

**ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING**

**April 18, 2019
9:00 a.m.**

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

Trustees Present:

Chris Cooke, Chair
Mary Jane Michael
Laraine Derr
Paula Easley
Verne' Boerner
John Sturgeon
Ken McCarty

Trust Staff Present:

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

Trust Land Office:

Wyn Menefee
Sarah Morrison

Also participating:

Deputy Commissioner Albert Wall; Laura Russell; Jillian Gellings (via speakerphone).

PROCEEDINGS

CALL TO ORDER

CHAIR COOKE called the meeting to order and stated there was news from Juneau about the confirmation of new trustees.

MR. ABBOTT announced that the Legislature took action on two of Governor Dunleavy's appointments, John Sturgeon and Ken McCarty, both of whom were successfully confirmed by the Legislature yesterday in joint session.

CHAIR COOKE congratulated the new trustees, and asked John Sturgeon for any comments.

TRUSTEE STURGEON stated that he was happy to be on the Trust board, and looked forward to working with everybody.

CHAIR COOKE asked for any other announcements. He moved to approval of the agenda.

APPROVAL OF AGENDA

MOTION: A motion was made to approve the agenda by TRUSTEE DERR; seconded by TRUSTEE EASLEY.

There being no objection, the MOTION was approved.

ETHICS DISCLOSURE

There were no ethics disclosures.

APPROVAL OF MINUTES (October 17, 2018; January 3, 2019)

MOTION: A motion to approve the minutes of October 17, 2018, was made by TRUSTEE DERR; seconded by TRUSTEE BOERNER.

There being no objection, the MOTION was approved.

MOTION: A motion to approve the minutes of January 3, 2019, was made by TRUSTEE DERR; seconded by TRUSTEE EASLEY.

There being no objection, the MOTION was approved.

CHAIR COOKE moved to a memo from Steve Williams.

MR. WILLIAMS began with a history of how the Trust looks at the state budget, the role of the trustees in the state budget, the recommendation process, the role of the advisory boards and the Department for the new sitting trustees. He introduced some of the leaders of the advisory boards and explained their importance to the Trust in that they provide a lot of good information and advocacy around the needs of the beneficiaries out in the community. He laid out the history and process as the groundwork for the memo, which was designed to provide the Program and Planning Committee an update on where the budget was today. He stated that the memo was a team effort that was drafted and included in the packet prior to the House Finance Committee actually approving the budget that got transmitted to the Senate. He explained the table that was

designed to illustrate the differences between what the trustees approved in September to what the Governor submitted in his amended budget in mid-February. He discussed the differences.

CHAIR COOKE stated that the Senate had to weigh in, and this was not final. There has to be reconciliation of various proposals, and then the Governor has to act on whatever the outcome is from the Legislature. He added that this is an update, and not something that has to be responded to.

MR. WILLIAMS added that staff is not recommending or asking for any action from the board. It is not known how the budget will turn out yet. He stated that the trustees will be apprised through the weekly reports and other communications, but we will probably not have decisions ready for the trustees to contemplate until the end of June.

TRUSTEE BOERNER asked what would happen to the MHTAAR funds specifically with the Job Center liaison with Corrections' monies if not included in the Governor's budget.

MR. WILLIAMS replied that has happened in the past. Staff looks at the project and makes a determination on: the impact; is the project going to continue to fly; is it something that is critical to advocate and work with the Legislature to get that put back into the budget; or do the analysis and in light of the stats of the project, given the circumstances, would come back to the trustees for how that could be appropriated.

MR. ABBOTT stated that only the trustees can authorize the use of Trust funds. There are some occasions -- and the MHTAAR accounts are an example of that -- where an appropriation to go along with a trustee choice is needed. In the case of MHTAAR money, no MHTAAR funds can be spent without the explicit authority of the trustees.

TRUSTEE McCARTY asked if the State is looking to the Trust for data collection to show the efficacy of various programs, and are we able to help them show that these programs are working from the data.

MR. WILLIAMS replied that, when requested, the data we have is provided. He continued that the dialogue has covered a lot of the elements of the memo, and this memo also includes Medicaid. He added that Medicaid is going to naturally flow into this conversation. He continued the report and moved to the capital projects. It is designed to show the differences between what the trustees approved and what was included in the FY20 amended budget. The Senate is currently looking at those. He pointed out that the special needs housing grants and the homeless assistance project grant funding, that is critical funding for the beneficiaries to be able to access housing and, in some cases, the additional support services needed to maintain that housing.

