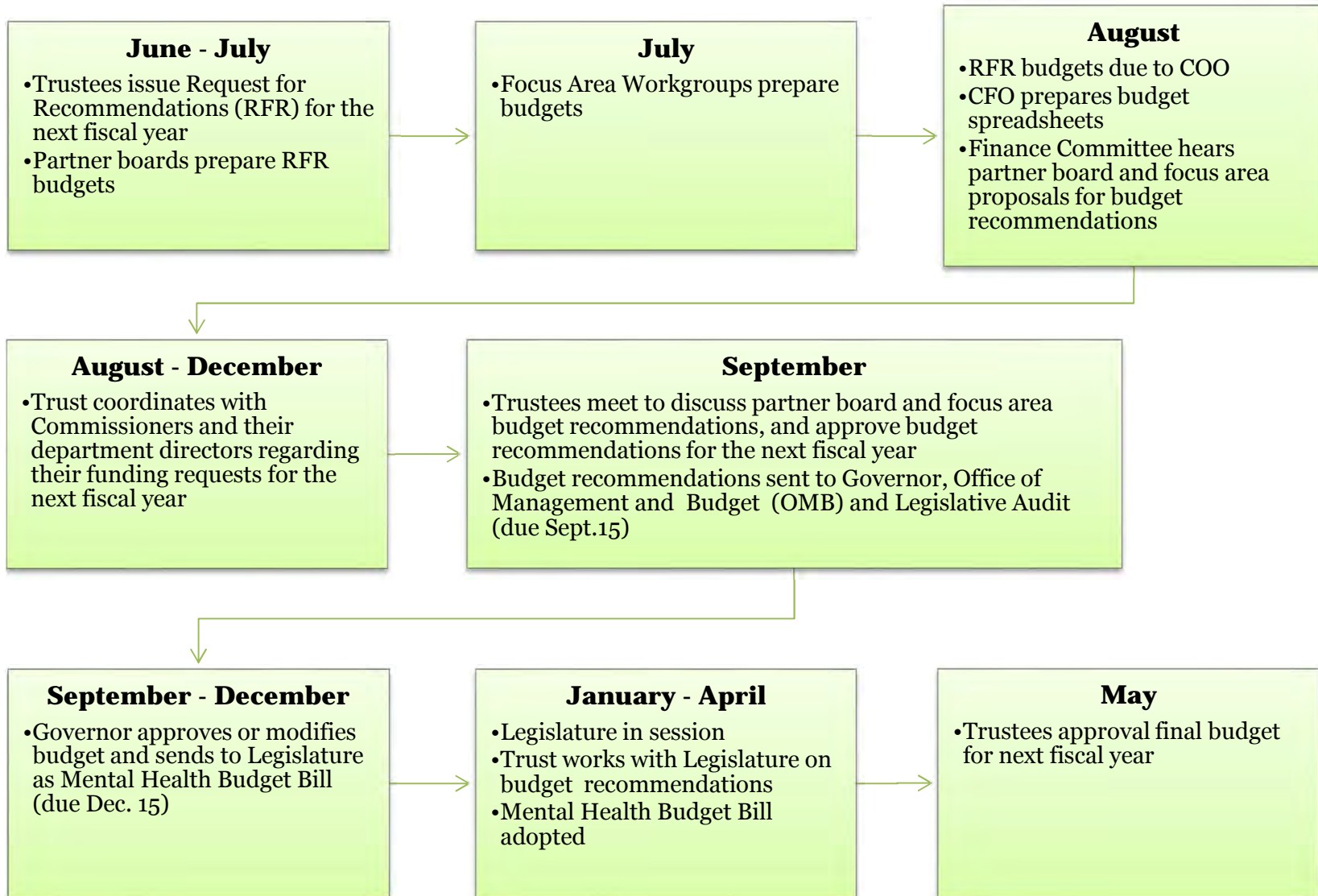
The Alaska Mental Health Trust Authority (The Trust) administers the Mental Health Trust to improve the lives of beneficiaries. Trustees have a fiduciary responsibility to protect and enhance trust assets in perpetuity for the beneficiaries. The Trust provides leadership in advocacy, planning, implementing 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

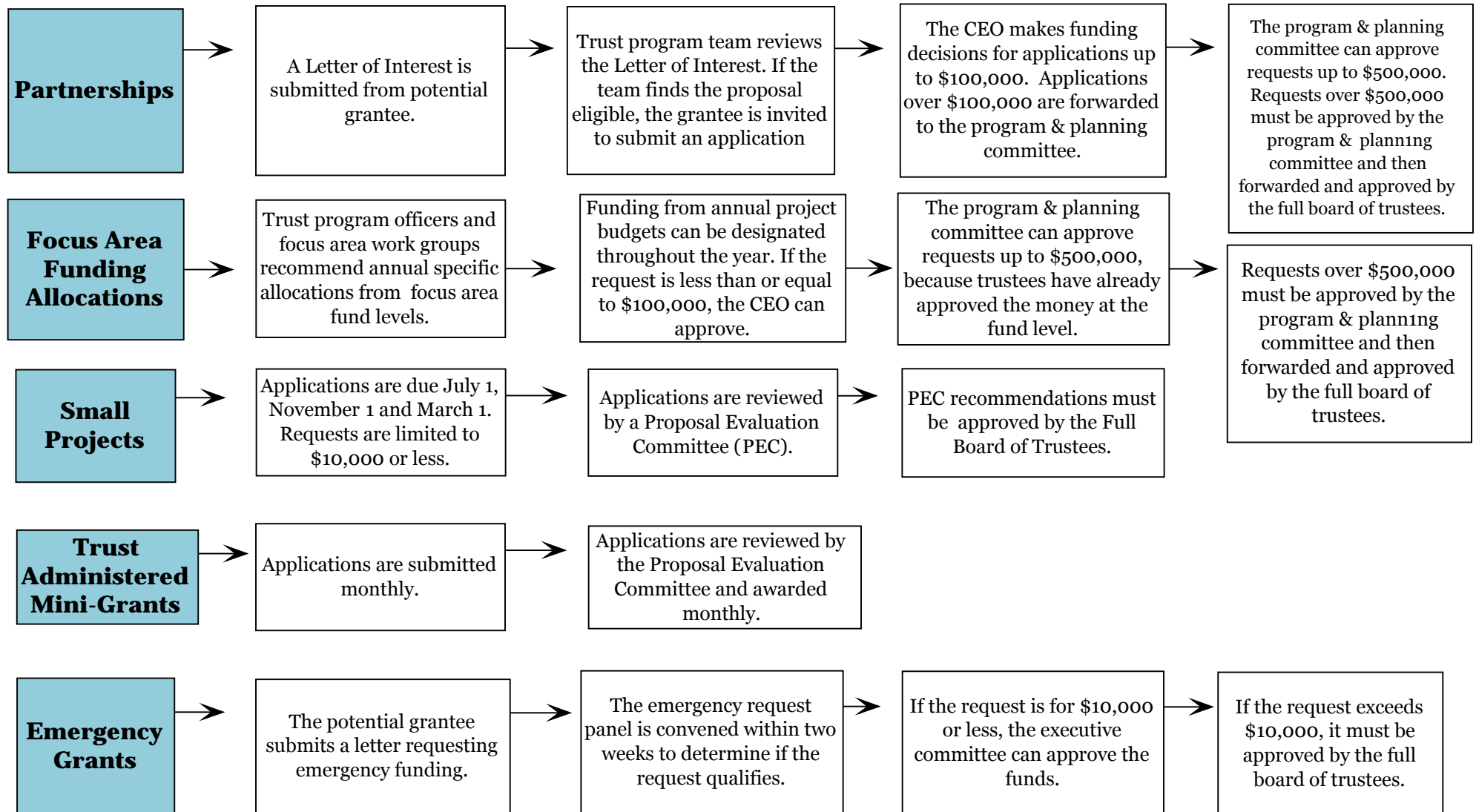


Note: timeline represents those items in the green boxes in the chart entitled "Alaska Mental Health Budget Process"

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
August 3, 2017
Full Board of Trustee
Meeting**

ALASKA MENTAL HEALTH TRUST AUTHORITY
SPECIAL FULL BOARD OF TRUSTEES MEETING

August 3, 2017

2:00 p.m.

Taken at:

3745 Community Park Loop, Room 120
Anchorage, Alaska

OFFICIAL MINUTES

Trustees present:

Russ Webb, Chair
Mary Jane Michael
Carlton Smith
Paula Easley
Laraine Derr
Christopher Cooke

Trust staff present:

Greg Jones
Steve Williams
Michael Baldwin
Valette Keller
Miri Smith-Coolidge

Trust Land Office:

John Morrison
Wyn Menefee

Others participating:

Kathy Craft; Elizabeth Hodes; John Hozey.

PROCEEDINGS

CHAIR WEBB calls the meeting to order and notes that all trustees, except for Jerome Selby, are present. He asks for a motion to approve the agenda.

TRUSTEE COOKE makes a motion to approve the agenda.

TRUSTEE DERR seconds.

There being no objection, the motion is approved.

CHAIR WEBB asks for any ethics disclosures to be made. There being none, he states that the board is prepared for a discussion of the legislative audit and issues related to that and others.

TRUSTEE DERR makes a motion to go into Executive Session to discuss legal matters; one related to the legislative audit; and the second to land issues in Juneau.

TRUSTEE COOKE seconds.

There being no objection, the motion is approved.

MR. JONES introduces Liz Hodes with Davis Wright Tremaine. They are the Trust outside counsel, and the same firm that also represents the TLO.

CHAIR WEBB moves into Executive Session.

(Executive Session from 2:04 p.m. until 4:08 p.m.)

CHAIR WEBB states that Executive Session was adjourned and the meeting came back to order at 4:08 p.m. He continues that two items were discussed in Executive Session: One was receiving advice from counsel around issues related to responding to the legislative audit; and, two, properties that the Trust owns and issues regarding the disposal of those properties which impact the finances of the Trust.

TRUSTEE DERR notes that there was no action taken in the Executive Session.

TRUSTEE COOKE asks if the matter pertaining to crafting a response to the legislative audit requires a motion.

CHAIR WEBB replies that a formal action from the board is needed.

TRUSTEE COOKE makes a motion that the officers, chair, and CEO respond to the request for an item which may be confidential information, but respond to the substance of that in a manner consistent with the advice of counsel; and that the board opens the dialogue regarding the subject of privileged attorney-client communications with the spirit of cooperation, but also with the assertion of the board's right to keep privileged documents and discussions privileged.

TRUSTEE DERR seconds.

There being no objection, the motion is approved.

MR. JONES asks to get a verbatim of that quickly so that it is exact.

CHAIR WEBB asks for any further matters for this session. There being none, he asks for a motion to adjourn.

TRUSTEE DERR makes a motion to adjourn.

TRUSTEE MICHAEL seconds.

There being no objection, the meeting is adjourned.

(Special Full Board Meeting adjourned at 4:15 p.m.)

**Minutes for the
August 17, 2017
Full Board of Trustee
Meeting**

ALASKA MENTAL HEALTH TRUST AUTHORITY
SPECIAL FULL BOARD OF TRUSTEES MEETING

August 17, 2017

12:30 p.m.

Taken at:

3745 Community Park Loop, Suite 120
Anchorage, Alaska

OFFICIAL MINUTES

Trustees present:

Mary Jane Michael, Chair
Carlton Smith
Paula Easley
Jerome Selby
Christopher Cooke

Trust staff present:

Greg Jones
Valette Keller
Miri Smith-Coolidge

Trust Land Office:

John Morrison

PROCEEDINGS

CHAIR MICHAEL calls the meeting to order and does a roll call. She moves to approval of the agenda.

TRUSTEE SELBY makes a motion to approve the agenda.

MS. KELLER states that there are some suggested additions to the agenda.

TRUSTEE SMITH makes a motion to amend the agenda, adding the CEO hiring process approval, and the CFO personnel issue.

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL asks for any ethics disclosures. There being none, she moves to the review of the applications of candidates for the CEO position.

TRUSTEE SELBY clarifies that the intent is to go into Executive Session and interview two candidates for the CEO, then have a discussion about the board review of the CEO's recommendation for the CEO. He continues that then there will be a review of the scoring process for CEO candidates that have been presented by the interim CEO. He adds that then the board will come out of Executive Session and potentially take an action on the record.

TRUSTEE SELBY makes a motion for the board to go into Executive Session to consider the CFO candidate recommendation and CEO applications received to date that by law are not subject to public disclosure under AS 39.25.080(a).

TRUSTEE COOKE seconds.

There being no objection, the motion is approved.

(Executive Session from 12:40 p.m. until 3:15 p.m.)

CHAIR MICHAEL states that the board is out of Executive Session as of 3:15.

TRUSTEE SELBY states that the board is coming out of Executive Session where no action was taken, and we are ready to move back to the regular session.

CHAIR MICHAEL states that first on the agenda is to approve the process for hiring the chief executive officer. She asks for a motion.

TRUSTEE SELBY makes a motion that the board approve the chief executive officer hiring process as outlined as proposed by Greg Jones in the memo dated August 16, 2017, with some refinement to still be accomplished on the chart.

TRUSTEE EASLEY seconds.

TRUSTEE COOKE asks if those refinements to the scoring chart would come back to the board.

MR. JONES replies that it would come back to the board. Staff will try and develop that scoring chart into one that could also be used by the board in terms of its review of the candidates, as well.

There being no objection, the motion is approved.

CHAIR MICHAEL moves to the second item.

TRUSTEE SELBY makes a motion that the board approve the CEO's recommendation for hiring a new chief financial officer.

TRUSTEE COOKE seconds.

There being no objection, the motion is approved.

MR. JONES states that this has to be forwarded to the Governor who has to approve the hiring, as well.

TRUSTEE COOKE asks when this time line will start.

MR. JONES replies that he will start on September 11th, the Monday after the next board meeting. He states that he will go back to the North Slope Borough for a bond election on October 3rd that he is heavily involved in.

CHAIR MICHAEL asks for any other comment.

TRUSTEE COOKE makes a motion regarding the implementation plan for the acting executive director for the TLO and designates Steve Williams and Wyn Menefee as acting CEOs with respect to the program office and the Trust Land Office, respectively.

MR. JONES corrects that it is executive director.

TRUSTEE SELBY adds a friendly amendment of September 1st for Steve Williams, and September 8th for Wyn Menefee.

TRUSTEE SELBY seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL asks for any other items to come before the board. There being none, she asks for a motion to adjourn.

TRUSTEE SELBY makes a motion to adjourn the meeting.

TRUSTEE COOKE seconds.

There being no objection, the meeting is adjourned.

(Special Full Board meeting adjourned at 4:22 p.m.)

**Minutes for the
August 24, 2017
Full Board of Trustee
Meeting**

ALASKA MENTAL HEALTH TRUST AUTHORITY
SPECIAL FULL BOARD OF TRUSTEES MEETING

Teleconference

August 24, 2017

3:30 p.m.

Taken at:

3745 Community Park Loop
Anchorage, Alaska

OFFICIAL MINUTES

Trustees present:

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

Trust staff present:

Steve Williams
Valette Keller
Miri Smith-Coolidge

Trust Land Office:

John Morrison
Wyn Menefee

PROCEEDINGS

TRUSTEE EASLEY makes a motion that the Board go into Executive Session to consider CEO applications received to date that by law are not subject to public disclosure under AS 39.25.080(a).

TRUSTEE SMITH seconds.

(Executive Session from 10:34 a.m. until 4:11 p.m.)

(Break.)

CHAIR MICHAEL states that there is a quorum.

TRUSTEE DERR reports that no decisions were made in Executive Session.

CHAIR MICHAEL adds that the trustees absent are Jerome Selby and Russ Webb. She states that first on the agenda is discussion of the Chickaloon letter.

MR. MENEFEE states that Chickaloon sent a demand letter after the Trust Land Office denied requests for a permit to do an archaeological survey. He continues that it was denied because it was going to increase the challenges of doing development on Trust land, and that is contrary to the Trust mission. The Chickaloon Village Council disagreed and said that they would issue the permit because they have co-jurisdiction on Trust land. They were going to issue the permit to have the survey against the will of the Trust. He worked with the Department of Law and crafted a response letter, and passes it out. The gist of the letter is a notification to the Council, the Trust and the Trust Land Office that there was a reason for the denial; the right reason. Also, they do not have any lawful right to issue a permit on the land and were asked if there was an error to point out that law. They are being informed that if they were to go forward it could be construed as trespass. He added that if further discussion is wanted, to contact the Trust Land Office. He states that the Trust has requirements, under the Alaska Historical Preservation Act, and that will be complied with.

TRUSTEE SMITH asks if there is any sense of who is being dealt with.

MR. MENEFEE replies that it appears to be the Village Council.

TRUSTEE COOKE asks about the status of the land.

MR. MENEFEE replies that, on the map the items are all hatched where the Council wants to do the cultural surveys. It is on Castle Mountain, and there are no current projects that are aligned for that. It is in a general coal mining area, also with no plans.

A brief discussion ensues.

MR. MENEFEE states that he intends to send this out this week in advance of their ten-day deadline.

TRUSTEE COOKE states that sounds like an appropriate response.

CHAIR MICHAEL thanks Mr. Menefee and moves to the proposed motion.

TRUSTEE DERR makes a motion that the Alaska Mental Health Trust Authority Board of Trustees appoint Wyn Menefee as acting executive director of the Trust Land Office upon the date of resignation of John Morrison until the executive director position is permanently filled.

TRUSTEE COOKE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL states that the next item is another motion of clarification.

A discussion ensues.

TRUSTEE DERR makes a motion in recognition that the governance documents for the new organizational structure have not been adopted by the board, and the MOU with DNR has not been modified, the executive director of the Trust Land Office continues to do a direct report to the Board of Trustees until such time that the board formally adopts new governance documents.

TRUSTEE EASLEY seconds.

TRUSTEE DERR changes the motion to put a period after "Trust."

TRUSTEE DERR repeats the motion, stating: In recognition that the governance documents for the new organizational structure have not been adopted by the board, and the MOU with DNR has not been modified, the executive director of the Trust Land Office continues to directly report to the Board of Trustees.

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL lets the board know that Greg Jones has agreed to continue to work with the Trust on some of the issues we continue to have, after he leaves as acting CEO. The details of that will be worked out by staff. She asks if there is anything else to bring before the trustees. There being none, she asks for a motion to adjourn.

