

ALASKA MENTAL HEALTH TRUST AUTHORITY

PROGRAM & PLANNING COMMITTEE
Volume 2

August 2, 2018
8:30 a.m.

Taken at:
Alaska Mental Health Authority
3745 Community Park Loop, Suite 120
Anchorage, Alaska 99508

OFFICIAL MINUTES

Trustees present:
Chris Cooke, Chair
Mary Jane Michael
Carlton Smith
Laraine Derr
Paula Easley
Verne' Boerner

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

Also participating:
Kathy Craft; Brenda Moore; Pat Sidmore; Adam Rutherford; Alison Kulas; Denise Daniello;
Kristin Vandagriff; Patrick Reinhart; Lesley Thompson; Randall Burns; Gennifer Moreau;
Nancy Burke; Dr. Richard Mandsager; Sam Kruse; Jake Segal; Andy Geer; Laura Brooks; Cliff
Reagle; Dan Aicher.

PROCEEDINGS

CHAIR COOKE states that six trustees are present, and asks for any additions to the agenda or any other matters that need to come forward. There being none, he asks Mr. Williams to continue the budget proposals for FY20 and '21.

MR. WILLIAMS begins with the last two pages of focus areas and asks Ms. Baldwin-Johnson to continue.

MS. BALDWIN-JOHNSON talks about the Recover Alaska partnership. She states that Recover Alaska is a cross-sector collaborative coalition of grass tops that sits at the table. This group was formed to try to create and impact lasting change in Alaska to try to mitigate the harmful effects of alcohol abuse in Alaska. She identifies the partners and the successes that have been worked on. She asks for any questions.

TRUSTEE SMITH states that he is aware of the statewide media and asks what the horizon was that was envisioned in the program.

MS. BALDWIN-JOHNSON replies that it is an initiative that folks are hoping that Recover Alaska is going to be around, and sunsetting it has not been discussed.

MR. ABBOTT adds that Recover Alaska has not been established as an independent corporation. He explains that it is an initiative, a funded group, that lives within a fiscal sponsor called Sultana, which is an arm of the Foraker Group. He suggests that it will be around for a while.

CHAIR COOKE understands that it is a consortium and the Trust is not the only funder.

MR. ABBOTT states that Mat-Su Foundation, Southcentral Foundation, and the Rasmuson Foundation are all putting in about as much or more than the Trust is. He adds that there are State contributions, as well. He continues that Recover Alaska's budget is between a half million and a million dollars a year from those different streams, and the Trust is about a \$100,000 contributor.

CHAIR COOKE asks if they can also act as a bridge between service providers and resource people who deal with treatment and funding sources such as the Trust.

MR. ABBOTT replies that they can, and they do bring people together. The operations board includes substance abuse treatment providers, as well as entities like the Trust.

TRUSTEE EASLEY states that in the past few years, about 250 people were lost to drug abuse overdoses. This is a serious problem, and she is wondering if there is any extra money that could possibly be reallocated for FY19 for substance abuse treatment access.

MS. BALDWIN-JOHNSON states that the demand and the need exceeds the current resources. She continues that more money can always be put into this, and we might want to think about

this in terms of all of these types of efforts that are moving forward and getting recommendations that are specific to the strategy.

CHAIR COOKE moves on to focus area administration.

MS. BALDWIN-JOHNSON states that is the general administration funds that facilitates the work for staff, and it is actually a decrease.

MR. WILLIAMS moves to the Disability Justice focus area and states that the Office of Public Advocacy, particularly the guardians and staff who support them, presented an overarching plan that would allow the caseloads to come from a little over 100 down to where the national level is. He asks Travis Welch to talk about that.

MR. WELCH states that this position will focus on Bethel, Dillingham, and the communities and beneficiaries who live in those areas. He continues that it will be an Anchorage position, due to hiring and training issues, and the guardians will travel to those areas.

TRUSTEE DERR asks why this is not in the whole criminal justice area.

MR. WILLIAMS replies that, for September, there will be a different way that this information is presented. He continues that this is part of the Office of Public Advocacy's plan and there are several positions that the Trust is helping in an incremental way; the other way is to advocate when they go before the Legislature for increased funding for positions.