MR. ABBOTT stated that Medicaid will be a hot topic, and the legislative process may be less determinative than the administrative processes that will be actively engaged.

TRUSTEE EASLEY asked if there was an indication on reduction in employees.

MR. ABBOTT replied that there are some people-related reductions in the Department's budget, but not large ones. He stated that personnel reductions will likely drive the outcomes on the

Medicaid conversation.

TRUSTEE MICHAEL asked about the status of the waivers; specifically the 1115.

MS. BALDWIN-JOHNSON stated that Deputy Commissioner Al Wall could give an update.

DEPUTY COMMISSIONER WALL announced that the Commissioner was confirmed and thanked him for his leadership. In response to the waiver, he stated that the 1115 is currently accepted with the Federal Government, and is being implemented. There are two phases: first is the substance abuse treatment recovery; the next phase focuses more on mental health. He continued that the code to change the Medicaid computer system is being implemented so that people can bill for the new codes. He added that the waiver allows for bundled payments and for payments for a few types of services that currently are not in the system. It gives an exemption to the exclusion which allows substance-abuse providers to be able to bill Medicaid for over the 16-bed limit, which has restricted access in the state. That would be significant. He stated that the goal is July 1st. He added that the 1115 is alive and well, and being implemented as rapidly as possible.

TRUSTEE McCARTY asked what percent of the Medicaid changes or funds are involved with beneficiaries.

MR. ABBOTT replied that Medicaid expansion generally targets a high percentage of beneficiaries. Substance use treatment is 100 percent, then the other elements of the 1115, the mental health work, is close to 100 percent beneficiaries. He stated that this is one of the most important efforts that the Trust has made in terms of concentrating the funding in a manner that multiplies the amount of resources available to beneficiaries. The initial commitment was \$10 million to support Medicaid expansion and reform. He continued that the concern expressed is that the 1115 is not yet fully implemented. The first portion of it, associated with substance use, is going to be rolled out shortly. The second portion, associated with mental illness, is a ways off, and there is no Federal authority to move forward with that. He added that, although Federal authority appears likely, there is still the State regulating writing process that is required before the second piece of the 1115 waiver will go into effect. Providers could then bill against it, and then the need for the grants would be reduced. He stated that the concern is the unknown about how much funding will be able to ultimately be charged through the 1115 and, therefore, how much grant funding could be reduced. He continued that staff recommendation is that the behavioral health grants not be reduced until there is a demonstration that the 1115 is really providing the services on that fee-for-service basis and that, therefore, the grants to those providers are no longer necessary.

TRUSTEE MICHAEL stated that it would be helpful to do a work session and have staff do a presentation and bring everyone up to speed on historically what has happened. It would be helpful to have a kind of a 101 on Medicaid and to refresh all memories about the history and how we are going forward.

MR. WILLIAMS went over the Medicaid dashboard which the Department maintains to give a sense of the Medicaid program. He continued with a few closing comments.

CHAIR COOKE stated that Trustee Michael's suggestion about a work session was excellent

and would be appropriate to do in conjunction with or shortly before any special meeting taking up some of these same issues. He moved to the comp program discussion.

COMP PLAN UPDATE

MR. WILLIAMS stated that Jillian Gellings, Deputy Commissioner Wall, and Autumn Vea will present an update.

MS. VEA began with an overview of what the comp plan is and the efforts that have been done so far. She explained that the Comprehensive Integrated Health Program Plan is a statutory obligation that the Department has a program that meets the needs of beneficiaries in Alaska in the least restrictive environment. The statute further dictates that the Department has an obligation to have a written program plan that is developed in conjunction with the Trust, and that plan is revised and updated. She continued her overview. She stated that the plan is very comprehensive and is not just specific to mental health, but covers all of the beneficiary groups. She explained that the uniqueness of this particular program plan is that it is really strong on system prevention and preventing individuals from becoming beneficiaries. Another unique process was the engagement of stakeholders and the public; all had a voice in what was uniquely developed to create this comprehensive and creative program for beneficiaries. She continued that a vision statement was developed during the strategic planning sessions. It read: "The vision of strengthening of systems for Alaskans to receive comprehensive prevention, treatment, and support services at the appropriate level of care across the lifespan to lead meaningful lives in their home communities." That is what this plan intends to do. She stated that the group decided to go out for public comment and make sure that beneficiaries, external stakeholders, and other individuals would have a voice in what the comprehensive program would look like. She asked Jillian Gellings to talk about the public comment process.