TRUSTEE COOKE makes a motion to adjourn the meeting.

TRUSTEE DERR states that she has one more item and thanks John Morrison for his years of service and his donations to the Trust Land Office and to the Trust.

MR. MORRISON replies thank you.

CHAIR MICHAEL states appreciation for everything he has done. She continues that he brought the organization to a place that could never be gotten to without the innovation and foresight in identifying those properties and all the things that he set up.

TRUSTEE DERR moves adjournment.

TRUSTEE COOKE seconds.

There being no objection, the meeting is adjourned.

(Special Full Board of Trustees Meeting adjourned at 4:38 p.m.)

**Minutes for the
September 28, 2017
Full Board of Trustee
Meeting**

ALASKA MENTAL HEALTH TRUST AUTHORITY
SPECIAL FULL BOARD OF TRUSTEES MEETING

September 28, 2017

10:20 a.m.

Taken at:

3745 Community Park Loop, Suite 120
Anchorage, Alaska

OFFICIAL MINUTES

Trustees present:

Mary Jane Michael, Chair
Laraine Derr
Carlton Smith
Paula Easley
Jerome Selby (via telephone)
Christopher Cooke (via telephone)

Trust staff present:

Greg Jones (via telephone)
Valette Keller
Miri Smith-Coolidge

PROCEEDINGS

CHAIR MICHAEL calls the meeting to order and does a roll call. She moves to approval of the agenda.

TRUSTEE DERR makes a motion to approve the agenda.

TRUSTEE SMITH seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL asks for any ethics disclosures. There being none, she asks for a motion to go into Executive Session.

TRUSTEE DERR makes a motion that the board go into Executive Session to consider CEO applications received to date that by law are not subject to public disclosure under AS 39.25.080(a)

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

(Executive Session from 10:22 a.m. until 11:17 a.m.)

CHAIR MICHAEL states that the board is out of executive session as of 11:17, having concluded the discussion regarding the applications of candidates for the CEO position.

TRUSTEE EASLEY makes a motion on behalf of the Board of Trustees that Greg Jones extend an employment offer to the top candidate agreed upon by the Full Board in Executive Session for the position of Chief Executive Officer of the Alaska Mental Health Trust.

TRUSTEE SMITH seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL states that there is an offer for a new CEO. She asks for anything else to be brought before the board.

TRUSTEE DERR makes a motion to adjourn.

TRUSTEE COOKE seconds.

There being no objection, the meeting is adjourned.

(Special Full Board of Trustees Meeting adjourned at 11:19 a.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.

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

8
9 (b) Vice Chair

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

13
14 (c) Secretary

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

20
21
22 ARTICLE VI
23 MEETINGS

24
25 Section 1. The board will hold four regular meetings each fiscal year. Committees will meet
26 as necessary to accomplish their responsibilities.

27
28 Section 2. Special or emergency meetings of the board may be held at such time and place
29 as the Chair may order; or upon the written request to the Chair of any four
30 trustees.

31
32 Section 3. Reasonable public notice of board and committee meetings shall be provided in
33 accordance with AS 44.62.310. Meetings of the board and its committees are
34 subject to the Open Meetings Act, AS 44.62.310 and 44.62.312.

35
36 Section 4. A quorum at all board meetings shall consist of four board members. A quorum at
37 committee meetings is a majority of the committee's members.

38
39 Section 5. No member of the board may designate a proxy.

40
41 Section 6. The board will schedule at least one period for public comment during each
42 regularly scheduled board meeting.

43
44 Section 7. Formal actions by the board are accomplished through adoption of
45 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

11
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
35
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
2
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

MEMO

To: Board of Trustees
Thru: Jerome Selby, Finance Committee Chair
From: Andrew Stemp, Chief Financial Officer
Date: November 9, 2017
Re: Recommendation for Transfer from the Trust Authority
 Development Account to the Alaska Permanent Fund Corporation

REQUESTED MOTION:

The board of trustees approve the transfer of \$5.0 million in cash principal from the Trust Authority Development Account (#3320) to the Alaska Permanent Fund Corporation Account through November 2018.

BACKGROUND

The Trust Authority Development Account¹ (TADA) maintained within the state Treasury temporarily holds receipts from the sale or other disposal of Trust land as well as fees, charges, royalties and other money attributable to principal such as real estate mortgage proceeds.

Funds remain in the TADA until Trustees authorize transfer to the Alaska Permanent Fund Corporation (APFC) in accordance with Alaska Statute (AS) 37.14.033 for investment alongside the Alaska Permanent Fund, or until Trustees authorize another use for the cash (e.g., real estate investment acquisition, Program Related Investment (PRI), capital asset development, or United States Forest Service timber exchange financing).

In consultation with the Trust Land Office, the following amounts are recommended to be retained in the TADA account for future use on proposed upcoming land asset improvements:

Currently Encumbered TADA Funds	\$1.5 Million
Icy Cape Drilling Operations for the upcoming season	\$3 Million
Land Exchange	\$3.165 Million
Whittier Street/Public Safety Building	Estimates range from \$500.0 to \$8 million-Recommend retaining \$4.5 Million
Anchorage PRI Building	\$1.5 Million
Allowance (subdivision roads, etc.)	\$2 Million
Total Known Needs	\$15.665 Million

Previously the Trust operated under Resolution 03-01, which directed the CFO or CEO to transfer accumulated cash to APFC on a quarterly basis unless authorized differently by Trustees. Once cash principal has been transferred to APFC for investment alongside the Alaska Permanent Fund it is retained there perpetually in accordance with AS 37.14.035.

In summary, the proposed transfer to the Permanent Fund would be based on the following calculation:

Available TADA Funds:	\$24,040.0 Million
Less Existing Encumbrances	(\$1.5 Million)
Less Proposed Upcoming Improvements	(\$14,165 Million)
Available for Transfer:	\$8,335.0 Million

After careful consideration of the inherent uncertainties in any land improvement efforts, I consider it a prudent step to retain a portion of the account balance for any unexpected costs. I recommend transferring \$5 million to the Permanent Fund Account. This approach should balance the investment needs of the Trust while retaining a reasonable level of cash in the TADA account.

¹Integrated Resource Information System (IRIS) Fund #3320

MEMO

To: Board of Trustees
From: Andrew Stemp, Chief Financial Officer
Date: November 9, 2017
Re: Inflation Proofing Update

As part of an effort to mitigate the impact of inflation on Trust resources the Trustees reserved \$5 million as inflation proofing assets. These funds are managed by the Alaska Permanent Fund Management Corporation, but retained outside of the main Trust portfolio. The segregation of these assets was intended to give the Trust maximum flexibility to invest the money, but still have access to the money should there be a reason to spend the money to meet beneficiary needs.

The last inflation proofing calculation was presented at the August 2015 Trustee meeting and estimated the need at \$40.4 million. Based on published Consumer Price Index data the Anchorage area has experienced the following annual increases:

2015	.50%
2016	.40%
2017 (Data based on First Half of the Year)	.70%

Applying those factors to the Trust principal, we can calculate the incremental change:

Trust Principal	CPI Factor	One Year Change	Cumulative Change
435,446,000	.50%	2,177,230	2,177,230
427,662,800	.40%	1,710,651	3,887,881
452,451,300	.70%	3,167,159	7,055,040

Adjusting the original calculation to include the last several years of data produces the following result:

Original Inflation Proofing Calculation	\$40.4 Million
Inflation Adjustment 2015-2017	\$7.05 Million
Less Existing Inflation Proofing Balance	(\$5.0 Million)
Remaining Balance	\$42.45 Million

FY18 Approvals

MEMO

To: Mary Jane Michael, Chair
Date: November 8, 2017
Re: FY18 Beneficiary Employment and Engagement Focus Area
Allocation – Contract Budget Detail
Fiscal Year: 2018-2019
Amount: \$200,000
Grantee: HCBS Strategies, contract funds for year 2
Project Title: HCBS contract support for implementation of SB74 and CMS Final Rule

REQUESTED MOTION:

The full board of trustees approve \$200,000 from the FY18 Beneficiary Employment and Engagement focus area for 2018/19 contractual services to support the Trust and SDS with implementing SB74 and CMS rules as it relates to Long Term Services and Supports.

Assigned Program Staff: Katie Baldwin-Johnson

DESCRIPTION

During the October 26th, 2017 finance committee, trustees were presented with a request to fund the second year of a three year contract with Home and Community Based Strategies. HCBS is the consultant awarded a three-year sole source contract to support the Trust and Senior and Disability Services with implementation of SB74 and CMS rules as it relates to Long Term Services and Supports.

At the request of trustees, staff have provided budget detail and narrative for the second year of the contract. All Trust funds are designated for contractual services to HCBS. For reference, Trust staff have included the October 26, 2017 memo outlining the project background, description and scope.

BUDGET- HCBS YEAR 2 CONTRACT SCOPE

Project Management	\$15,000
	The contract will pay for HCBS Strategies to assist SDS with using the integrated plan to assign work to SDS staff and others, track progress towards meeting plan goals and update the plan. This will include facilitating weekly meetings with SDS's <i>internal</i> staff and updating the Gantt chart and an online project management tool. Estimate 50 facilitated meetings with SDS.
Regulation and Policy Development	\$106,000
	The contract includes funding for consulting and site visits to assist with the development of operations and policies to include but not limited to: <ul style="list-style-type: none"> • Development of regulations • Development of protocols, tools, and changes to existing operations necessary to change programs • Researching national best practices and CMS regulations and guidance • Identifying, reviewing, and developing alternative plans that reflect requirements and/or opportunities created by changes at the federal level
Meeting facilitation/stakeholder engagement	\$55,000
	The contract includes funding for facilitation and stakeholder engagement in the process of development of operations and policies necessary to complete necessary reform tasks. This will include facilitation of key in-person stakeholder meetings that include representatives of the service delivery system, SDS, Trust and beneficiaries as necessary.
Travel	\$24,000
	The contract includes funding for 4 site visits to meet in person with SDS, the Trust and key stakeholders to facilitate stakeholder engagement in the development of regulation and operational policies. Travel is based on an estimate of \$3,000 per individual per trip for two contract representatives.
Total Amount to be Funded by the Trust	\$200,000

MEMO

To: Finance Committee Chair
Date: October 26, 2018
Re: FY18 Beneficiary Employment and Engagement Focus Area Allocation
Fiscal Year: 2018-2019
Amount: \$200,000
Grantee: HCBS Strategies, contract funds for year 2
Project Title: HCBS contract support for implementation of SB74 and CMS Final Rule

REQUESTED MOTION:

The finance committee approves a \$200,000 from the FY18 Beneficiary Employment and Engagement focus area for 2018/19 contractual services to support the Trust and SDS with implementing SB74 and CMS rules as it relates to Long Term Services and Supports.

Assigned Program Officer: Katie Baldwin-Johnson

PROJECT BACKGROUND

Significant progress has been made in developing the policy framework for the Home and Community-Based Services component of SB74, largely impart of having a contract in place for project management and highly technical support.

For more than 30 years, an array of home and community-based services in Alaska have provided essential services and supports for beneficiaries who choose to live in their own home and community instead of an institution. While the system has evolved and adapted to the ever changing needs throughout the years, never before has it seen the magnitude of changes brought forward by self-advocates and families, federal regulations, and state legislation (SB 74) that have created the opportunity to truly transform the way services are provided. The foundation of these changes is to ensure that beneficiaries direct their own services that are based on their strengths and abilities to achieve their goals to live a meaningful life. It is also intended to create a more efficient and sustainable system for beneficiaries today and into the future. These transformation efforts coupled with the budget deficit Alaska faces requires an aggressive timeline with limited resources to achieve the desired goals.

The Department of Health and Social Services; Division of Senior and Disabilities Services has provided tremendous leadership, resourcefulness, and collaboration with stakeholders

to develop and begin implementation of the plan for serving Trust beneficiaries through the various federal authorities; 1915 (c), (k), (i) and targeted case management. The magnitude of tasks, requirements and complexities that each of these authorities bring should not be underestimated. It is essential to have access to highly specialized national technical expertise and assistance to accomplish the desired system reform goals, minimize disruption in service delivery for those transitioning from grant funded services to Medicaid services, and keep pace with changes that will be occurring due to the new federal administration.

PROJECT DESCRIPTION

Senior and Disabilities Services (SDS), the Trust, and other stakeholders are working collaboratively to implement the major systems changes required under SB74. In conjunction with these changes, SDS must significantly alter their operations and services to comply with Centers for Medicare & Medicaid Services (CMS) requirements included in the final rule for Home and Community Based Services (HCBS).

While SDS has made substantial progress in improving internal operations and staff capabilities, this last year by having HCBS act as Project Manager to assist and guide the systems change efforts for the 1915 k/c and the assessment tool process has been invaluable. The purpose of this contract is to continue to fund and assist SDS in enhancing its project management capabilities to successfully implement the HCBS elements of SB74. In addition, this contract will provide access to a highly skilled and very specific technical expertise for long term services and supports (LTSS), as it relates to all components of SB74 and other system change efforts.

In addition to funding key components of SB74, over the years the Trust has previously contracted with HCBS Strategies, Inc. to assist with specific components of these efforts. This resulted in a number of important achievements, including:

- The development of an Implementation Advanced Planning Document that will allow SDS to receive enhanced Medicaid match for a variety of activities to support these transformation efforts.
- A Gantt chart that outlines an integrated plan for implementing the changes necessary to comply with SB74. This plan identifies 514 tasks, outlines their dependencies and establishes a timeline for each of the tasks.
- An implementation plan for conflict free case management, which separated care coordination from service providers.

The changes included in the Gantt chart also impact other Trust initiatives and stakeholders. For example, the stakeholder engagement process and vision developed under the DD Systems Assessment project could evolve into the broader stakeholder engagement project. Stakeholders could use the vision and related values to shape the input they provide to SDS as it develops the systems change initiatives.

Once the HCBS components of SB74 are successfully implemented, there will be major changes to the delivery of long term services and supports for Trust beneficiaries with:

- Intellectual/Developmental Disabilities
- Alzheimer's and related dementias
- Traumatic brain injuries

PROJECT SCOPE

This contract is specifically intended to assist SDS, the Trust, and the other stakeholders by providing the following assistance in two key areas:

- **Project management support:** The contract will pay for HCBS Strategies to assist SDS with using the integrated plan to assign work to SDS staff and others, track progress towards meeting plan goals, and update the plan. This will include facilitating weekly meetings with SDS's internal staff and updating the Gantt chart and an online project management tool.

- **Program operations and policy development support:** The contract includes funding for consulting and site visits to assist with the development of operations and policies to include but not limited to:
 - Development of regulations
 - Development of protocols, tools, and changes to existing operations necessary to change programs
 - Researching national best practices and CMS regulations and guidance
 - Identifying, reviewing, and developing alternative plans that reflect requirements and/or opportunities created by changes at the federal level
 - Facilitating meetings to achieve agreement on policies and operations
 - Stakeholder engagement

This support may be provided to the following:

- SDS and DHSS
- Trust staff and trustees
- Pioneer Home
- Trust Statutory Advisory Boards
- Other key entities identified by SDS and/or the Trust

The Trust and SDS will continue to collaborate and establish a project management framework that is mutually agreed upon that is the most efficient and effective use of the contract resources. While it is anticipated that HCBS Strategies will conduct most of the work, they may subcontract some of the work to other individuals as long as this is approved by the Trust and SDS. This will allow HCBS Strategies to bring in individuals with specific subject matter expertise related to critical components.

MEMO

To: Mary Jane Michael, Chair
Date: November 16, 2017
Re: FY18 Juneau Trauma Informed School Pilot Project
Fiscal Year: 2018
Amount: \$40,000
Grantee: Juneau Community Foundation
Project Title: Trauma Informed School Pilot – Testing the CLEAR Model in Alaska

REQUESTED MOTION:

The full board of trustees approve using \$40,000 in DHSS funding for an authority grant to the Juneau Community Foundation for the Trauma Informed School Pilot project.

Assigned Program Staff: Jimael Johnson

DESCRIPTION

This request is seeking authorization to grant \$40,000 of DHSS funding received through a reimbursable services agreement (RSA) to the Juneau Community Foundation for the Trauma Inform School Pilot. This funding is helping to leverage a number of other funding sources including the Juneau School District, the Alaska Mental Health Board, Juneau Community Foundation and the Trust in addition to other future potential funders.

The following is excerpted from the prospective grantee's application.

Vision of the Work:

The recent research in Alaska indicates that Adverse Childhood Experiences (ACEs) are common and exceed most other state and national rates¹. These early experiences have been shown to have significant impacts on the developing brains of children and on their ability to be successful in school. An extensive review of relevant research determined that the most

¹ See a broad analysis of Alaskan ACEs data at Overcoming ACEs in Alaska: <http://dhss.alaska.gov/abada/ace-ak/Pages/default.aspx>

effective intervention for childhood trauma was to boost children's self-regulation skills². It has become clear that one key place to positively intervene in the lives of children who have been traumatized is in the schools.

There have been several efforts to develop Trauma Informed School programs across the country. One model which shows particular promise for Alaska is the Collaborative Learning for Educational Achievement and Resilience³ (CLEAR) model, developed at Washington State University. This time limited (three year) process is designed to transform the school's staff from trauma awareness to trauma practice. It is steeped in the ARC⁴ (Attachment, Self-Regulation, and Competence) framework which was developed by Bessel van der Kolk and his colleagues at The Trauma Center at the Justice Resource Institute in Boston as well as the Alaska Child Trauma Center⁵ in Anchorage. The CLEAR model also uses existing community resources to build a unique solution for each school. This component of flexibility in the model is especially important in Alaska with our unique communities which have very distinct differences in resources.

The proposed project would use three schools as sites for implementing the program in Alaska. Because it is the desire of our team to thoroughly evaluate this project and use the outcomes to inform statewide policy development in Alaska - it is proposed that these schools be located in Juneau. This allows for the Department of Education and Early Development which is entirely located in Juneau to be involved in the process and have access to CLEAR personnel who have assisted other states with statewide policy work. Additionally, the University of Alaska's Education Department which is responsible for educating the next generation of Alaska's teachers is also now fully located in Juneau. This location therefore gives the added benefit of their consultation and participation in the process. Additionally, the Alaska Association of School Boards' staff is located in Juneau and their work over the past 20+ years developing the Initiative for Community Engagement⁶ (ICE) promoting positive school climate and connectedness also would be a resource for developing an effective Alaska model of trauma informed schools. Key Division of Behavioral Health staff from which much of Alaska's decade long trauma informed efforts have emanated are also located in Juneau. Given the current fiscal crisis limiting travel for the state evaluation teams and policy developers is important.