CHAIR COOKE recognizes Alison Kulas.

MS. KULAS states that the advisory boards worked together to put together some recommendations looking at the overall budget request, and she asks Denise Daniello to continue.

MR. DANIELLO states that, on behalf of the four advisory boards, she will present the joint capital budget recommendations for FY20 and '21. She continues that there are a total of four budget recommendations, and these grant funds are available to agencies that serve at least one of the Trust beneficiary populations that include people who experience mental illness, intellectual and developmental disabilities, chronic alcohol or drug addiction, Alzheimer's disease and related dementias, and related brain injuries. She states that the first recommendation is the deferred maintenance and accessibility improvement program. This has been an ongoing program of the Department of Health and Social Services Facilities Section that administers these grant funds. She continues that they are provided through a competitive process of the agency serving Trust beneficiaries and are able to have the resources to make improvements and repairs to ensure the health and safety and accessibility of services for recipients. She states that the Department has five years to award these funds for deferred maintenance. She continues that budget recommendations are made every other year, and for this program it is for even years. She states that, for FY2020, the recommendation is of \$250,000 MHTAAR and \$250,000 GF/MH to the Department to help agencies make those improvements. She adds that the maximum grant for this program is \$50,000, and matching

funds are not required, but are strongly encouraged. The Department Facilities Section awarded deferred maintenance grants to 13 agencies, with a total of \$607,947 awarded. According to DHSS Facilities, the projects that received funding this year included roof repairs, bathroom accessibility modifications, electrical upgrades, plumbing upgrades, fire suppression systems, upgraded lighting, an acceptable entrance ramp, some repairs on parking lots, floor repairs and other types of projects. She continues that there were 22 applicants that did not receive awards because of insufficient funding. She moves to the next recommendation, which is for medical appliances and assistive technology. This one is for both FY2020 and 2021, and the recommendation is for \$500,000 GF/MH. Pending legislative approvals, this funding will help to expand access to such things as pocket talkers, white canes, hearing aids, dentures, automated medication reminders, motion sensor, lighting to help prevent falls, GPS location and tracking devices such as smart phones and watches, and other types of devices. She asks Mr. Reinhart to continue.

MR. REINHART discusses coordinated transportation funding, stating that last year there was \$1 million in GF/MH and \$300,000 of MHTAAR funding put into this. He continues that the requests that come in for those dollars is much more than is available. He adds that it was discussed to recommend additional funding for this area. He states the need to distribute this funding so there is a bigger bang for the buck and has more flexibility. He continues that communities need to have flexibility because there is no good transit program.

MS. DANIELLO moves to the final capital budget recommendation, which is for the essential program equipment. This is another ongoing program of the Department of Health and Social Services that is administered by Financial Management Services. She states that the recommendation is for zero funding for FY2020 and \$250,000 MHTAAR and \$250,000 GF/MH for FY2021. These funds are awarded on a competitive basis. Agencies apply and there is a proposal evaluation committee that makes funding recommendations. She continues that these are typically small grants, up to \$25,000 and, like deferred maintenance, while matching funds are not required, they are strongly encouraged. She adds that technology is not covered by Medicare, Medicaid or most private insurance, so people with low income do not have funding for those types of devices.

CHAIR COOKE asks if that finishes the budget.

MR. WILLIAMS replies affirmatively. He has taken a few notes for the next steps in preparation for the September board meeting, and goes through them with the trustees to make sure that is what they are looking for. He continues that if there are any other things to bring forward, he asks that it be emailed so staff has time to put it all together.

MR. ABBOTT states that the next time the budget will be dealt with officially is at the September trustee meeting. One of the primary tasks of that meeting will be the adoption for the FY20 and '21 budgets. He continues that the statutory requirement is to submit that by September 15th. He adds that the Trust operating budget and then the TLO operating budget would be presented, and a motion to adopt will be made. He continues that there would be a discussion about any potential amendments, and then a final action.

A brief discussion ensues.

CHAIR COOKE thanks staff for all the work that went into this effort and calls a break.

(Break.)

CHAIR COOKE reconvenes the meeting, and moves into the section of developing projects.

MR. ABBOTT states that there are a couple of things that staff has been hearing about that are of interest to the trustees. He asks Randall Burns to continue.