MS. GELLINGS stated that the public comment was posted on their public notices website on March 11th and went through April 12th, a full month. Anyone that was interested in the behavioral health system was encouraged to send in public comment. These were stakeholder groups and individual beneficiaries. In addition, the comp plan was put online for public notice for public comments, also posted the public comments and the comp plan on the Department website. She continued that the home page had a spot where the Comprehensive Integrated Mental Health Program Plan and the link to the plan was posted on the main page. From all that a variety of e-mails were received in response, and she noted some of the topics. She added that over the last month a subcommittee has met and taken the public comments from the spreadsheet, considered each individual comment, and, following all this, an overview document of all public comments online will be published. She talked about the kind of strategies used in moving from public comment into the implementation of the plan, and then the plan going forward. In the future, the work group will continue to meet on an annual basis to look at the comp plan. She stated that another subcommittee has started meeting to finalize the plan content and incorporate the data and indicators. Left out of the plan that was posted for public comment was the data which will be included and monitored going forward.

MS. VEA stated that the data subcommittee is meeting weekly, and they are just developing the figures that are the best graphic representation of why the goals appear in the plan the way they do.

MS. GELLINGS continued going through the timeline. She stated that one of the strategies is

the website platform for the comp plan where a lot of the updates and public comments will be posted. The plan and the website will both go live on July 1st. She concluded her update.

DEPUTY COMMISSIONER WALL stated his thanks to the Trust for providing and doing most of the work.

TRUSTEE McCARTY stated that this holistic approach is great and asked about the website and if it will be individualized in nature so that beneficiaries can go onto it and review and report on how they are doing..

MS. GELLINGS replied that there has not been a lot of discussion on the website development at this point, but that is an interesting piece and something that can definitely be considered.

MR. BALDWIN clarified that the focus is more at the higher level in systems and will be more at a systems and programmatic level of data and tracking.

MS. VEA added that there is a vision that Trust beneficiaries will be able to access the website and be connected to resources.

TRUSTEE BOERNER expressed her shared excitement about this moving forward. She stated that the reason she held up approval of the minutes was because she wanted the record to show that the tribal health system is a critical component of the ability to meet the needs of beneficiaries and that Alaska has many unique aspects. The existence of the Trust is something unique in the nation, and also included the existence and the comprehensive nature of the tribal health system. She commended the folks that went back and worked with the tribal health directors and such to get that sort of input. She extended her kudos and appreciation.

CHAIR COOKE asked if Trust personnel are still involved in this phase of the subcommittee, reviewing various inputs and developing a final plan, or if it is all in the Department.

MS. VEA replied that she, Michael Baldwin, and Steve Williams, along with the program officers, are constantly contributing and editing and re-strategizing to make sure that the outline is the most comprehensive system for beneficiaries.

MR. WILLIAMS stated that this core team has spent an inordinate amount of time and effort on this. It was a small team that was needed to get to this point; but it also recognized the need to get outside perspectives; hence, the desire of the team to give an opportunity for public comment to make sure that the information was well-informed from outside of that group.

CHAIR COOKE asked for further comment.

DEPUTY COMMISSIONER WALL commented that he liked this approach because it is more technologically based and can be used as a platform for future years and can evolve. It has a living aspect.

MR. ABBOTT commented that there has been a lot of talk about the impact of gubernatorial transitions, and there is always uncertainty associated with those. He stated that the Trust could not have had a better partner than Commissioner Crum, Deputy Commissioner Wall, Jillian

Gellings and the other team members in this comp plan development process. He recognized the level of commitment.

CHAIR COOKE called a recess.

(Break.)

CHAIR COOKE called the meeting back into session and moved to an update on the API situation.

API UPDATE

MR. WILLIAMS asked Deputy Commissioner Al Wall from the Department of Health & Social Services to continue.

DEPUTY COMMISSIONER WALL began with a brief update on what is going on at API and stated that the situation changes daily, mostly for the better. There was a governance board meeting where the membership of the board was expanded. It now includes an individual from the Trust as a voting member. This is extremely critical and has been needed for a long time. A representative from the Alaska Mental Health Board was also included with a vote; and an individual member at large from the community. That individual will be screened and recommended by National Association for Mental Illness, NAMI.