The populations to be addressed are children in three schools where significant issues of trauma and subsequent poor educational results are prevalent. These children's families have low socioeconomic status (Title I school) and the schools have a large portion of Alaska Native children. The process for selecting the schools would be by agreement of the funders, CLEAR and the local school district.

² Toxic Stress and Self-Regulation Reports, Office of Planning, Research and Evaluation, Administration for Children and Families: <https://www.acf.hhs.gov/opre/research/project/toxic-stress-and-self-regulation-reports>

³ See the CLEAR Brochure <http://ext100.wsu.edu/clear/wp-content/uploads/sites/55/2015/09/CLEAR-BROCHURE-8-20-2015-for-web.pdf>

⁴ ARC Framework: <http://arcframework.org/>

⁵ <https://www.acmhs.com/programs-services/child-family-services/alaska-child-trauma-center>

⁶ Initiative for Community Engagement: <http://ice.aasb.org/>

Qualifications and Experience

Juneau Community Foundation: The Juneau Community Foundation has expertise in managing funds to support various programs, projects and organizations. The Foundation has a successful track record completing grants similar to this one, where we administer the grant and the work is undertaken and completed by key partners. In addition, the Foundation gives out over \$2 million in grants annually and has processes in place to review grant outcomes. Elgee, Rehfeld, Mertz, the largest accounting firm in Southeast Alaska, provides the accounting and bookkeeping services for the Foundation. The Foundation convenes sector area meetings, working with partners to identify priority needs and increase efficiency and effectiveness in addressing those needs. Established in 2000, the Foundation is a hub for health and social services funding with the goal of promoting philanthropy and effectively responding to the needs of our community. Following are the qualifications and experience of our key partners who have the expertise needed to successfully carry out this project.

Qualifications and Experience of Key Partners:

Collaborative Learning for Educational Achievement and Resilience (CLEAR) has been developed at Washington State University and guided by Christopher Blodgett, Ph.D. a nationally recognized expert in trauma informed schools. He and his team have implemented and refined the CLEAR model in schools in Washington, Oregon and California.

Juneau School District: The point person at the Juneau School District is Theodore Wilson, the Director for Teaching and Learning. Curriculum development and professional development are major components of his role in the district. Mr. Wilson was a principal for ten years in Juneau and prior to that he was a teacher for many years. He developed a unique and very successful arts program while a principal which teaches disadvantage students the violin.

The Department of Education and Early Development (DEED): The School Health, Safety and Alternative Instruction unit at the Department will be the key contact for the project. They are currently working on statewide Trauma Informed Learning Modules for school districts which would be considered an introduction to the concepts for educators with more extensive module development being informed by this project. Sharon Fishel is the point person for this project. She has degrees in education and counseling. Ms. Fishel has taught in bush Alaska, and for the past 14 years has worked for the DEED. Currently she manages the federal AWARE (Advancing Wellness and Resilience in Education) grant which works with alternative high schools counselor around issues of trauma. She is the statewide suicide prevention council chairperson.

The Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse: These Governor appointed boards have been the primary agency gathering and analyzing data and a key player in educating Alaskan around the topic of ACEs and what to do about them. Patrick Sidmore, has completed these analyses for the boards and has presented to 90 different audiences around the state and his analysis of the economic impacts of Alaska's ACEs was presented at an international mental health conference in June 2016. Mr. Sidmore holds degrees in Elementary Education, Economics and Management, and Social Work.

Partnerships

Additional community partners already engaged in the local discussions around trauma informed schools include, the local domestic violence shelter, the teen recreation center (municipal facility), the local youth behavioral health center, a tribal group, principals and school counselors, the local National Education Association representative, and more. Significant discussions on the local project will be ongoing as new stakeholders become interested.

There is a current local effort to dedicate one half of one percent of the city sales tax to funding children's programs with a vote in the fall. This group is closely aligned with the trauma informed school group with overlapping membership. It is likely that the groups will merge in the near future.

The statewide entities are continuing to meet on developing a trauma informed school framework. Discussions between the Association of Alaska School Boards, Department of Education and Early Development and the Alaska Mental Health Board are becoming formalized. Initial contact has been made with the Department of Education at the University and their joining will be aggressively pursued in the summer.

Implementation and Major Milestones

Year One

Year one begins with a three hour foundational training. School staff will develop a rich relationship with their CLEAR consultant during the course of seven one hour professional development sessions and two full days a month of observation and consultation in the building. A CLEAR Team will be established and meet monthly with the consultant. Staff will also participate in regional meetings and data sharing. The CLEAR consultant's will work with individual teachers, reviewing their interactions with students, building trauma sensitive strategies for assisting particular students and providing other trainings.

State organizations will be working to develop emerging data from the project and completing a first year report. Using result the framework for an Alaskan trauma informed school will be in development.

Year Two

Year two begins with a one hour all staff training. New staff can view the foundational training from year one online. CLEAR consultants deliver five one hour professional development sessions to build on year one content and continue to consult with staff two full days a month. The CLEAR Team continues to meet to begin sustainability planning.

State staff doing the evaluation will be exploring data and reporting to the relevant state entities monitoring the project. Presentations will be done to gather input from community and professional sources to inform the ongoing work.

Year Three

Funding for this year will be developed from local Alaska sources. Year three begins with a one hour all staff training. New staff can view the foundational training from year one online.

CLEAR consultants deliver three one hour professional development sessions and remain in the building for consultation. The CLEAR Team continues to meet with a strong focus on sustainability planning and transition of the CLEAR consultant.

Final evaluation will be completed and a plan developed to share that information as appropriate.

Public Relations and Communications

This project will be promoted locally and statewide through traditional and social media. Local reporting on the results will be done by the Juneau Community Foundation and the Juneau School District. Statewide efforts will be coordinated by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug abuse through their *Over Coming ACEs in Alaska* project which is in its fifth year.

EVALUATION CRITERIA

The evaluation component of the project would be done jointly by the Department of Education and Early Development, the Alaska Division of Behavioral Health, the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse Staff. Efforts will be made to work with University of Alaska students as interest is demonstrated to also augment research and evaluation capabilities beyond the initial scope e.g. dissertations or theses. Social-Emotional as well as academic measures will be incorporated into the evaluation. Results would be shared with all the parties to the agreement and allow for adjustments to the program as it moves through the three year process. CLEAR does ongoing evaluation with which to inform their work – this will also be shared as part of the evaluation component. In other CLEAR schools increases in Language and Math skills have been found as well as a lowering of discipline measures which remove children from instruction.

The broader outcome of this project is to develop a framework for Alaska schools and school districts which allows them to become trauma informed. At present, for those schools in Alaska working on trauma informed school projects, they have to invent it each time. This framework will be developed by the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse, The Department of Education and Early Development, The Division of Behavioral Health and other key stakeholders. It will be informed, however, by the experiences of the local schools in the “real world”.

SUSTAINABILITY

There is recognition that using a contractor based in western Washington State is not a sustainable model for Alaska. CLEAR has expressed an interest and willingness to train an Alaskan provider in their methodology which would allow for the Alaska agency to be the resource for their methodology should it prove to be desirable going forward in Alaska. The Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse are working on procuring resources to make that possible.

Additionally, there may be sources of funding available in the school system itself if the pilot shows significant impacts.

BUDGET & NARRATIVE

Travel Costs	\$10,800
Travel Costs (Other Sources)	\$24,200
Travel Narrative:	<p>Consultant travel from Washington to Juneau - 18 trips x \$600/ trip (only a portion of airfare) = \$10,800</p> <p>The contract with CLEAR includes sending two instructors to Juneau each month to provide hands on instruction to the teachers and personnel in three elementary school. These instructors will work with individual teachers, reviewing their interactions with students, building trauma sensitive strategies for assisting particular students and providing other trainings. Estimated total travel costs are \$35,000.</p>

Other Costs- Contractual Services	\$29,200
Other Costs (Other Sources) Contractual Services	\$90,800
Other Costs Narrative:	<p>Funding to contribute toward the contractual cost to support a three hour core training with school personnel and seven one-hour professional development sessions with school personnel at three Juneau schools. Additionally, funding will support monthly consultative meetings with the CLEAR consultant and the Juneau CLEAR team.</p>

Total Amount to be Funded by the Trust-DHSS RSA	\$40,000
Total Amount Funded by Other Sources	\$115,000

Other Funding Sources	
Trust	\$50,000
Juneau School District	\$50,000
Alaska Mental Health Board	\$10,000
Juneau Community Foundation	\$5,000
Rasmuson Foundation (anticipated-pending)	TBD
Premera (anticipated-pending)	TBD
Total Leveraged Funds	\$115,000

Health Care Authority

Alaska Senate Bill 74, Section 57 Healthcare Authority Feasibility Study October 19, 2017

As part of the healthcare reforms included in Senate Bill 74, the Alaska Legislature included intent language for the Alaska State Department of Administration to procure a study on the feasibility of creating a healthcare authority to coordinate healthcare plans and consolidate purchasing effectiveness. Recently the Department of Administration released the study results for public comment. The intent language and a link to the reports are provided below.

Alaska Senate Bill 74, Section 57

(b) The Department of Administration shall, in collaboration with the house and senate finance committees, procure a study to be completed on or before June 30, 2017, to determine the feasibility of creating a health care authority to coordinate health care plans and consolidate purchasing effectiveness for all state employees, retired state employees, retired teachers, medical assistance recipients, University of Alaska employees, employees of state corporations, and school district employees and to develop appropriate benefit sets, rules, cost-sharing, and payment structures for all employees and individuals whose health care benefits are funded directly or indirectly by the state, with the goal of achieving the greatest possible savings to the state through a coordinated approach administered by a single entity. In developing the study, the Department of Administration shall seek input from the Department of Health and Social Services, administrators familiar with managing government employee health plans, and human resource professionals familiar with self-insured health care plans. The study must

- (1) identify cost-saving strategies that a health care authority could implement;
- (2) analyze local government participation in the authority;
- (3) analyze a phased approach to adding groups to the health care plans coordinated by the health care authority;
- (4) consider previous studies procured by the Department of Administration and the legislature;
- (5) assess the use of community-related health insurance risk pools and the use of the private marketplace;
- (6) identify organizational models for a health care authority, including private for-profit, private nonprofit, government, and state corporations; and
- (7) include a public review and comment opportunity for employers, employees, medical assistance recipients, retirees, and health care providers.

Healthcare Authority Feasibility Report Links

The report can be found at:

- <http://doa.alaska.gov/HCA.html>

Program & Planning Committee Report

MEMO

To: Trustees
From: Michael Baldwin, Evaluation & Planning Officer
Date: November 8, 2017
Re: Program & Planning Committee Report

There has been one meeting of the Planning Committee since the last board report. The meeting occurred on October 26, 2017 and was attended by trustees Christopher Cooke (Chair), Laraine Derr, Paula Easley, Greg Jones, Mary Jane Michael, Jerome Selby, and Carlton Smith.

The prime focus of the October 26, 2017 Planning Committee was upon Criminal Justice Reform Updates:

- **Senate Bill 54 update:** Steve Williams provided updates on the current status of Senate Bill 54, and efforts to address issues from the major criminal justice reform bill passed last year.
- **Results First Initiative:** Dr. Brad Myr Stol, director of the University of Alaska's Alaska Justice Information Center, provided a thorough report of the results of the **Results First Initiative**.

November 16, 2017:

During the Trustee board meeting Planning Committee report there will be an update on Fetal Alcohol Spectrum Disorders (FASD) related initiatives and activities.

- **Empowering Hope – FASD Media Campaign:** Carley Lawrence will provide an update on the Empowering Hope initiative, and some preliminary evaluation results of the FASD media campaign.
- **Statewide FASD Activities:** Michael Baldwin will report on several initiatives and activities occurring statewide in which the Trust or Trust partners are engaged.
 - **Governor's Council on Disability and Special Education 5-yr FASD Strategic Plan**
 - **Division of Behavioral Health/Office of Substance Misuse and Prevention – Diagnostic Team Data**
 - **Alaska Center for FASD**
 - **Institute for Circumpolar Health Studies**

Next Planning Committee meeting: The next scheduled meeting of the Planning Committee is **January 4, 2018**.



FAS/D Prevention Pregnancy Test Dispenser Messaging Study

Background

Alaska has the **highest incidence rate** of Fetal Alcohol Spectrum Disorders in the United States with **over 120** diagnosed every year.¹ According to the Alaska Department of Health and Social Services, each child diagnosed with FAS/D will cost the State of Alaska **\$850,000 to \$4.2 million** from age 0-18. Alcohol use during pregnancy is **the leading preventable cause** of birth defects and developmental disabilities in the United States. Unfortunately, many women do not know they are pregnant when consuming alcohol. **Over half** of all pregnancies in Alaska **are unintended**.²

Study Hypothesis and Design

The study hypothesized that linking FAS/D education messages with pregnancy test dispensers in bars/restaurants serving alcohol would promote awareness of FAS/D risks associated with consuming alcohol while pregnant. The study was designed to conduct a rigorous evaluation of the feasibility and utility of this strategy.

- Matched Pairs design [Dispenser + Poster sites were compared to Poster only sites] in seven communities across Alaska (Anchorage/Fairbanks + Juneau; Homer/Dillingham; and Kodiak/Nome).
- Baseline and six-month follow-up survey data documenting FAS/D knowledge, attitudes, and behaviors was collected.

Results

- A significant sample size of **2,147 women** participated in the study with a follow-up response rate of 61%.
- Over **10,000 pregnancy tests** were distributed throughout the study.
- **576 women** reported they *may have been pregnant* in the last 6 months, **70%** reported consuming alcohol.
- **95 women** respondents reported they *were currently pregnant*. **18%** reported they **still** consume alcohol. The national average is 7%.³
- **42 women** reported **learning they were pregnant** as the *result* of taking a pregnancy test from a dispenser.
- The pregnancy test dispenser group **scored significantly higher** than the poster only group, indicating a *better understanding* of the FAS/D risks and harms.
- The pregnancy test dispenser group also **significantly decreased** their drinking behaviors compared to the poster only group.

Conclusions

★ *Data suggests combining FAS/D education messaging with a pregnancy test dispenser is an **effective** FAS/D prevention messaging strategy.*



Dispenser + Poster Display and Associated Condom Dispenser

Recommendations

- 1) Expand the use of pregnancy test dispensers as an FAS/D prevention messaging strategy.
- 2) Promote efforts addressing social norms related to alcohol misuse and FAS/D prevention.
- 3) Clarify server's right to refuse service policies related to providing alcohol to pregnant women.
- 4) Utilize the newly developed Windsor-Van Wyck FAS/D Risk Assessment Tool in other targeted venues.
- 5) Support follow-up longitudinal studies with the cohort of women participants (2,147).

¹ Alaska Department of Health & Social Services (2010) FASD Fact Sheet.

² Kost, K. Unintended Pregnancy Rates at the State Level.

³ Center for Disease Control BRFSS Data

Alaska Commission on Aging

Alaska Mental Health Trust Authority
***“November 2017 is Alzheimer’s Disease and
 Family Caregivers Awareness Month”***



Alaska Commission on Aging
 November 16, 2017
 Denise Daniello, Executive Director

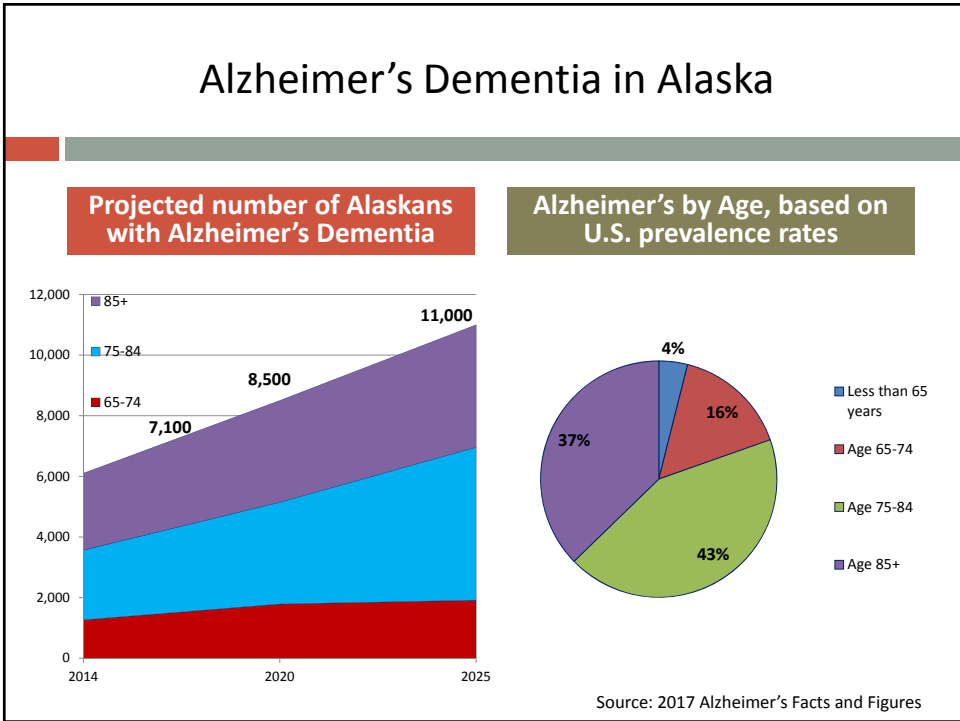
“We’re really a composite of our life experiences – memory layered upon memory and Alzheimer’s steals that away.” Meryl Comer

Presentation Overview

- Preliminary findings from the Behavioral Risk Factor Surveillance Survey (BRFSS) 2016 Perceived Cognitive Impairment Module (PCI) and 2013 BRFSS PCI comparisons
- ACoA Updates
 - ▣ Senior Benefits Listening Session, House Health and Social Services
 - ▣ ACoA Ad Hoc Medicare Committee
 - ▣ Comment on the proposed Health Care Authority
 - ▣ Senior Utilization Workgroup Efforts
- Wrap-Up with remaining questions and discussion