MR. BURNS states that he is just back from attending the National Association of State Mental Health Program Directors where there was a lot of talk about the strategies around mental health and substance abuse on a national level. He does mention that, after two years, a deputy director for the Division has been found, Jennifer Moreau. He adds that Brian Fechter is the head of the research and systems section who was the economist for the Office of Management and Budget in the Governor's Office. He continues that the National Association of State Mental Health Program Directors, NASMHPD, complimented Alaska for its 1115 application, and adds that its vision is very similar to many of the national goals that are before NASMHPD and SAMHSA. He states that the focus of the meeting was on the continuum of care, and he shares copies of four of the presentations. He continues to the real need for crisis treatment and stabilization in the communities, mobile teams and ACT teams, and the need to address the homeless, mentally ill population. He adds that, finally, and most importantly, they talked about behavioral health workforce shortages, combined with the need to help persons with mental illness and substance abuse to find employment if they really want to work. He states that all of this is familiar, and is being worked on, and that it was good to have this confirmed. He continues that there was also conversation on the real need for crisis treatment and stabilization in the communities, mobile teams and ACT teams, and the need to address the homeless mentally ill population. Finally, they talked about behavioral health workforce shortages combined with the need to help people with mental illness and substance abuse find employment if they want to. He states that '20 and '21 fiscal years are going to be huge and complex years for the mental health and the behavioral health systems. He stresses the importance of planning in advance with budgets, and he has no idea what will happen as the 1115 is rolled out and the work to get these programs into each of the regional hubs begins. He states the importance of thinking about funding around crisis stabilization plans and programs. He mentions that besides the ACT team in Anchorage, they applied with JAMI in Juneau for the creation of an ACT team in Juneau. He continues that Juneau is a rural community and is hoping the application made a good case for this ACT team. He adds that the ASO will finally be a reality in 2020, and states the need to talk about what may be needed to do the support, that rollout over the first year. He spends some time talking about the discussions at the NASMHPD meeting and their pertinence to the Trust. Seven goals were adopted using three criteria: It had to be achievable with some previous success and private support; had to be measurable; and had to be far-reaching, covering youth, adults and families. The seven goals are: early screening; access to effective medication and other evidence-based therapies for individuals with psychiatric conditions; compliance with legal requirements for healthcare networks to make the full continuum of psychiatric care available; access without delay to the most appropriate 24/7 psychiatric emergency, crisis stabilization, inpatient or

recovery bed; diversion from arrest, detention or incarceration when individuals with mental illness intersect with the justice system and can be appropriately redirected; homeless people with serious mental illness permanently housed; and the last goal was that 100 percent of suicides be prevented. He goes through some of the slides and thanks the trustees for their time.

CHAIR COOKE asks for any questions or comments.

TRUSTEE MICHAEL states that it was refreshing to see, looking at national projects, that boundaries are not needed in the approaches. She continues that just by changing the mindset about the sensitivity and levels of medication can be the simple things that change the whole paradigm. She asks if there are any updates from the architects on API and that whole reassessment.

MR. BURNS replies that there are two different approaches that would get up to 28 beds, and that information and report is being planned for September.

TRUSTEE MICHAEL asks about a respite center.

MR. BURNS replies that Providence does still run the crisis respite center and has eight adolescent beds and eight adult beds.

TRUSTEE BOERNER thanks Mr. Burns for the presentation and appreciates the materials from the national meeting. She states that in moving forward hand in hand as partners in addressing the crises that are in the communities, his message is spot on with regards to remaining nimble and being able to respond. She thinks that Alaska has been a great model for stretching and stepping forward in that and looks forward to working through this process.

MS. BALDWIN-JOHNSON asks Mr. Burns to briefly highlight the \$12 million for SUD-related treatment.

MR. BURNS states that the focus will be on withdrawal management, detox in Anchorage and Mat-Su. He continues that the unknown is the commitment, and we are thinking of two programs; somewhere around \$3 million of the \$12 million would be committed to the withdrawal management facilities. Also, there is a commitment to some additional residential treatment beds. He adds that we are leaving up to \$5 million for a crisis stabilization facility in Anchorage, and we are not making this grant-based. The RFP will be a contractual one to see if anyone wants to see this. There may be for-profit entities that are interested in providing these services, as opposed to grantees.