DEPUTY COMMISSIONER WALL stated it is a good thing for the hospital to have that broad spectrum oversight and visibility. Also included is a new type of member on the board which is just a representative from another organization. They can serve on committees and can vote on committees. That membership is very large and included groups that really should have been included years ago. There is a broad range of representation on the board at this time. He continued that, also at that meeting, a Policy Review Committee was established, which is the first committee ever in the governance body. The Department is required by the Joint Commission to go through and renew the policies, evaluate the policies for adhering to Joint Commission and CMS on a two-year rotating basis. He added that a number of new people were hired. Dr. Matt Niemeyer, an Alaska-born licensed psychologist, will be there as the CEO. He has good hospital experience, is a great clinician, has good leadership skills, and really understands efficient psychiatric care. The leadership team is expanding and an offer has been made to a full-time Director of Nursing, a classified position, by a member of the leadership team. He introduced Laura Russell, his policy adviser who has been doing a lot of the interviews. He continued that the Trust provided \$150,000 for a contract for a specialist to come in and do the evaluations. A forensic psychiatrist has come on board and has already done some evaluations. He did nine in five days and those nine are back in court. We are waiting for evaluations on 39. The process is moving forward. He asked for any questions.

TRUSTEE McCARTY asked if he is going to the pretrial facility or to API for assessments.

DEPUTY COMMISSIONER WALL replied that he goes to them; some of them are actually in communities. There is a group in the Department of Corrections waiting for evaluations, and others who have been evaluated are waiting for a bed for care.

MR. ABBOTT asked for an update on how capacity is at API.

DEPUTY COMMISSIONER WALL replied that in the last two days six new patients were accepted, which is a bump up from where it had been over the last 60 days. Capacity is now at 33, which is more capacity, primarily due to the new doctors that are working there. He discussed a piece of legislation coming out that will address the crisis meds issue, causing a bottleneck in the system.

TRUSTEE MICHAEL asked about discharges. There were stories about people just being released into the streets. She stated that they should have been directed toward an organization. She was also interested in discharges with regard to people who could possibly be placed in a community-based program but are housed at API.

DEPUTY COMMISSIONER WALL stated that Alaska is the one state with the broadest laws regarding personal rights. If a person does not have a court order that tells them they have to be in that building, there is no control over what they do under that circumstance. He continued that if they are held against their will, it becomes a crime. It is an unfortunate situation, and everything is done to prevent it. He added that the biggest problem is the lack of continuity of care when people are discharged. API will continue to fail if a continuum of care is not developed. He stated that the second phase of the 1115 is designed to address that with at least a code that will let someone bill for partial hospitalizations.

TRUSTEE DERR asked about the lawsuit that has been filed and how disruptive that could be.

DEPUTY COMMISSIONER WALL stated that he is not able to comment on the litigation, and added that it could be disruptive.

TRUSTEE McCARTY asked about any mechanism that is done or may be implemented to look at the referrals to API to see if they are appropriate.

DEPUTY COMMISSIONER WALL replied that the system is designed so that API acts as its own arbiter, which is not a typical hospital function. His intent is to remove that process from API and let it be a hospital, and then have an office that does nothing but receive the incoming patient information and place them where they need to be.

TRUSTEE MICHAEL asked about a crisis stabilization program in Anchorage.

DEPUTY COMMISSIONER WALL stated that there are very specific things that the Trust can do in that area; research, best-practice type of things; staff laying out what other states are doing in the area of crisis stabilization. That needs to be in a cohesive presentation, so all know what is being looked at and what is wanted to be adopted going forward. He continued that the 1115 implementation, Phase II, should have the billing mechanism to let that happen. He added that this is one of his main goals and will probably take two years. He stated that one of the issues dealing with that population that is aggressive and can be violent is consistency in approach and good training that is implementable. There are systems that require a group to be involved that are de-escalation models. Mandt is one that teaches to avoid physical contact, to back off, let the person yell and scream if he wants to, if he is not hurting anyone. He describes the three levels of Mandt training. He continued and stated that Wellpath is on track to run the hospital. One side is becoming more stable on a day-to-day basis; the other side is still on provisional terms,

and will be until June 30th. He added that there are still unsafe practices that are being done in the hospital that need to be fixed with retraining.