BRFSS Perceived Cognitive Impairment Module

Preliminary 2016 findings and 2013 comparisons



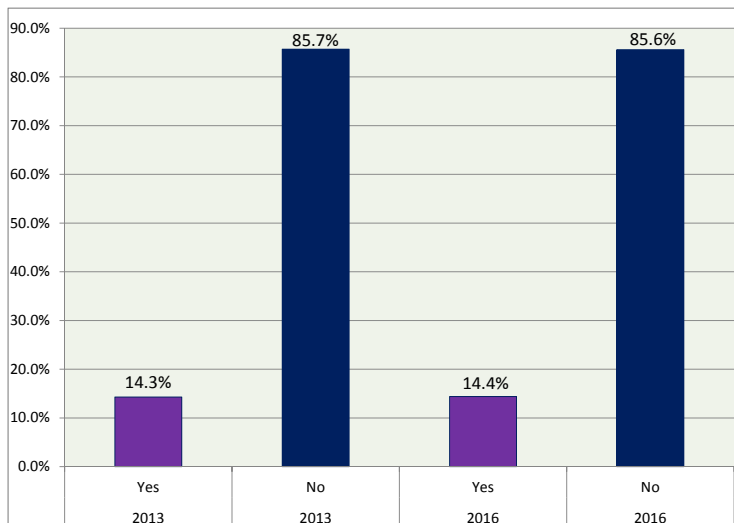
The Impact of Perceived Cognitive Impairment, BRFSS Module

□ Purposes:

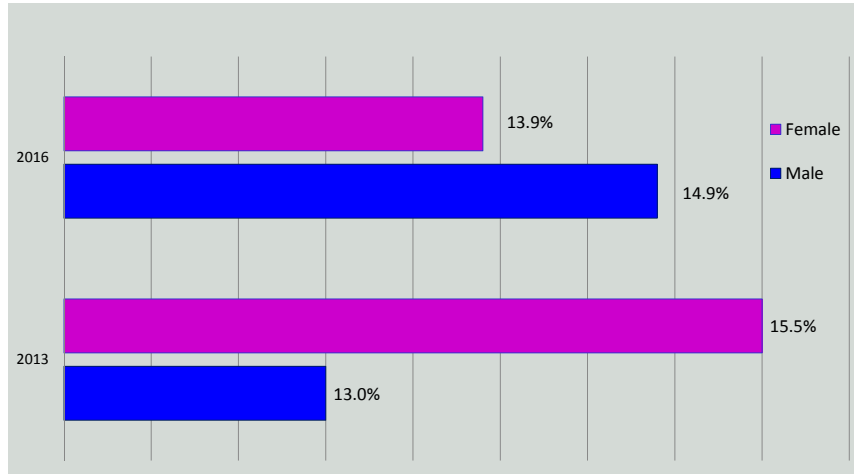
- Advance the understanding about the impact of cognitive impairment among adults.
- Provide a window into current and future needs of states and communities related to cognitive impairment.
- Assist states, policymakers, researchers, Centers for Disease Control, and other organizations with “data for action.”

Source: Alzheimer’s Association and Centers for Disease Control and Prevention. *The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013–2018*

Percent of population that reported experiencing confusion and memory loss over the past year, Alaska seniors 65 and older

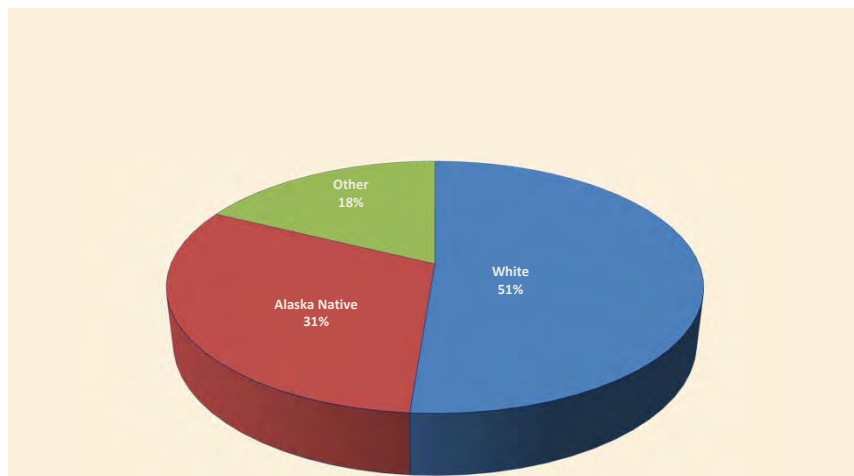


Percent of 65+ population who experienced confusion and memory loss over past year by gender

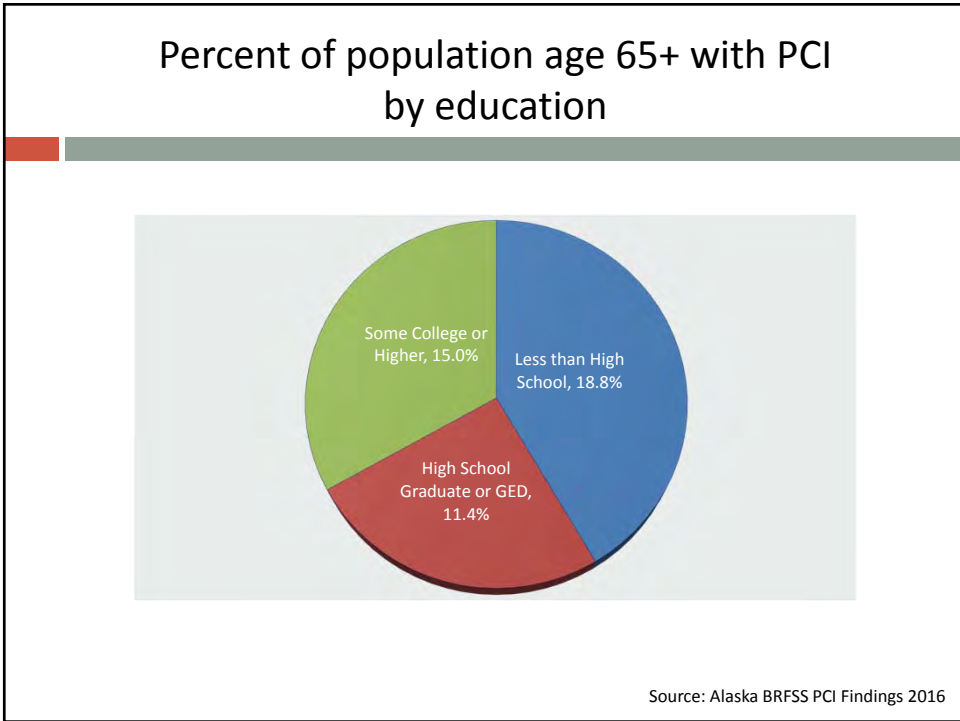
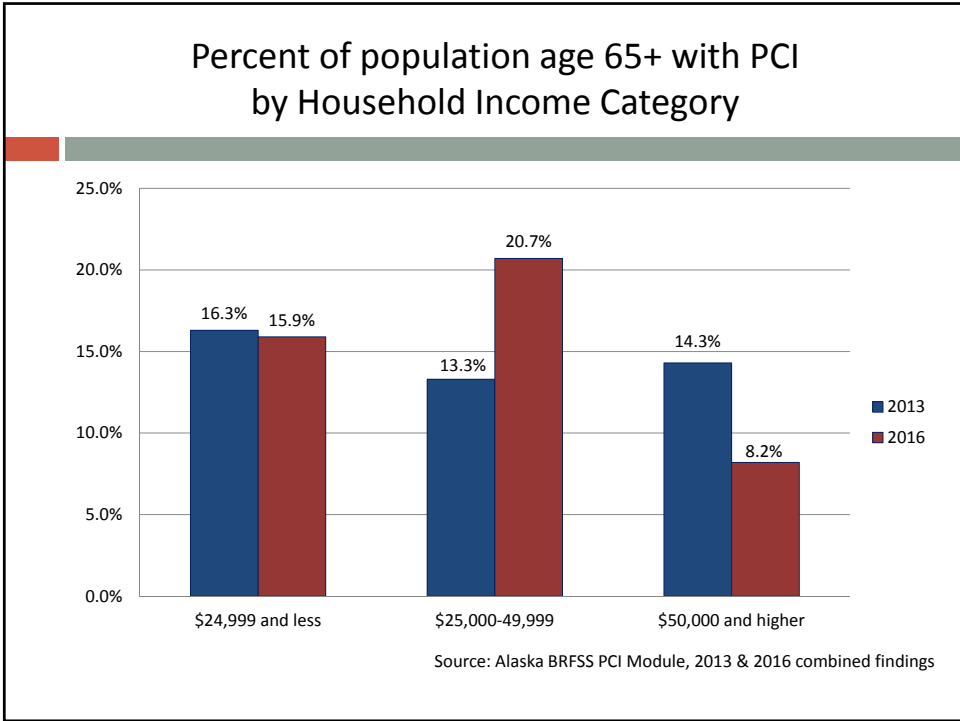


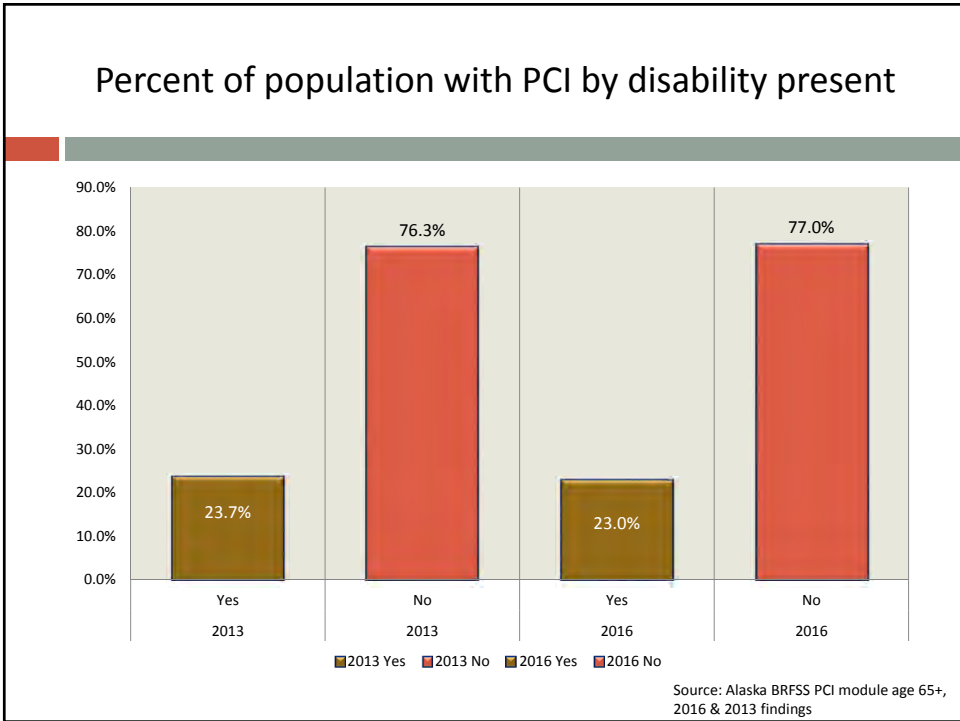
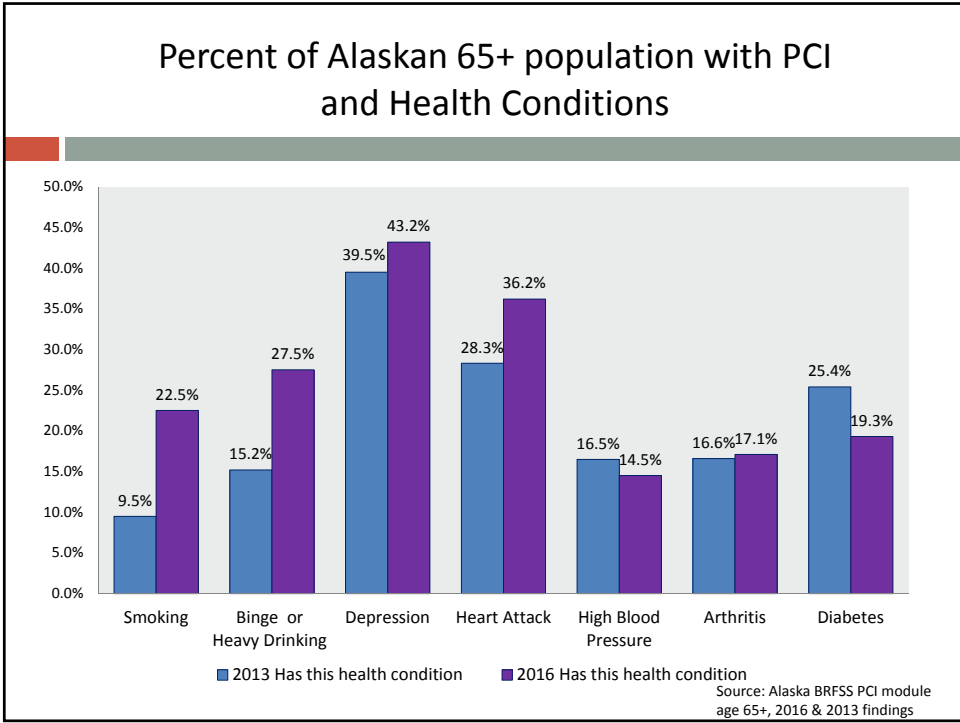
Source: Alaska BRFSS PCI Findings, 2013 and 2016

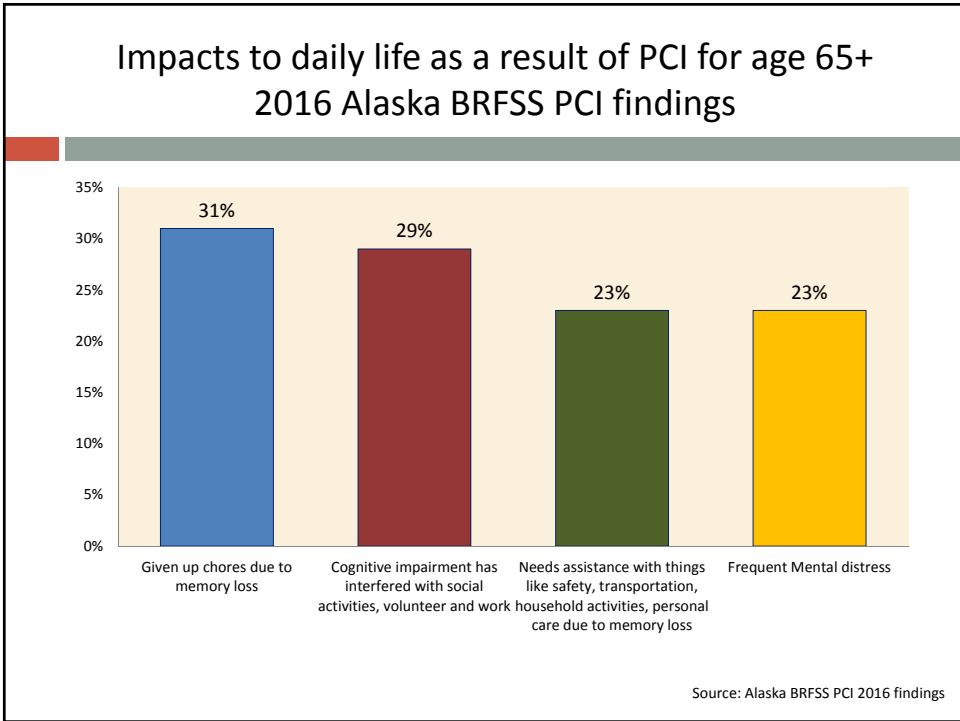
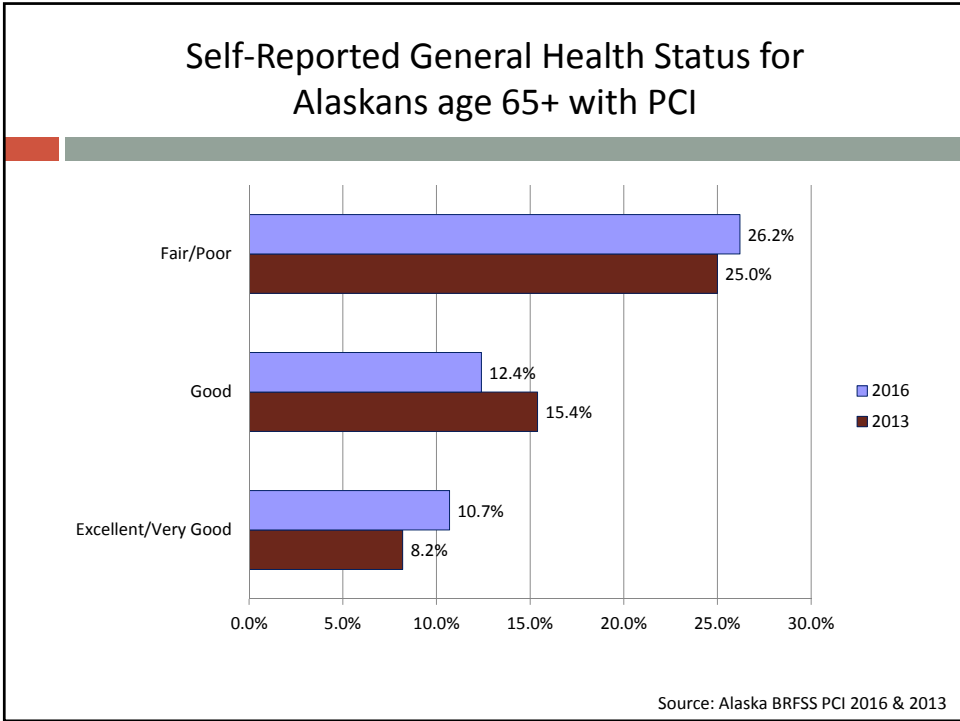
Percent of 65+ population with PCI by race



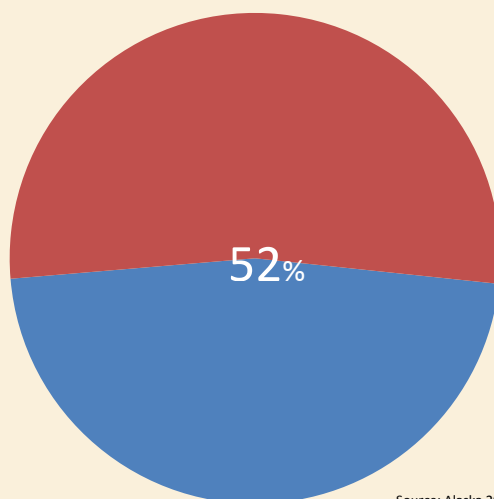
Source: Alaska BRFSS PCI module age 65+, 2016 & 2013 combined







Percent with Perceived Cognitive Impairment age 65+ who have not talked to a health care provider



Source: Alaska 2016 BRFSS PCI Module

Takeaways...