TRUSTEE EASLEY states that Portugal has done a unique program of decriminalization of substance abuse which some states have modeled their programs after. She asks if there is any possibility of Alaska moving toward decriminalization.

MR. BURNS replies that this was the goal of what DOC is doing now, but there is still the need for more treatment programs.

TRUSTEE SMITH thanks Mr. Burns, and states that he is supportive of the trustees going out and seeing some of these facilities.

CHAIR COOKE asks about indications of when the 1115 waiver application will be acted upon.

MR. BURNS replies that the calls to CMS continue on a weekly basis, and we should be talking about it in a few weeks.

CHAIR COOKE asks what the timeline looks like.

MR. BURNS replies that they are looking at sometime by the end of the year, and we want the SUD application to also be completed by the end of the year.

CHAIR COOKE states that there is no current comprehensive mental health plan. The trustees talked about the need for updating and having a current plan and asks, from the Department's standpoint, when that may occur.

MR. BURNS replies that the Department has committed to working with the Trust staff on moving forward. He states that it is a huge undertaking, and his suggestion would be to work on it.

CHAIR COOKE moves to the Pay for Success presentation.

MS. BURKE states that she is with Mayor Berkowitz's office and is the housing and homeless services coordinator. She introduces the others on the team. She continues that the topic of the project is homelessness in Anchorage and is an overlapped area. She adds that the mayor's initiative in the first three years has brought together a cross-sector group of participants to support the needs of people who are falling through the cracks in the community. She states that the area she has been most involved in has been around adults who are single or couples who are homeless and have higher needs for mental health and substance use treatment services. Over the course of time, the mayor has recognized that if all sectors of the community are not engaged, then relying on one or two payor resources does not work. She continues that the mayor is supporting a broader team to reinforce and energize the community plan to end homelessness. She introduces Mr. Mandsager, a senior fellow with the Rasmuson Foundation, who will help roll out the strategic plan in the next phase of this work in Anchorage.

MR. MANDSAGER states that he recently retired as a hospital administrator over at Providence, and then started conversations with Rasmuson about ideas about helping with incentives to inspire more funding sources, investment, and analysis to help the system work more efficiently and effectively, and to recognize some of the gaps in system design and in services.

MS. BURKE states that the mayor's approach over the first term was to bolster the community system for finding people, getting them connected to housing resources, and helping staff with success in the community for community-based living. She continues that it was here that Housing First was given the resources to test in Anchorage, Fairbanks, and now Juneau. It is a very exciting project that appears robust and is moving forward nicely. She adds that Housing

First has been used across many different contexts based on the work the Mental Health Trust Authority did and looking at it in terms of how to move a system to a Housing First-focused system has been the real challenge. She explains the process that was developed in greater detail. She summarizes that the homeless in Anchorage are the beneficiaries of the Mental Health Trust Authority and the community is going forward with a strategic plan that will incorporate and embrace this project. She turns the presentation over to Social Finance.

CHAIR COOKE asks Ms. Burke to give some background on the next presenter.

MS. BURKE explains that United Way is the project sponsor and intermediary; and Agnew::Beck has been invaluable in helping with the feasibility study. The Anchorage Coalition to End Homelessness is the broader planning home for projects like this. The Corporation for Supportive Housing is going to be working on resources and adjustment of the service side of things. And Social Finance is an organization whose special niche is working in social impact bond projects or Pay for Success across the country. She continues that they are here to develop the finance side of the transaction and help set outcomes with the payors. Jake Segal is the lead for the organization.