CHAIR COOKE thanked the deputy commissioner and recessed for lunch.

(Lunch break and site visit.)

CHAIR COOKE called the meeting back into session and moved to the Focus Area Review.

FOCUS AREA REVIEW

MR. WILLIAMS stated that a high-level overview of the focus areas was put together. He began with the background and history. He added that people say that the Trust should continue and maintain the focus areas; the efforts around workforce development; and the increased effort around early childhood prevention and intervention. It is good feedback and a good gauge of what the community sees as needs as well as what it sees as the direction the Trust should be placing its funding and staff resources, as well. He recognized Katie Baldwin-Johnson.

MS. BALDWIN-JOHNSON began with the Substance Abuse and Prevention and Treatment focus area which is important because there are beneficiaries that are experiencing the negative health and life outcomes associated with drug and alcohol addiction. She talked about the data and the different programs with funding provided by the Trust.

MS. BARSTAD stated that housing and long-term support services affect the beneficiaries deeply. Housing is necessary, but many of the beneficiaries experience many barriers in obtaining and maintaining affordable housing. If beneficiaries end up homeless, those barriers increase. She talked about working with Trust partners on a variety of different housing initiatives, with the vast majority implementing the Housing First practice. Housing in Alaska saves lives and is a core critical service for the beneficiaries. She spoke to the support services, long-term services and supports that were implemented, as well as the change of the standard of care. Ensuring that people have housing and adequate long-term services support their medical well-being. She went through some examples of the work that has been done in the Housing, Long-Term Services and Supports focus area.

TRUSTEE EASLEY commented on the expectation of the Mental Health Trust to solve the homeless problem, which is not the goal.

CHAIR COOKE stated that the Trust is good at providing some incentives, and a base funding through which organizations are going to take on these kinds of tasks and then multiply with other funding sources. There is a need for nongovernmental sources to make a project happen. There is a need to scrutinize proposals as they come in, and to make sure that the Trust is not being looked at being the deep pocket.

MR. WELCH stated that Trust beneficiaries are at an increased risk of involvement in the justice system, both criminal and civil, not only as defendants but also as victims. Annually, the beneficiaries make up about 40 percent of incarcerations in the state. That high number has made the State of Alaska DOC the largest provider of mental health services in the state. He continued that the Trust had three goals in looking at the issues to serve beneficiaries: one, developing criminal justice in community behavioral health partnerships; two, diverting Trust

beneficiaries; three, maintaining public safety by improving the health of beneficiaries in Alaska communities. He went through some of the data and some of the programs. He added that there is a need to continue to support, expand and provide funding for programs that will help the Trust and partners achieve the goals for the Disability Justice focus area to better serve the beneficiaries.

MS. BALDWIN-JOHNSON thanked Mr. Welch and introduced Jimael Johnson, who will cover Beneficiary Employment and Engagement.

MS. BALWIN-JOHNSON stated that the Beneficiary Employment and Engagement focus area is based on a previous initiative called the Beneficiary Project Initiative. She continued that the overall and primary goal is to improve outcomes and promote recovery for beneficiaries through integrated competitive employment and meaningful engagement opportunities. Evidence shows that work and meaningful engagement is critical to the quality of life, and is a critical component of recovery for people with mental illness and substance use disorders. She described and talked about some of the peer support and recovery-oriented services, as well as some of the other services that are funded by the Trust. She then highlighted the microenterprise grants that are awarded twice a year; fifteen awards of up to \$10,000 for any given beneficiary that is eligible. She added that they are also working with the State and partners in developing a credentialing system and more standardized training and workforce development for peer support workforce that provides that experience and supports the beneficiaries to recovery.

CHAIR COOKE recognized Eric Boyer.

MR. BOYER stated that the two site visits, the Anchorage Correctional Center and API, both demonstrated how Trust funding is equipping the workforce. At the Correctional Center, Adam Rutherford talked about programming, SBIRT, which is Screening Brief Intervention Referral and Treatment, which is an evidence-based practice in substance use. That is training through the training cooperative at the university. He also mentioned the staff being trained in mental health first aid for first responders, and added that eight of the staff got there through student loan repayment programs through the SHARP program. He moved to the API site visit and stated that the Alaska Psychology Internship program, which Trust funding helped to evaluate, actually got that program accredited through the American Psychological Association. That program has produced 71 clinical psychologists in the last nine years. He added that those site visits showed that the Trust is doing things that impact the beneficiaries in real positive ways.