- Approximately 14% of those age 65+ report experiencing confusion or memory loss that is happening more often or is getting worse (2016 & 2013).
- Nearly one in four (25%) Alaskans age 65+ with PCI reported “fair/poor” health as compared to an estimated 10% who reported “excellent/very good” health (2016 & 2013).
- PCI occurs more frequently among respondents that reported risky behaviors such as smoking (22.5%) and binge or heavy drinking (27.5%) as well as those with chronic health conditions (cardiovascular disease, diabetes). (2016)
- More than 40% of seniors with PCI also reported a depression diagnosis (2016).
- PCI occurs more often in populations with lower incomes and educational attainment (2013 & 2016).
- More than 50% of seniors reporting PCI have not talked to a health care provider.

ACoA Updates

- Senior Benefits Listening Session, sponsored by House Health and Social Services Committee
- ACoA Ad Hoc Medicare Committee
- Comments on the proposed Health Care Authority in the context of retirees
- ACoA next meeting: Tuesday, December 12

Thank You. Questions?



One person caring about another represents life's greatest value. Jim Rohn, author

Governor's Council on Disabilities and Special Education

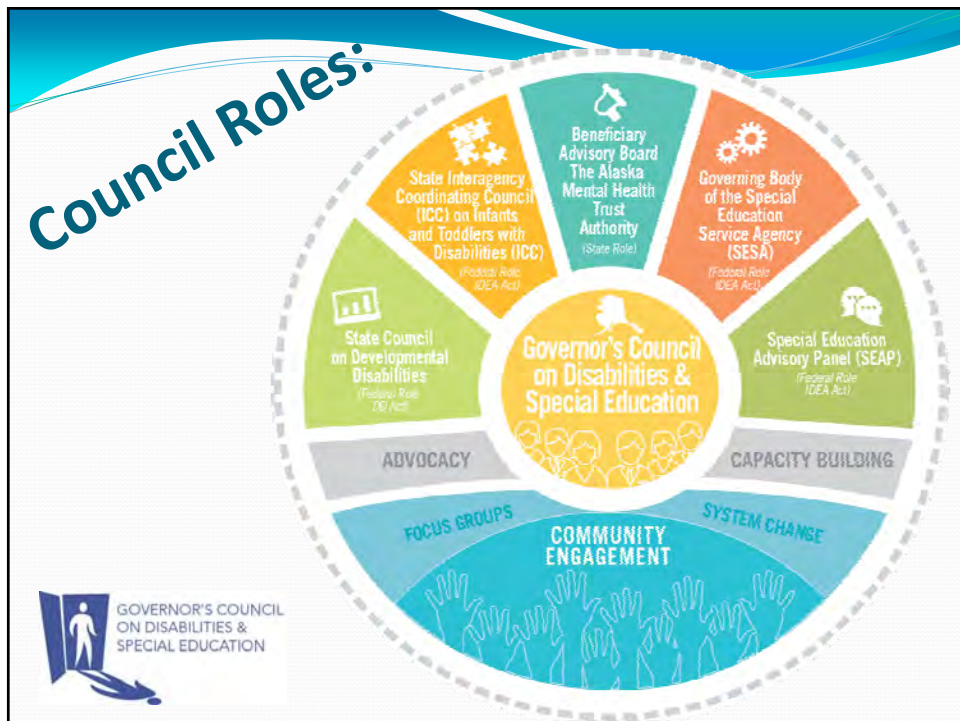


GOVERNOR'S COUNCIL ON DISABILITIES & SPECIAL EDUCATION

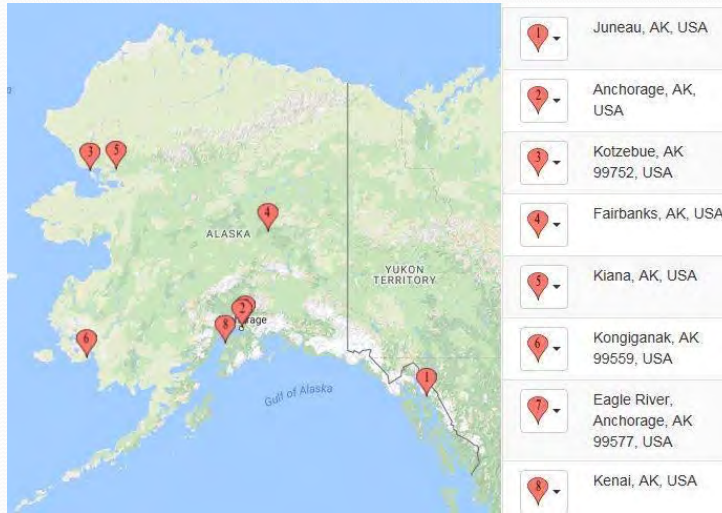
Trust Meeting Update

Patrick Reinhart, Executive Director

November 2017



25 Council Members:



Council News!

- **New Council Members**
 - One vacancy right now-filled soon
- **Next Council Meetings**
 - January 30 - February 1, 2018 – Juneau
 - May 15, 2018 – Anchorage/webinar
- **Council Staff Changes:**
 - Ian Miner – New Admin Assistant II
 - 7 people vs 10 people 3 years ago
- **Council Documents Coming Soon!**
 - State Plan Booklet
 - 2017 Annual Report





Self Advocacy Summit:

Save The Date
 Saturday September 30th
 9:00 AM- 4:00 PM
 and
 Sunday October 1st
 11:00 AM- 3:00 PM

Peer Power presents: Alaska's Self Advocacy Summit
 for individuals with Intellectual/ Developmental Disabilities
 Discover new ways to be better.

**LEADERS
 SELF-ADVOCATES**

Lunch will be provided for the first day of the summit
 held in Anchorage.

For more information, contact Ric:
 phone: 907-269-8989
 email: ric.nelson@alaska.gov

If you live outside of the Anchorage/Matsu area, scholarships are available
 to attend, contact Ric.

Sessions:

- Self-Advocacy and the History of the Disability Civil Rights Movement
- Alaska ABLE Program and Alaska Disability Benefits 101
- ADA Employment Rights and Employment First
- Knowing your Rights and Self Advocacy
- How to Manage Your Own Staff
- Supported Decision-Making Peer-Peer Discussion
- Transitioning from School to Work (launching new transition handbook)

Thank you to the Trust for you support!

Self Advocacy Summit Results:



46 Total attendees:

- 29 Individuals with developmental disabilities
- 17 Supports (family members, support staff)
 - Arctic, Interior, Southcentral, and Southeast regions were represented

Outcomes:

- Pre/Post Survey Data = everyone gained knowledge from the summit

3rd Annual Disability & Aging Summit

SPECIAL OLYMPICS ALASKA
 3200 Mountain View Dr
 ANCHORAGE, ALASKA
 OCTOBER 13-14, 2017



Keynote address by Karrie A. Shogren, PhD.
 Dr. Shogren is a Professor at the University of Kansas and Director of the Kansas University Center on Developmental Disabilities. She will address self-determination, systems of support, and supported decision-making.

Strong focus on Supported Decision Making

Attendance:

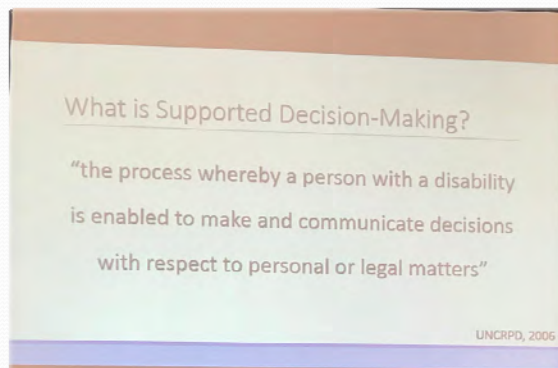
- Family Forum = 63
- Summit (Friday) = 140
- Summit (Saturday) = 73

71 agencies/groups were represented from across the state



Developmental Disability Committee:

- State Plan Amendment Approved
- Council Supported Decision Making Workgroup Initiated



Council Outreach on Supported Decision Making

1. ARC Statewide Staff Meeting
2. Self-Advocacy Summit
 - Guardianship and Supported Decision Making
 - Building Teams for Support
3. Special Olympics Family Forum
4. Disability & Aging Summit
5. Stone Soup Group
6. Alaska State Association for Guardianship & Advocacy
7. Hope Community Resources Statewide Staff Meeting
8. Aging and Disability Resource Center & STAR Coordinators

Employment and Transportation Committee:



- Project SEARCH Expansion
 - Juneau (Hospital)
 - Anchorage (state government – DHSS)

October was Disability Employment Awareness Month!

- The Council obtained a proclamation or Alaska from Governor Walker



12

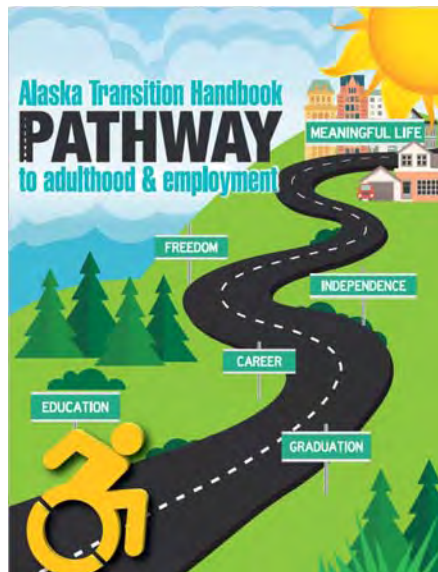
Alaska Transition Handbook

Just Launched!

Access Electronically:
http://dhs.alaska.gov/gcdse/Documents/TransitionsHandbook_k.pdf

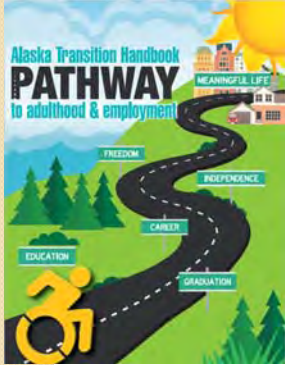
GCDSE Website Hot Button!

Printed Version



The Alaska Transition Handbook

A where to turn for employment for Alaskans with disabilities



Alaska is an EmploymentFirst State, and we believe in **REAL JOBS and REAL WAGES** for Individuals with Disabilities!

This handbook is for everyone: parents, guardians, students, providers, and educators to use as:

- A guide to help navigate many possible options to obtain employment
- A resource to help understand the services that are available to successfully achieve employment
- A time-line to better assist focused planning of transition related activities.

The Outcome Goal is Employment!

GOAL: Develop strong family expectations concerning meaningful work and self-sufficiency

GOAL: Paid employment can begin as early as 14 in Alaska; look for paid work opportunities

GOAL: Obtain real jobs in the community for real pay (minimum wage or above/20 hours a week)

Post-Secondary Education Options in Alaska

High School Transition Programs in Alaska

Services, Benefits, and Work Incentives

- Social Security Insurance (SSI) — to help people who are older, who are blind, who have a disability, or who have no or little income
- Medicaid — seeks to help pay for basic health needs and long-term care services for low-income Alaskans
- Work Incentives Planning and Assistance, Alaska Disability Benefits 101, Achieving a Better Life Experience Accounts, Plans to Achieve Self-Support, Student Earned Income Exclusion, etc.
- Senior and Disability Services



Employment Services and Supports

- Division of Vocational Rehabilitation (DVR) — state agency that provides counseling and supports individuals who have a disability prepare for, get and keep good jobs
- Tribal Vocational Rehabilitation (TVR) — provides culturally relevant services and supports that are based on the individual's strengths, resources, priorities, concerns, abilities, capabilities and, most importantly, informed choice
- Job Centers — multifaceted resource that can help with job placement and training

Success Stories — Individuals with disabilities, parents, teachers, and employers

Find this Resource online:
<http://dhs.alaska.gov/gcdse/Documents/TransitionsHandbook.pdf>

This project was funded by the Alaska Integrated Employment Initiative Transition Systems Change grant as a Project of National Cooperative Research by the Administration on Intellectual and Developmental Disabilities, Administration for Children and Families, US Department of Health and Human Services.

*EmploymentFirst concept is from APSE.org

#ABLEtoSave Alaska Campaign

Over 23,000 postcards mailed out!






There are **NO** limits to what people with disabilities can do

Including building a **savings account** without losing benefits




Education Committee Update:

- ✓ Advised DEED Commissioner on possible obstacles for students with disabilities in applying and being eligible for the Alaska Performance Scholarship
- ✓ Comment to U.S. Dept. of Education on regulatory reform review of OSEP guidance documents
- ✓ Analyzed rescinded OSEP and OSERS guidance documents for impact on students with disability; published summary of analysis to state stakeholders
- ✓ Started to develop SEAP training on statutory authority and best practices

FASD Work Group Update:

- The FASD 5 year Strategic Plan developed, focusing on the long term vision, values goals and priorities.
- FASD Awareness Month (September)
 - Social media campaign for FASD awareness month, lead by Council.
 - Council coordinated a FASD Awareness event in Anchorage on 9/9/2017
 - Council obtain a proclamation for 9/9 as FASD Awareness Day; read by Sen. Kevin Meyer



9/9 FASD Awareness Day Event: Unmasking Brain Injury



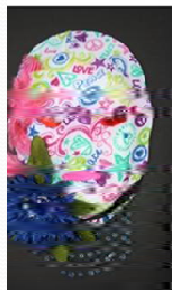
Name: James and Michelle L.

City: Eagle River

Brain Injury: James has FAS

Explanation of Mask: James and mom choose colors for different emotions. Red – angry, mad, frustrated, black – chaos + sadness, orange – happy and pink – calmness/ calming down.

James painted the mask with what he was feeling today about himself + being special. It has been a big hard day for him. The challenges he faces daily and today look like this mask.



Name: Miss McWhit

City: Anchorage

Brain Injury: Mother drank during pregnancy. Diagnosed with static encephalopathy (Brain damage from EtOH) Acquired TBI – not her fault, damaged before birth. Small in size, short, low weight all her life. FAS TBI

Explanation of Mask: The mask is covered in hearts peace signs, symbols of love, because this is what a daughter is to me. The feathers show she can fly, do whatever she wants to do. The red eyes are for her anger, my anger, her need to be successful in life. She is successful a single mother of 2, one is diabetic since birth. As her mother I am guilty of drinking when I was pregnant with her. I was an OB nurse in the 1970's we did not yet know about FASD... Now we do and NO One should consume Alcohol w/ pregnant. I am sad about what my daughter had to suffer. I regret what I took from her, making her life harder... She is now 37 years old, beautiful, educated, and working to help other families who have child with disabilities. We have survived, but now I know – If I had to do over again I would never drink when pregnant.

Early Intervention Committee:

- Universal Screening Developmental Task Force
 - The purpose is to develop and implement a sustainable method of standardized universal developmental screening (2 months -5 yrs)
 - Met September 6 for a Midwest Academy
 - Kathy Fitzgerald facilitated
 - Developed long and short term goals and a timeline
- We have two Fellows from the LEND program at UAA working on a project that will research how families of young children get important development and health care information.



Autism Ad Hoc Update:

- Alaska ECHO Autism
 - An interactive, real-time, multidisciplinary, virtual learning network of healthcare providers
 - Leading national autism experts and a local “hub” meet twice a month for a case study and a didactic
- Alaska has 2 Pediatric Neurodevelopmental Specialists! Providence and South Central! Rural outreach clinics still working.
- Autism regulations for coverage of Applied Behavioral Analysis (ABA) by Medicaid went out for public comment and the Council commented. Concerns are:
 - “Fail First” eligibility requirement
 - No codes for professionally required supervision
 - Rates and caps on hours of service
- Next meeting is November 20.