MR. SEGAL states that he is the vice president at Social Finance, which is a nonprofit with offices around the country and different communities to help put together Pay for Success projects. He continues that a lot of nonprofit leaders are talked with who have two pretty different jobs: one is to go out and accomplish the mission, do the things that they said they are going to do; and the other way is to go out and raise money. He adds that, often times, their payment and performance are not well-linked. He states that at the same time, the philanthropic partners talk about the policy gap that is seen. Really great programs are identified and tested, and very rarely are those programs integrated into sustainable government funding streams to bring them up to scale. Much of the time the governments that are kind of core partners have tough budget challenges. He continues that Pay for Success is a mechanism that tries to shift from a fee-for-service funding model to trying to fund an outcome stage funding model. The way it works is parties base outcomes into success, how to measure them and put a price on how valuable each outcome is. These parties are bound together -- the government, the funders and the nonprofits -- in to a performance-based contract. He states that they have 21 of these projects around the country, and about 110 worldwide. One that is similar to what is being explored in Anchorage is a developing project focused in Austin. He continues that this is a multi-year contract and is looking out over five years in order to fund the services for increasing permanent supportive housing in the Austin area. It is looking to expand it by 200-250 units, with outcomes that range across housing stability, but also to increase healthcare utilization and improve recidivism, actually reducing returns back to jail or prison. He adds that the total size of this project is a little over \$15 million in terms of outcomes payments that may be made if positive outcomes are actually achieved. He states that homelessness is an incredibly complex issue and one of the challenges is that complex is very diffuse. He continues that the project in Austin, as with this one in Anchorage, brings together the city, the county, and also a handful of healthcare funders who have agreed to pay for these better outcomes to the extent that they are actually achieved. He moves on to the timeline and explains that over the last few months the transaction structure and process has begun. He states that the different parties have been identified, and we are in the middle of the process of the structure of the project and how to make the financing

work. He continues that the team will be in town about a week a month for the foreseeable future, and they will try to push this forward. He adds that he is excited about the possibility of expanding permanent supportive housing in the community.

MS. BURKE states that the exciting thing about Pay for Success is that it really moves an entire system, and we will be looking at the entire system of support for community-based services for people in the high-need categories. She explains that it is not project by project because the struggle is looking at doing a 50-unit project here and another one there. She continues that the scale of the community needs or the parts of the system that are weak, where the people are falling through is never looked at. She adds, that allows the money upfront to fully implement a robust model and then trace it back and work with each outcome payor on where the system needs shoring up, and fixing it.

TRUSTEE MICHAEL asks about the finances and if they need to be paid back.

MS. BURKE replies that the projects are outside of this Pay for Success contract, and the resources are needed for the outcome. She states that capital costs or units will be a separate calculation that will happen in parallel with the project, because without units and rental resources, a foundation for the project, it will not be feasible.

MR. SEGAL explains that there are two different funding flows being thought of, and one is the folks who provide the upfront capital. Up front they get paid back to the extent that all the outcomes are achieved by outcome payors, or the State.

TRUSTEE BOERNER states that there are upfront costs, and it seems like those are the ones absorbing the performance risk because if the outcomes are not achieved, then the payors do not come back and pay.

TRUSTEE DERR states that she is trying to understand the difference between a payor and a funder.

MR. SEGAL states that funders are the organizations, high-worth individuals, community development financing. They provide the upfront working capital for the intervention, and take on the performance risk of whether that actually gets achieved. He continues that outcomes payors are often the governments or collection of government health organizations that are trying to achieve a given policy aim and agree to repay those funders to the extent that positive outcomes are actually achieved over the course of time.

MS. BURKE gives an example and states that in the Municipality of Anchorage there is a contract that provides resources to pick people up who are intoxicated. It is the Anchorage Safety Patrol, and then there is the Anchorage Safety Center. She states that it is a success because of the focus on that list, and then housing people who hit that sleep-off center repeatedly. She continues that if this project is successful it may be one of the outcome payors when not as much money is needed to continue the services.

DR. MANDSAGER states that there is an opportunity in recession with the availability of more rental units. It turns out that this can be launched and get people into housing. Another example is hospitals. There is a possibility, if hospitals can discharge people that are homeless quicker and reduce the uncompensated care, there is the possibility of negotiation. He explains that Mr. Segal's expertise is in negotiating with different entities that want some outcome and are willing to negotiate a dollar value.

A short discussion ensues.

DR. MANDSAGER states that, at this point, the two largest hospitals, not the Native hospital, have a great interest and want to talk.

TRUSTEE EASLEY states that she has heard comments that many homeless people come from other areas of the state to Anchorage because they know they will be taken care of. She continues that this is not just an Anchorage problem, but also a state problem. She asks if there is a possibility of the State recognizing this or the Legislature recognizing it and being willing to put more money into the situation for Anchorage.