TRUSTEE BOERNER stated that the very fact that inclusion of the villages was incorporated into the program was spectacular. There is a need to work and build the capacity within the state and have programs like that bringing a real return on investment.

MS. BALWIN-JOHNSON stated that the emergent strategies around early childhood and the inherent opportunities for prevention are of critical interest to the Trust. This has been a developing area over the past several years. Trauma in early life is highly correlated with the beneficiary groups; young children are especially impacted by trauma. Intervening early in childhood can alter the life trajectory and is why this work is important to the Trust. She talked about some of the programs and then focused on the 1115 Medicaid waiver which is a promising reform effort that will positively impact young children and families. Also continued is the

work on integrating behavioral health into primary-care settings, and she highlighted the workforce issues.

CHAIR COOKE moved to the budget.

BUDGET

MR. ABBOTT stated that because proposed budget changes are not yet known, it may not be ready to talk about, and will most certainly not be resolved at the May board meeting. Staff will be working with the board chairs to organize one or two trustee events to perfect the FY20 budget primarily based on the outcome of the legislative process, the appropriations process. There was a possibility of rescheduling the May meetings, but they are currently scheduled for Fairbanks, and there are a lot of important community conversations scheduled for that and a full agenda of both informational items and decisions that are timely for the May 7 and 8 time frames. He recommended maintaining that and going to Fairbanks. He went through the itinerary and the field trips. He concluded the staff presentations and information for the Program and Planning Committee.

TRUSTEE COMMENTS

TRUSTEE BOERNER appreciated the ability to share and stated that the Trust faces a challenge with the budget cuts coming. An incredible need was seen today, as well as the gaps. Working on building the capacity of this state to meet the needs of the Trust beneficiaries, which is bound within our Constitution, is a challenge. She thanked the trustees, the advisory boards, the staff for their continued work, and the individuals that were met that welcomed and helped educate us about the challenges. She stated that she looked forward to working with this group, the partners and the State in finding ways to meet those challenges.

TRUSTEE MICHAEL stated that this was a great meeting and appreciated Al Wall. She continued that understanding the API issue and visiting was beneficial. She talked about the major transitions in trustees, and will miss the old, and welcomed the new trustees aboard. She thanked them for their participation.

TRUSTEE STURGEON thanked staff for the briefings and the backup material. He stated that it is a lot to absorb, and he will go home and read. He noticed the future meeting schedule and will miss the meeting in September. He added that he had a direct order from the U.S. Supreme Court to “grab your hovercraft and go find a moose.” This will be his 50th consecutive year. He thanks all for being so friendly and helpful.

TRUSTEE McCARTY thought of the old story of the six blind men and the elephant. Here is this elephant trying to help the beneficiaries and there are more than six blind people in the room that come from different perspectives to work on this issue. He stated that he is a small blind person in the process and expressed his thanks to being part of this. He continued that he is very interested in data collection and also in nutrition. He was at the Evolution of Psychotherapy Conference in December, which happens every five years. Five years ago they said that there was a strong indication that nutrition was affecting mental health. He was involved in the study with the University of Calgary research team helping the study with autism using nutrition. He had a preliminary of five kids and just using that nutrition, the autism went away. One of the kids was taken to the University of Davis at the MIND Institute, was started on this super

nutrition a month prior, and the MIND Institute said that the child did not have autism. He was excited to be part of this.

CHAIR COOKE talked about attending the Ravens Ball, which is a fundraiser and honoring ceremony put on by the Tribal Health Consortium. Many people in the medical community participate in that. He stated that it seems like the kind of event that the Trust should be a participant in as well. It would help to network with the partners and people and get the word out about the Mental Health Trust Authority. He recommended that for further study and review. He added that when he first began learning about the Trust he had asked Jeff Jesse, the director at the time, how many programs like this are out there. Mr. Jesse replied just one. This is a unique opportunity to contribute to improving all of those lives, and he is excited and looking forward to the next meeting and hearing about more of the activities. He thanked all and adjourned the meeting.

(The Program and Planning Committee meeting adjourned at 3:58 p.m.)