Legislative Priorities:

- Revenue to support our needs
- 911 Text Messaging
- DD Systems Vision
- Civil Legal Services Fund
- Alaska Relay Bill
- Supported Decision making
- Budget for Waivers and other services
- Special Education issues
- HB 53 – Limit Flame Retardants in Items/Furniture



Questions:

Patrick Reinhart
Executive Director

Governor's Council on Disabilities & Special Education
3601 C Street, Suite 740
Anchorage, Alaska 99503
907-269-8990

patrick.reinhart@alaska.gov



**Advisory Board on
Alcoholism & Drug
Abuse /
Alaska Mental Health
Board**



**Adverse Childhood Experiences
Overcoming ACEs in Alaska**

**A Coordinated Prevention Opportunity
With High Return Potential**



**Investing in Prevention: Working
Together in Early Childhood for
Healthy Alaskan Children,
Families, and Communities**

ABADA
Advisory Board on
Alcoholism and Drug Abuse

AMHB
Alaska Mental Health Board

Outline

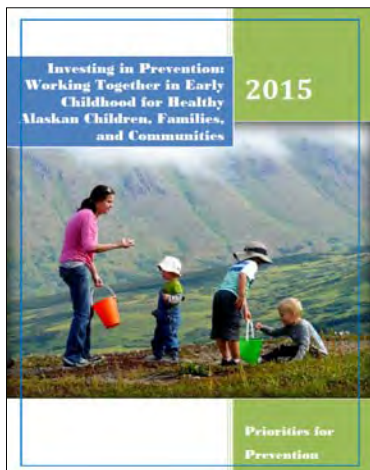
- 1) **The Background**
 - 1) The Brain and Stress
 - 2) Trauma and ACEs
- 2) **The Links to Beneficiaries – The Data**
 - 1) Mental Health
 - 2) Substance Abuse
 - 3) Developmental Disabilities
 - 4) Dementia
 - 5) Traumatic Brain Injury
- 3) **Points of Prevention & Intervention**
 1. When Do ACEs Happen
 2. Early Intervention
 3. Costs/Benefits

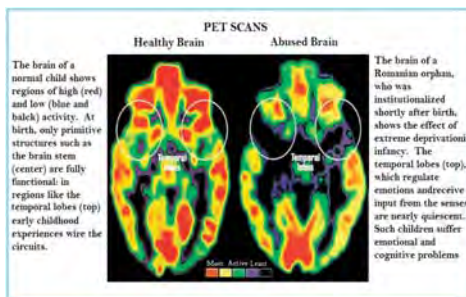
ABADA
Advisory Board on
Alcoholism and Drug Abuse

AMHB
Alaska Mental Health Board

The Background



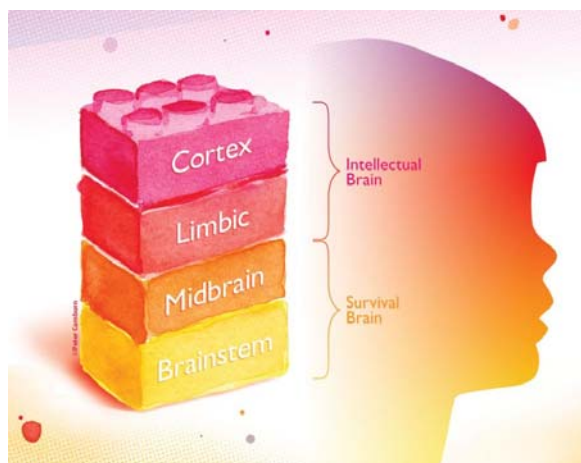
The Brain and Stress



Source: Centers for Disease Control and Prevention

Building Blocks of the Brain

- Abstract thought
- Planning for future
- Decision-making
- Self-awareness & insight
- Balancing emotions
- Empathy
- Memory
- Attention
- Emotions
- Motor Regulation
- Sleep
- Digestion
- “Staying alive” → respiration, heart rate...



Peter Camburn

Slide Courtesy of Linda Chamberlain, Ph.D.

Wired Up – Wired Down



At a Child's Birth



at 7 Years Old



at 15 Years of Age

What is stress?

- **The set of changes in the body and the brain that are set into motion when there are overwhelming threats to physical or psychological well-being.**
- **When we are threatened the body activates physiological responses including increases in heart rate, blood pressure, and production of stress hormones such as cortisol**

(From Neurons to Neighborhoods, National Research Council and Institute of Medicine, 2000)

Slide Courtesy of Shirley Pittz

•**Positive Stress-** moderate, short-lived stress responses, such as brief increases in heart rate or mild changes in stress hormone levels



Slide Courtesy of Shirley Pittz

•**Tolerable Stress-** could disrupt brain architecture but is buffered by supportive relationships that facilitate adaptive coping

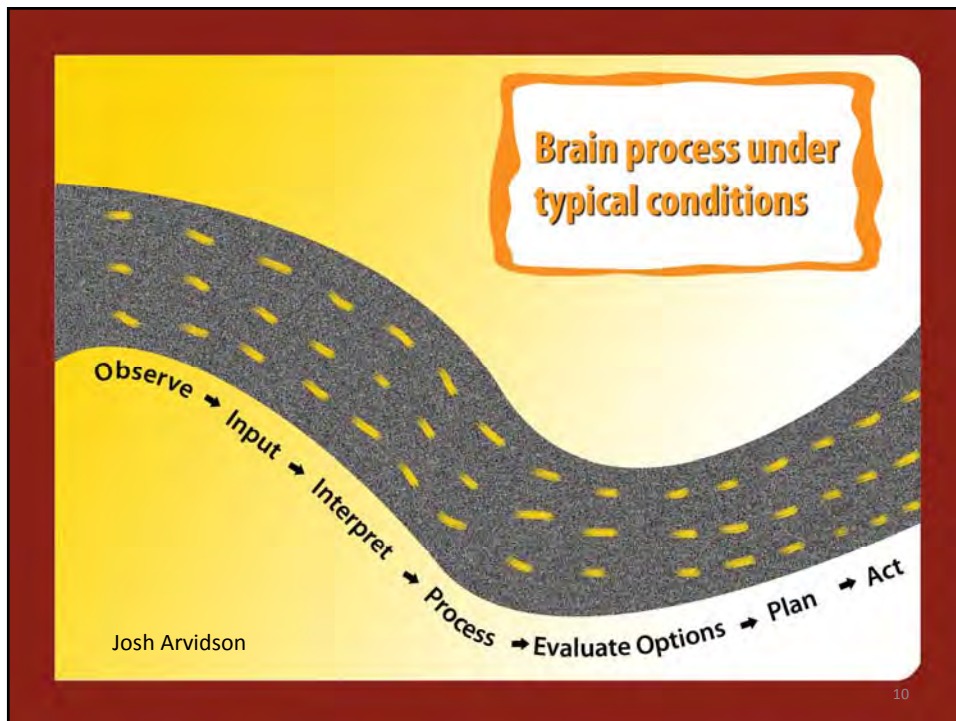


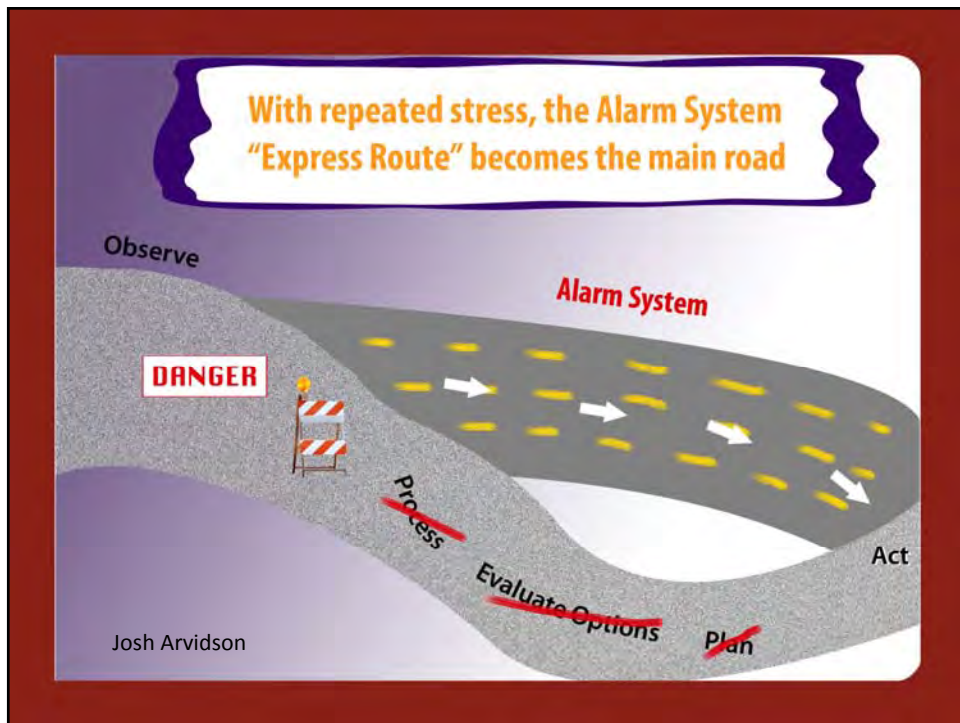
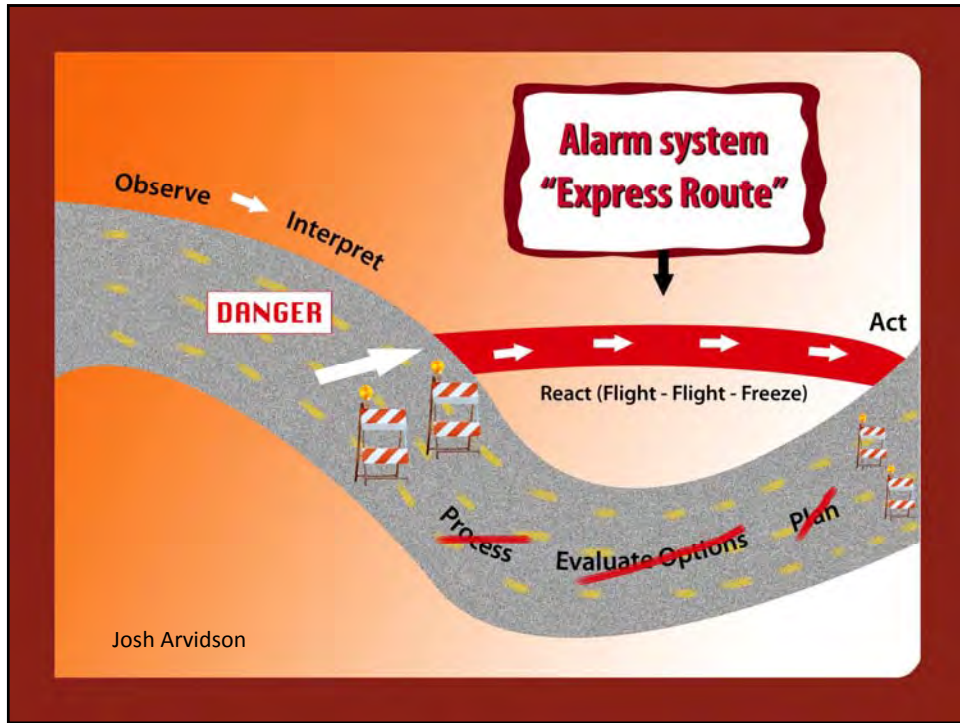
Slide Courtesy of Shirley Pittz

•**Toxic Stress**- strong and prolonged activation of the body's stress management systems in the absences of the buffering protection of adult support

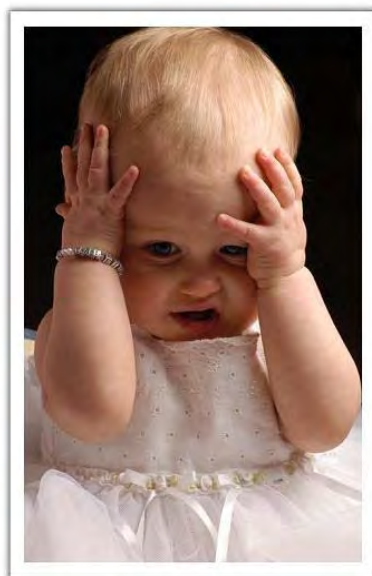


Slide Courtesy of Shirley Pittz



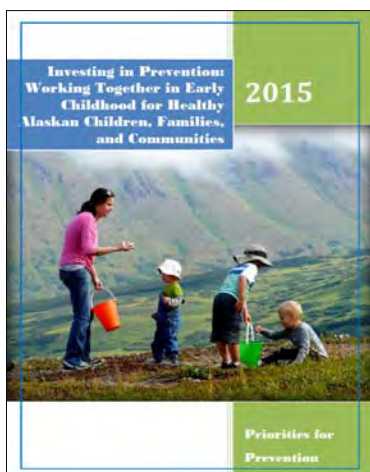


- Learning how to cope with adversity is important part of healthy development
- Homeostasis
- Stability
- Balance



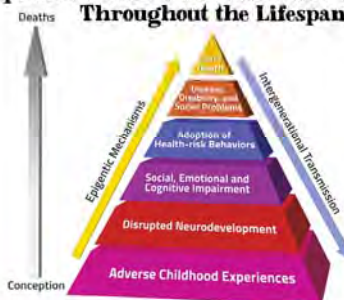
Slide Courtesy of Shirley Pittz

The Background



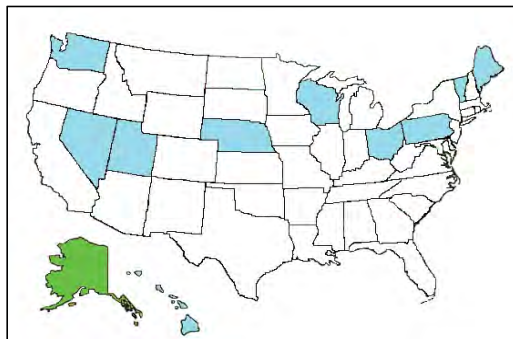
ACEs and Trauma

Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



Slide Courtesy of Rob Anda, MD, MS

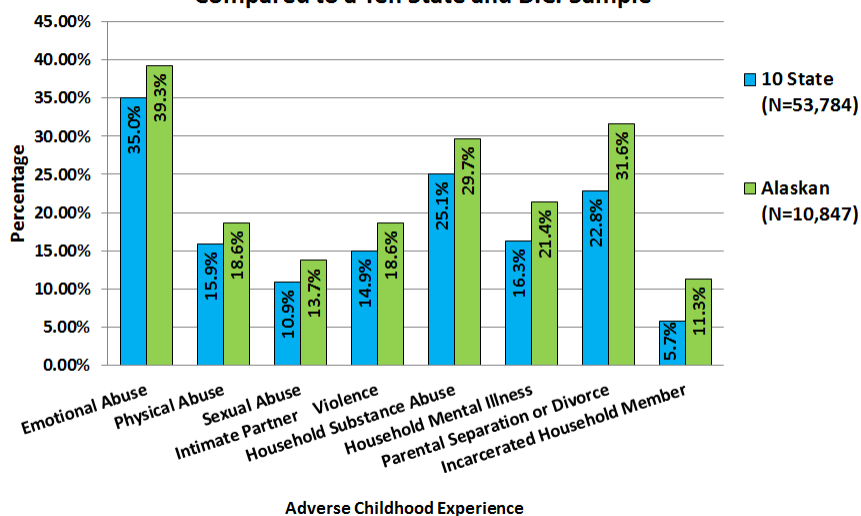
Ten State and DC - ACE Results



The prevalence estimates reported are from **Washington, DC** and ten states (**HAWAII, MAINE, NEBRASKA, NEVADA, OHIO, PENNSYLVANIA, UTAH, VERMONT, WASHINGTON, and WISCONSIN**) who included the ACE module on the 2010 BRFSS (n=53,784)



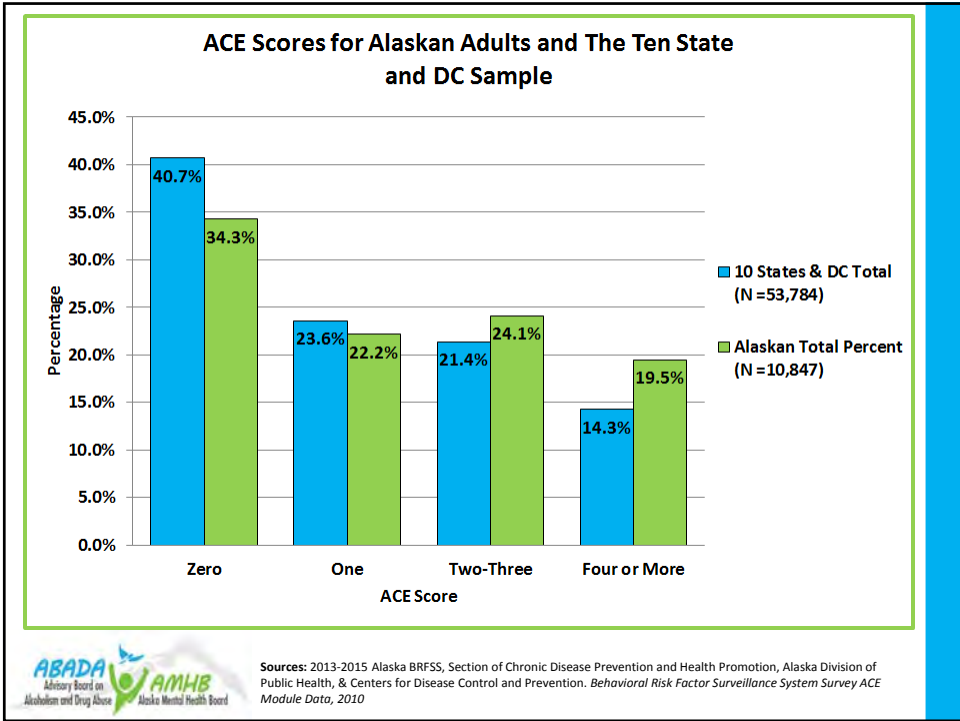
Percentage of Alaskan Adults' Adverse Childhood Experiences Compared to a Ten State and D.C. Sample*