MS. BURKE replies that the State understands those needs and is engaged. Corrections is a main partner on this project. She adds that this is a new concept for the community.

CHAIR COOKE thanks Ms. Burke for the presentation.

MS. BURKE states that the team will be in town the week of August 13th, and if there is an opportunity for a specific work session, she would be pleased to do that in person.

CHAIR COOKE states that an update will be provided on the issue of the Hiland Mountain Women's Health Mental Health Unit, and asks for an introduction.

MR. ABBOTT states that staff has been talking to the Department of Corrections for several months on this project. He adds that the PowerPoint was distributed during the last break, and the trustees may follow along.

MS. BROOKS states that the Health and Rehabilitation Services Division oversees the mental health unit or the mental health section for the Department of Corrections. She introduces April Wilkerson, director of administration, and Adam Rutherford, the chief mental health officer for the Department. Also from facilities and management is Cliff Reagle and Dan Aicher. She states that the Department of Corrections is the largest provider of mental health services in the state. There are about 21,000 direct-care contacts annually in 11 facilities from Nome to Ketchikan. She continues, that number continues to rise, almost 20 percent in the last ten years. She adds that this is a population that, unfortunately, continues to come with more and more dually diagnosed individuals in the system. The addition of some of the street drugs, synthetic drugs, the spice, heroin, and now the prescription medication and the opiate crisis has further complicated the psychiatric needs of this population. There have been a number of opioid-related overdoses in the system. The number of individuals who withdraw and go through serious medical withdrawals within the system is also growing in tandem with the population and the

incidents in the community. She states that there are no beds available for women to detox, and this is the fastest growing section of the female population. She adds that this is today's focus: that female population. She explains that this project is looking at a new mental health unit for Hiland Mountain facility, which is the women's facility. She continues that this project is essential in the efforts to continue to aid these women, stabilize them, and provide treatment in a safe and therapeutic environment. She adds that the female Trust beneficiaries in the system represent about 30 percent of the beneficiaries overall in the system. About 65 percent of the population overall are Trust beneficiaries. She states that, on any given day, there are 840 women, female beneficiaries, receiving care in the system, and that number continues to grow.

MR. RUTHERFORD states that he is chief mental health officer for the Department of Corrections and reiterates the tremendous increase in the more acute mental health services for the females. One of the results is that more and more of the female beneficiaries awaiting acute care end up in segregation environments. He extends an invitation for the trustees to come out and visit the unit. He states that it is important to be able to see the environment that mental health services are provided and where the beneficiaries are being served. He adds that he has a staff that is very passionate about providing care and advocating for the severe, persistently mentally ill, the beneficiaries that are served. He goes through his presentation and talks about the huge movement and litigation associated with placing mentally ill folks in segregation. One of the reasons we are here today is because we do not want mentally ill beneficiaries placed in segregation. He states that the current mental health unit is housed in a unit that is adjacent to segregation. Because there is such a demand for the acute mental health unit, there is often an overflow into that segregation environment. He talks about the state of emergency related to the opioid-related incidents and the impact it has had on this system. It is also important to realize that the alcohol problem did not go away and is still a major concern within Alaska, especially with the populations that are coming in and detoxing within the system. He adds that the Alaska Department of Corrections is one of the largest detox units statewide. There are more females coming in and using, and there is a need for female detox. He states that Hiland Mountain was not designed to have a detox unit, and the females are being detoxed in a male infirmary unit. That means that the Department is not providing the equal services or options to its female population that is being provided to the male population. He adds that detox is being provided, not just in an environment designed specifically for the female population.

MS. BROOKS states that the issue is people think there is more to offer than there really is. She continues walking through what this unit looks like. She adds that this unit is always full, always over capacity, and it is time that is addressed.

MR. RUTHERFORD states that it is important to know Corrections, in general, shifts in terms of how it manages its population. 21 years ago, this was the cutting edge and how folks and the mentally ill population was being managed in Correction. Now, there is a lot of litigation that is saying the environment needs to be more therapeutic; more like a treatment unit. And we agree 100 percent. The ultimate goal is to modify that environment and make it more conducive to actually providing treatment to beneficiaries.