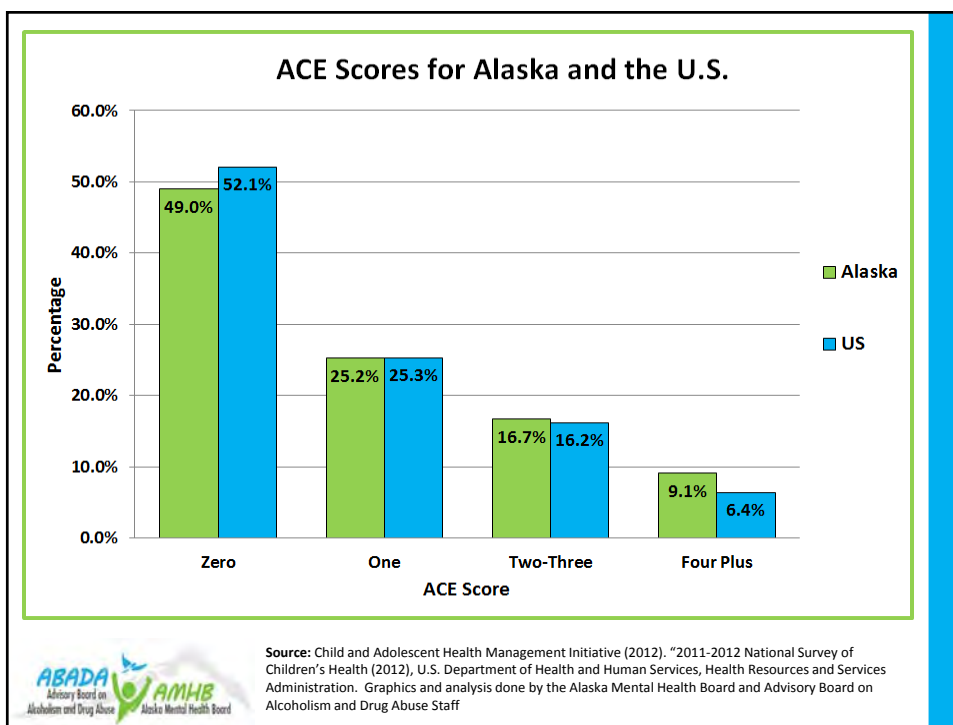
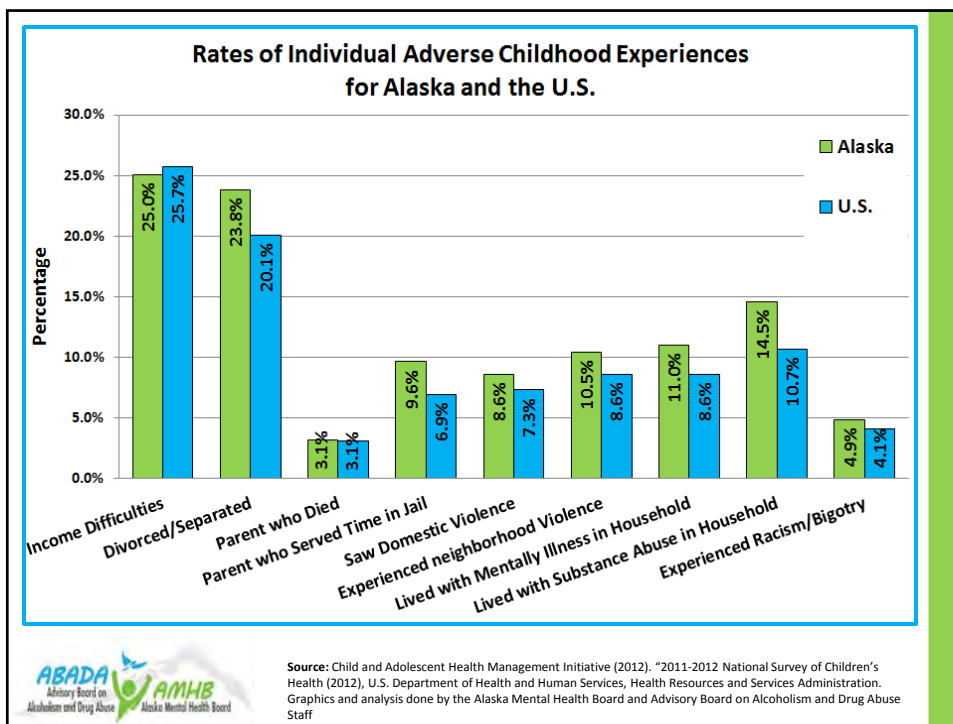


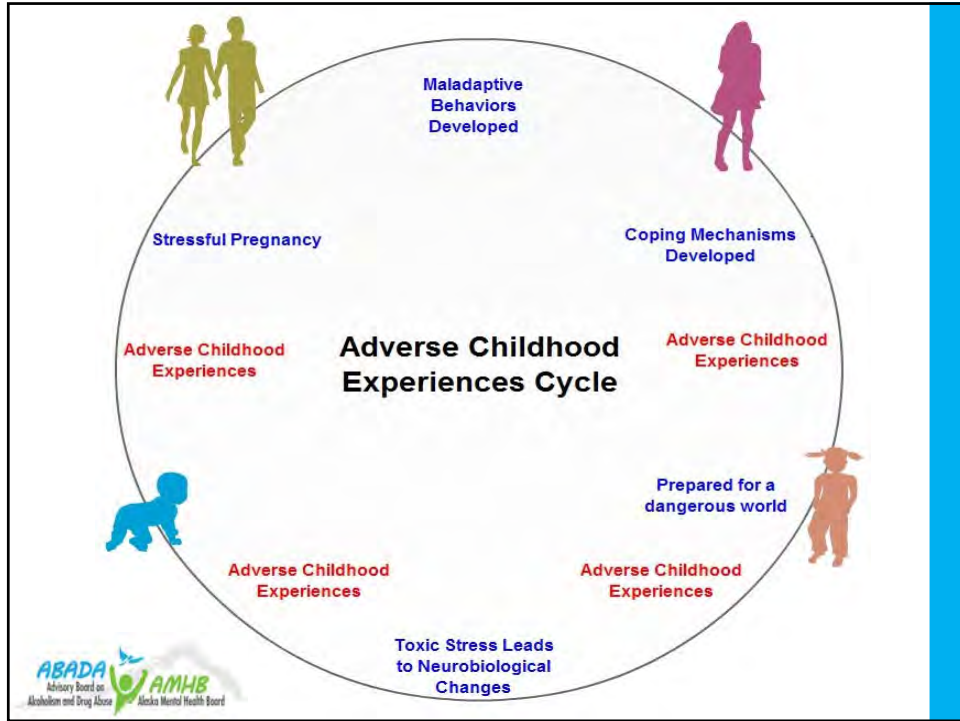
*In the category of Emotional Abuse the Ten State & DC Study used all positive answers (once and more than once) as a measure of indicating the presence of that ACE. This hasn't been done in other BRFSS ACE studies but in this comparison it was used with the Alaska data to provide a comparable rate between the two populations.



Sources: 2013-2015 Alaska BRFSS, Section of Chronic Disease and Prevention, Alaska Division of Public Health, Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System Survey ACE Module Data, 2010*







The Links to Beneficiaries - The Data

Investing in Prevention: Working Together in Early Childhood for Healthy Alaskan Children, Families, and Communities 2015

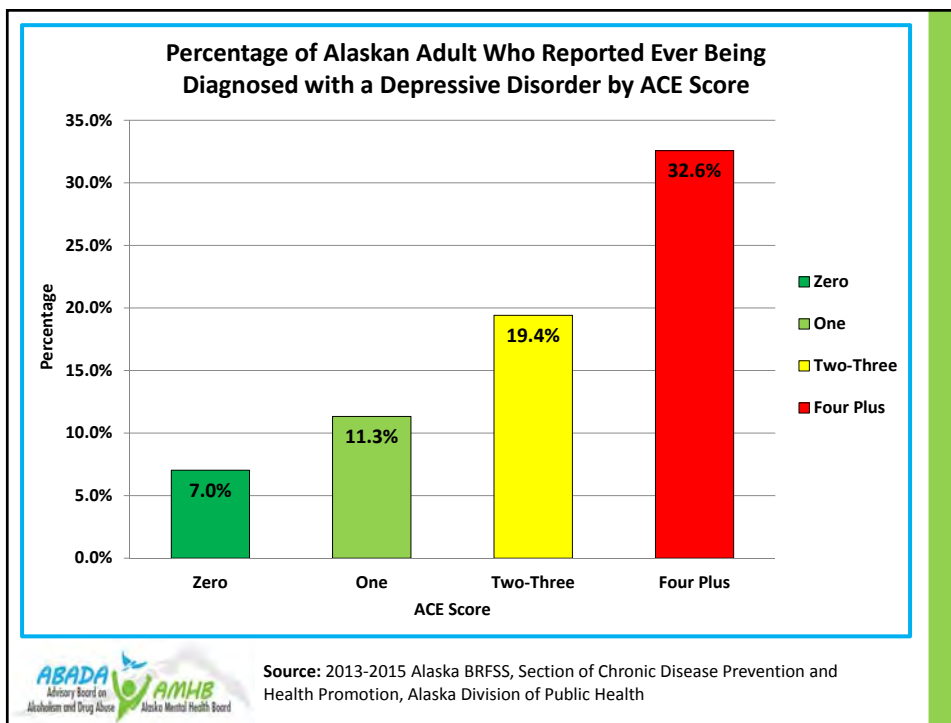
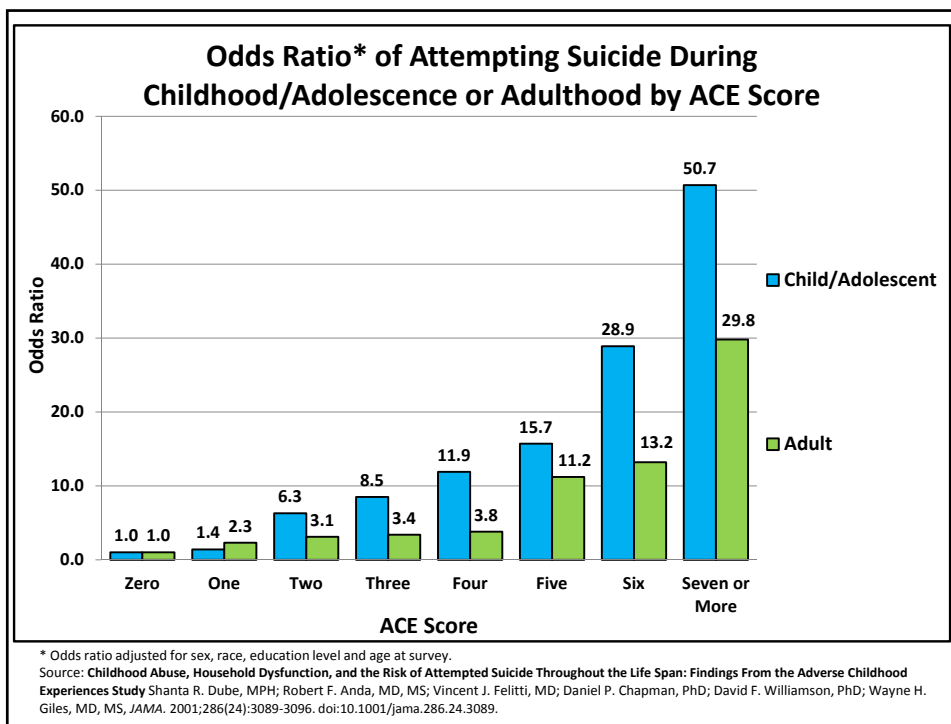
Priorities for Prevention

Mental Health

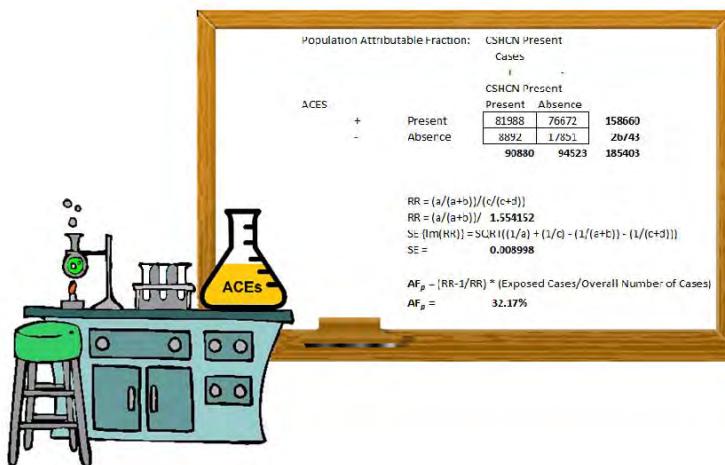
- Mental Illness
- Anxiety
- Depression
- Suicide Attempt
- AIDHID

Source: Trauma Sensitive Schools, <https://education.alaska.gov/eLearning>

Logos for ABADA and AMHB are at the bottom left.



Population Attributable Risk

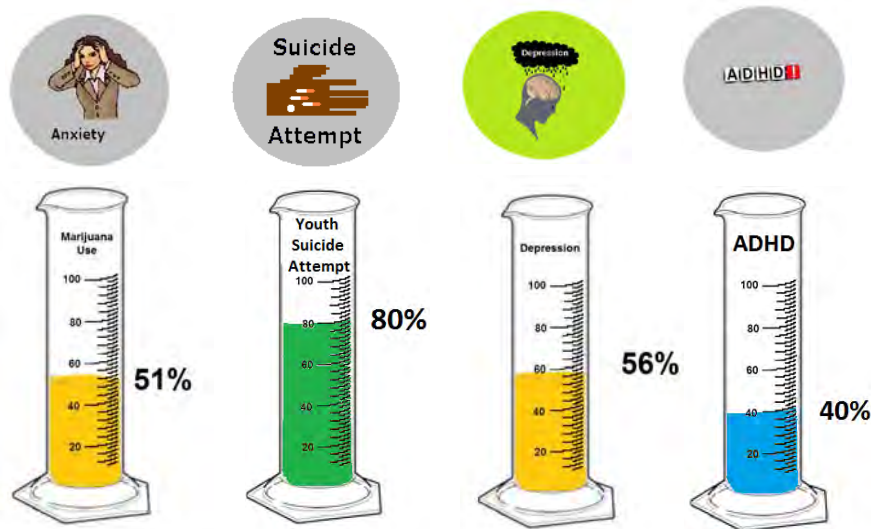


Alaskan Adults

Alaskan Children

Other Adults

Population Attributable Risk

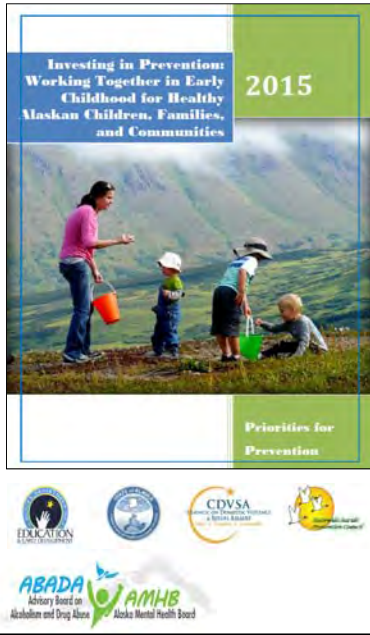


Alaskan Adults

Alaskan Children

Other Adults

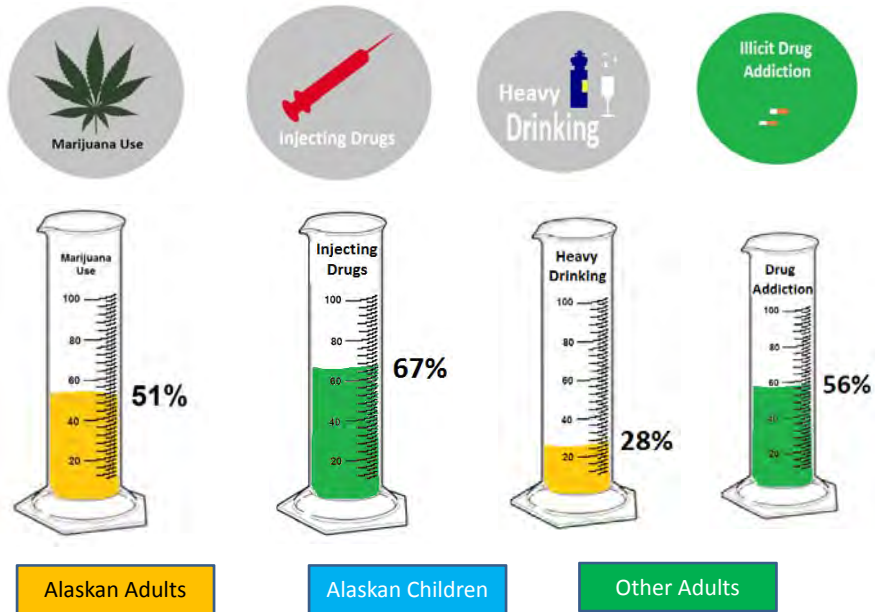
The Links to Beneficiaries - The Data



Substance Abuse



Population Attributable Risk



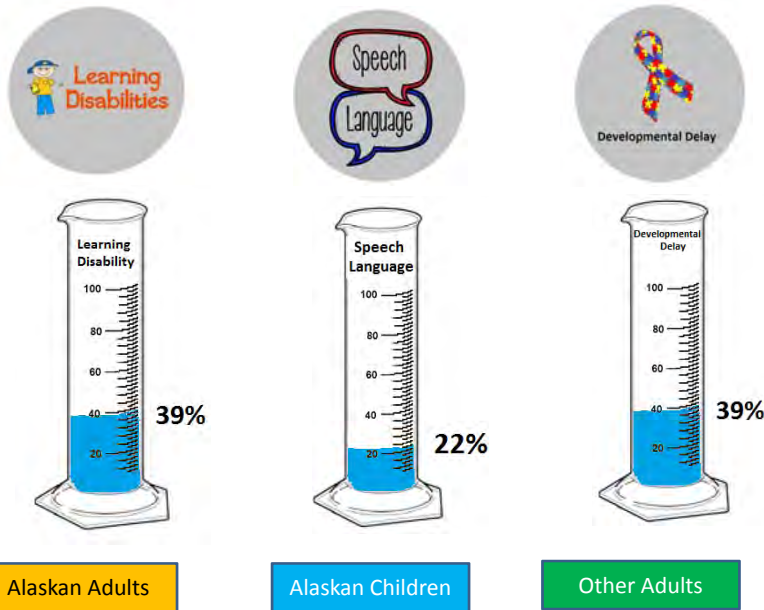
The Links to Beneficiaries - The Data



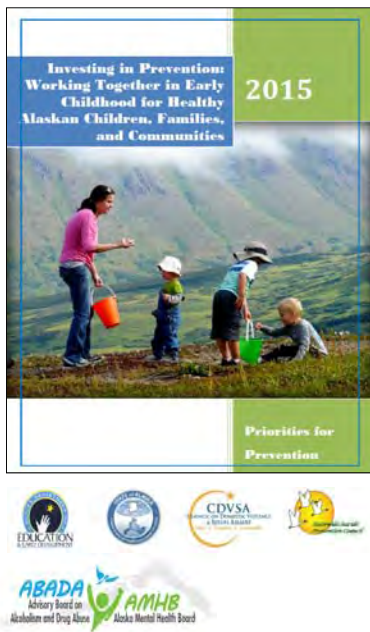
Developmental Delays



Population Attributable Risk



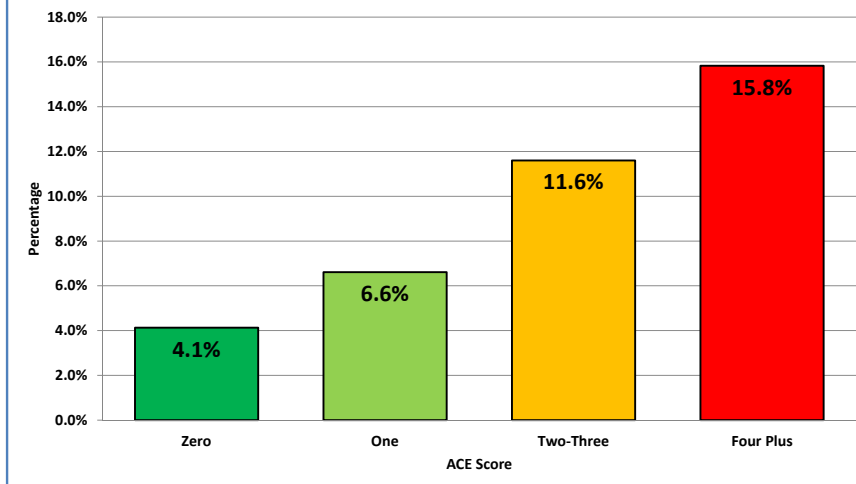
The Links to Beneficiaries - The Data



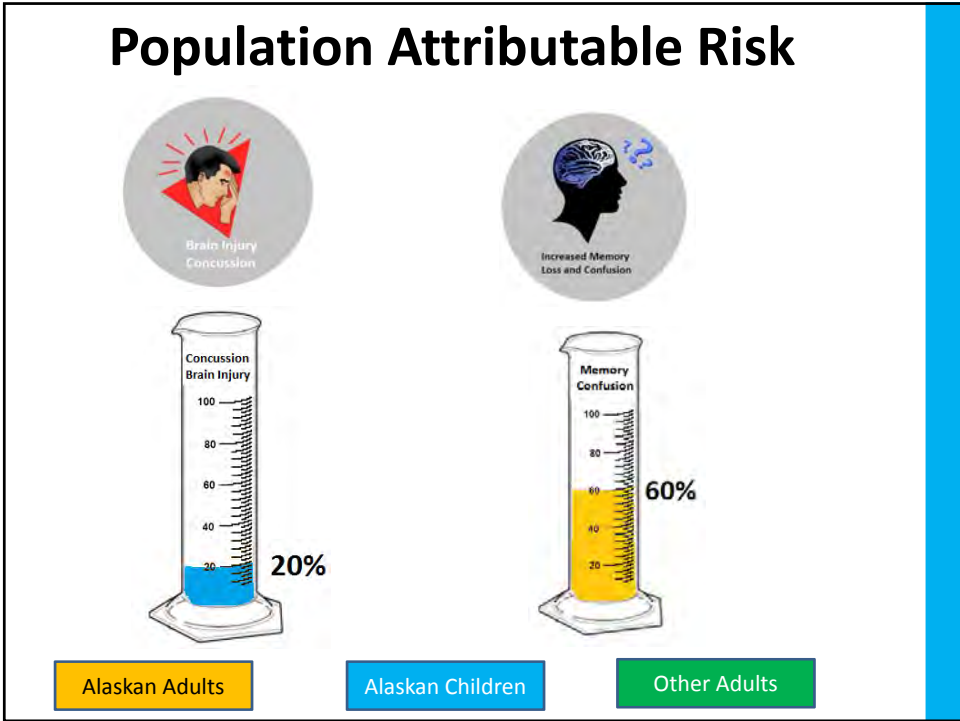
Dementia & Traumatic Brain Injury



Alaskan Adults Who Reported Experiencing Confusion and Memory Loss Which Was Getting Worse in the Past 12 Months by ACE Score



Source: 2013 Alaska BRFSS, Section of Chronic Disease Prevention and Health Promotion, Alaska Division of Public Health

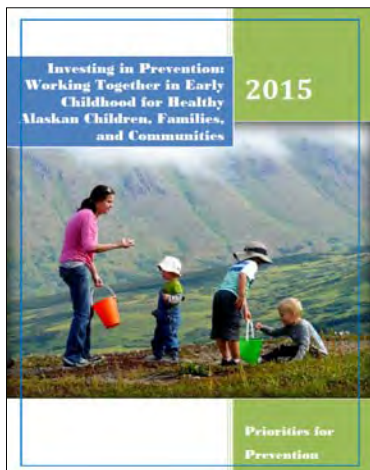


Some of the Other Health Related Outcomes Linked to ACEs

- Asthma
- Cancer
- Physical Inactivity
- Absenteeism
- STD's
- Diabetes
- Early Drinking
- Back Pain
- Low Income
- Unwanted Pregnancy
- Headache
- COPD
- Low Achievement
- Smoking
- Broken Bones
- Sleep Issues
- Liver Disease
- Early Smoking
- Binge Drinking
- Obesity
- School Readiness

A grid of 20 circular icons, each with a different health outcome. The icons are arranged in four rows and five columns. The outcomes are: Asthma, Cancer, Physical Inactivity, Absenteeism, STD's, Diabetes, Early Drinking, Back Pain, Low Income, Unwanted Pregnancy, Headache, COPD, Low Achievement, Smoking, Broken Bones, Sleep Issues, Liver Disease, Early Smoking, Binge Drinking, and Obesity. The 'Binge Drinking' icon features the words 'BINGE DRINKING' in red and white on a black background.

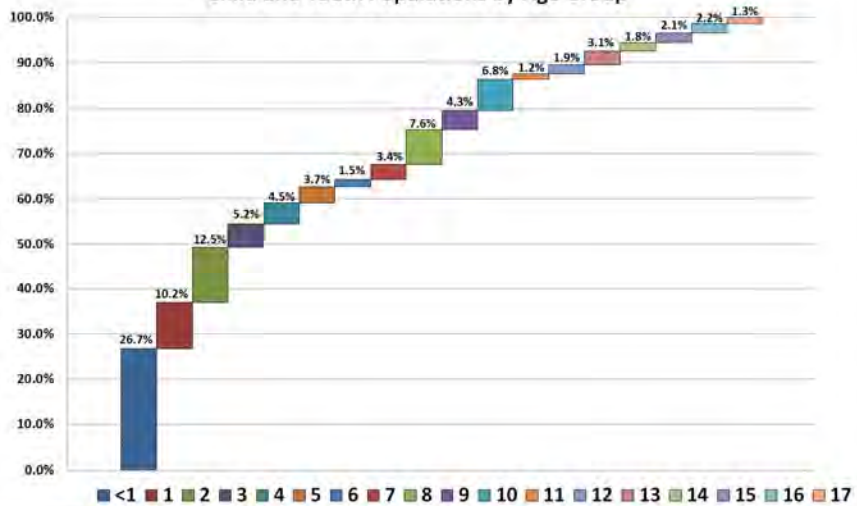
Points of Prevention & Intervention



When Do ACEs Happen?



The Percentage of the Full Dosage of ACEs Accumulated in the 50 States' Child and Youth Populations by Age Group



Source: Child and Adolescent Health Management Initiative (2012). "2011-2012 National Survey of Children's Health (2012), U.S. Department of Health and Human Services, Health Resources and Services Administration. Graphics and analysis done by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse Staff



Introducing the Alaska Longitudinal Child Abuse and Neglect Linkage Project (ALCANLink)

△ Making smarter use of available data



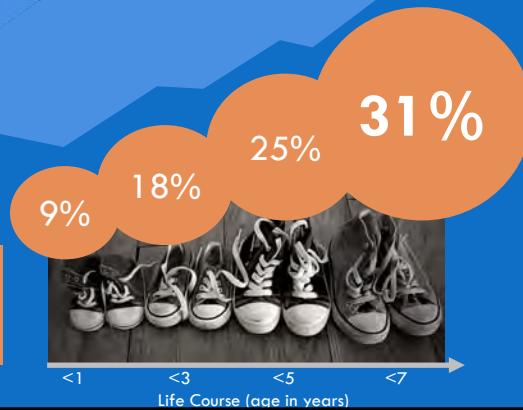
Jared W. Parrish PhD
Senior Epidemiologist
Alaska Division of Public Health
MCH-Epidemiology
(907) 269-8068

Cumulative risk

10%

During 2015 in Alaska, nearly 7,700 children ages 0-6 years experienced a report for maltreatment

Among children born in 2009:2011, nearly 10,241 were reported for maltreatment before age 7



Maternal Stressors

Household dysfunction at birth can lead to multiple negative health outcomes (ACEs)

- Homeless
- Husband/partner went to jail
- Being in a fight
- Lost job
- Husband/partner lost job
- Argued with husband/partner more than usual
- Close family member very sick/hospitalized
- Separated/divorced
- Moved to a new address
- Someone close died
- Lot of bills couldn't pay
- Husband/partner didn't want pregnancy
- Someone close had problem with drinking/drugs

21%
of children are born to mothers reporting 4+ stressors

Before the age of 7

1 in 2 children born to mothers reporting 4+ stressors were reported for maltreatment

No. of Stressors	Risk Ratio
1	1.0
2	1.5
3	2.5
4	4.0
5	5.5
6	7.0
7	8.0
8	6.5

Compared to those mothers reporting no stressors, the risk of a child being reported for maltreatment increases with the number of stressors reported (stepwise increase)

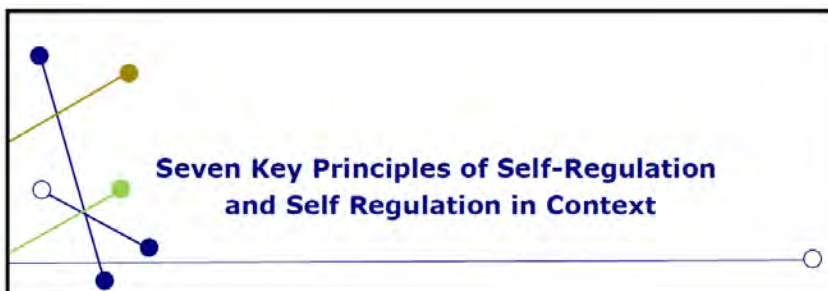
Points of Prevention & Intervention

**Investing in Prevention:
Working Together in Early
Childhood for Healthy
Alaskan Children, Families,
and Communities** 2015

Priorities for
Prevention

Early Intervention?

SELF-REGULATION AND TOXIC STRESS: FOUNDATIONS FOR UNDERSTANDING SELF-REGULATION FROM AN APPLIED DEVELOPMENTAL PERSPECTIVE.



OPRE Duke | CENTER for CHILD and FAMILY POLICY



Murray, Desiree W., Rosanbalm, Katie, Christopoulos, Christina, and Hamoudi, Amar (2015). **Self-Regulation and Toxic Stress: Foundations for Understanding Self-Regulation from an Applied Developmental Perspective.** OPRE Report #2015-21, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

SEVEN KEY PRINCIPLES OF SELF-REGULATION

SELF-REGULATION:

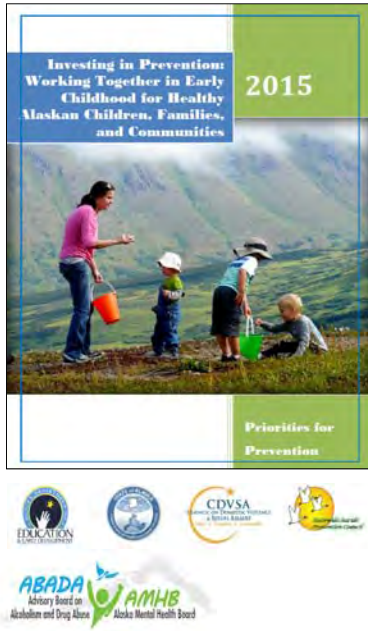
- serves as the foundation for lifelong functioning
- is defined from an applied perspective as the act of managing cognition and emotion
- enactment is influenced by a combination of individual and external factors
- can be strengthened and taught
- is dependent on “co-regulation” provided by parents or other caregiving adults
- can be disrupted by prolonged or pronounced stress and adversity including poverty and trauma experiences
- develops over an extended period from birth through young adulthood and beyond



Murray, Desiree W., Rosanbalm, Katie, Christopoulos, Christina, and Hamoudi, Amar (2015). **Self-Regulation and Toxic Stress: Foundations for Understanding Self-Regulation from an Applied Developmental Perspective.** OPRE Report #2015-21, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

42

Points of Prevention & Intervention



Cost/Benefit



Costs

For an extensive analysis of Alaska Costs associated with ACEs visit the **“Over Coming ACEs in Alaska”** Website

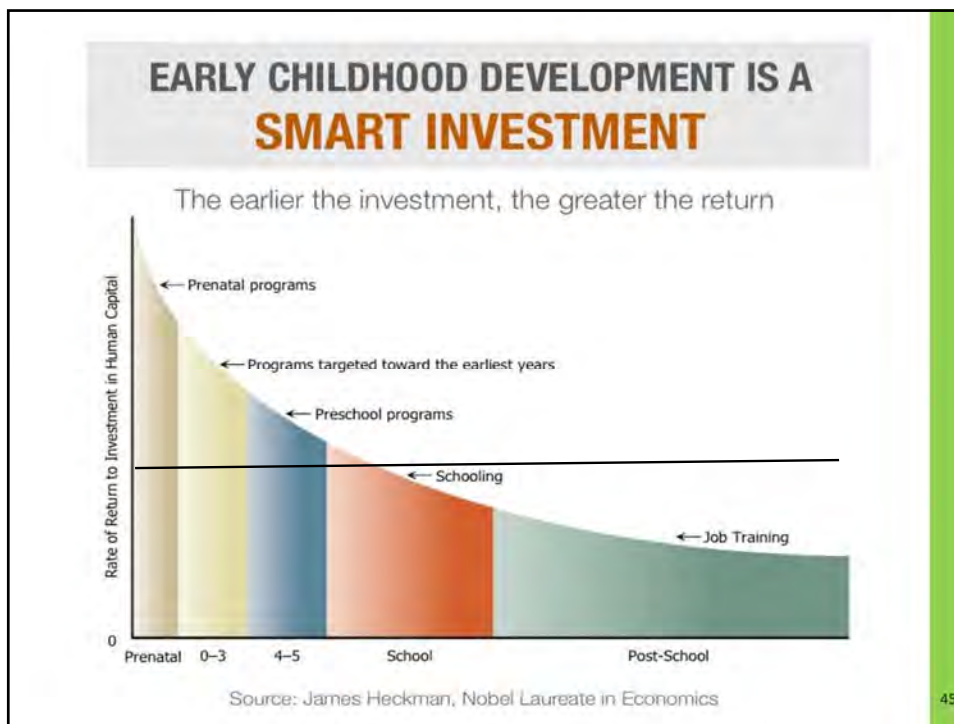
Some Estimated Alaskan Annual Cost Linked to ACEs

- \$350 Million in Annual Adult Medicaid Costs
- \$185 Million in Annual Adult Smoking Costs

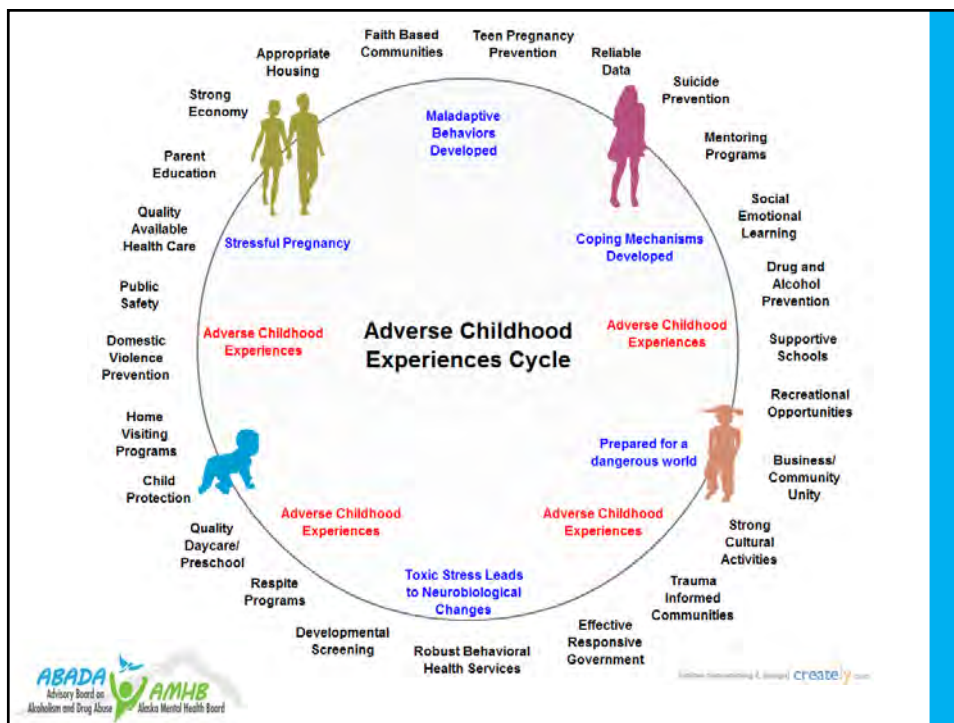
Deal the cards
to learn the facts



<http://dhss.alaska.gov/abada/ace-ak/Documents/ACEsEconomicCosts-AK.pdf>



45



ABADA
Advisory Board on
Alcoholism and Drug Abuse

AMHB
Alaska Mental Health Board

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Some Alaskan Resources– For Early Intervention

Alaska Resources

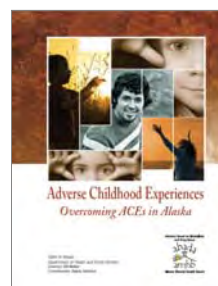
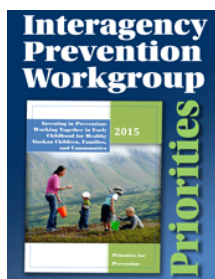
- Alaska Association for Infant and Early Childhood Mental Health
- Parents as Teachers
- Alaska Early Childhood Coordinating Council
- Thread
- Association for the Education of Young Children - Anchorage, Southeast, Interior
- Infant Learning Program

Data Sources

- Alaska Longitudinal Child Abuse and Neglect Linkage Project - ALCAN
- Pregnancy Assessment and Monitoring System – PRAMS
- Children Understanding Behaviors Survey – CUBS
- Online Resources for Children of Alaska – ORCA
- Developmental Profile of Alaskan Kindergartners



SOME RESOURCES CREATED BY THIS EFFORT – AS OF AUGUST 2017



**Deal the cards
to learn the facts**



<http://dhss.alaska.gov/abada/ace-ak/Pages/default.aspx>