CHAIR COOKE asks if the proportion of people with severe and persistent mental illness is the same among the male residents.

MR. RUTHERFORD replies that he is not sure and will get that information and pass it through to staff.

MS. BROOKS states that it is known that the female beneficiary population is growing more quickly than the male.

MR. RUTHERFORD continues explaining the situation and the crowded conditions in the unit. He states that there is no direct line of sight for the nursing staff working on that unit, and there are only a few cameras to monitor those individuals.

MS. BROOKS states that the individuals that come in from the rural communities have to wait in Bethel, in Nome, in Fairbanks, in Ketchikan, in segregation, while waiting for a bed at the Hiland Mountain women's mental health unit to open up. She continues that this is the plan developed to remodel an existing area at Hiland Mountain and move both the mental health unit and the medical unit. She adds that the goal is a more therapeutic environment, much more conducive to stabilization.

CHAIR COOKE asks if this is an active or live proposal to the Trust.

MR. ABBOTT replies that a funding decision is not being recommended today. He states that the Department is hoping that a funding decision will be made in the near future.

MS. WILKERSON states that this has been a project for the Department of Correction for about five years, and we hope, with the Trust's commitment and support, to move this forward into the FY2020 budget. She continues that it will take about 12 to 18 months to complete, and the overall project costs are just over \$3.9 million. To date, almost \$300,000 has been invested.

TRUSTEE EASLEY asks if this has been brought before the Legislature.

MS. WILKERSON replies not at this time, and we have had those conversations with the Governor's Office. It has not met the priority list. She states that over the last three years, the Department of Corrections has only been able to receive deferred maintenance for the capital projects; and were able to get a security funding out of Bethel because of the escape. She continues that if they partner with the Trust, this would be considered a deferred maintenance project. That conversation has not be had with the Governor's Office at this time.

MR. ABBOTT asks, if the Trust provided some funds, how would the State contribute the balance of the funds.

MS. WILKERSON replies there are two options: there is the need to talk to the Governor's Office and to the Legislature. She states that their goal is to try and identify the resources and to get the approval to start this project now rather than later, and seek any supplemental funds through the Legislative process, allowing this project, and have it completed by the end of the calendar year of 2019.

TRUSTEE SMITH asks for a bit of time to give the site selection history of Hiland Mountain and what the original concept was.

MR. REAGLE states that he is the facilities management section chief and, as of yesterday, he retired and is here on his own time. He introduces Dan Aicher, who will be taking over this project. He explains that Hiland Mountain was built in 1972 as a men's facility, and was not really built for the application used today. It was a segregation unit, an old archaic design which has morphed into where this is today. He states that five years ago the director recognized the need and wanted something done. Plans were started to find out if the infrastructure, support, mechanical, electrical and all that would support it. It was proved that it will in that space, and a big cost of this was done. The design and redesign was done with Steve Fishback's help, and it has morphed into what it is today, a very comprehensive, cohesive unit. It has been quite a journey.

CHAIR COOKE asks about the ongoing litigation and what the scope of it is.

MS. BROOKS replies that there are two different types of litigation; one on the national level. The ACLU and the Disability Law Center have focused on correctional facilities and the segregation issue, and the Disability Law Center comes in when it is the mentally ill who are in segregation. There are two cases where the family members of female offenders died in our custody during withdrawal.

MR. RUTHERFORD mentions that, because of litigation that has been happening in the Lower 48, a more proactive approach with the ACLU and the Disability Law Center has been taken.

MR. WILLIAMS adds that this is an expansion of an existing footprint; it is not a full-blown adding space that is not already there. He states that the other thing the Department of Corrections has indicated, that no additional operating costs for the staffing will be needed.

TRUSTEE MICHAEL refreshes everyone's memory by reminding them that a presentation and requested assistance was made about a year ago. Staff was asked to go back, help with the predevelopment, figure out what was possible, and come back with a recommendation. She states that a terrific job was done in being prepared, and we like the design. She adds that this is a good project and thanks all for the effort put into it.

TRUSTEE DERR makes a motion to adjourn the meeting.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

(Alaska Mental Health Trust Authority Program & Planning Committee meeting adjourned at 12:25 p.m.)