

**ALASKA MENTAL HEALTH TRUST AUTHORITY  
PROGRAM & PLANNING COMMITTEE MEETING  
JULY 28-29, 2020  
8:30 a.m.**

**WebEx Videoconference/Teleconference**

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

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**Trustees Present:**

Verne' Boerner, Chair  
Rhonda Boyles  
Ken McCarty  
Chris Cooke  
John Sturgeon  
Anita Halterman  
Laraine Derr

**Trust Staff Present:**

Mike Abbott  
Steve Williams  
Carol Howarth  
Miri Smith-Coolidge  
Kelda Barstad  
Luke Lind  
Michael Baldwin  
Carrie Predeger  
Katie Baldwin-Johnson  
Jimael Johnson  
Valette Keller  
Eric Boyer  
Autumn Vea  
Allison Biastock  
Kat Roch

**Also participating:**

Jillian Gellings; Rebecca Topol; Stephanie Hopkins; Anne Applegate; Beverly Schoonover; Kristin Vandagriff; Dr. Roy T. Scheller; Pat Pitney; Alberta Unok; Dr. Cody Chipp; Heather Carpenter; Roger Branson; Dr. Tamar Ben-Yosef; Emily Palmer; Brenda Moore; Gennifer Moreau; Jerry Jenkins; Lisa Cauble; Lynn Paterna; Sheila Harris; Ed Boyer; Lesley Thompson.

## PROCEEDINGS

### CALL TO ORDER

CHAIR BOERNER stated appreciation to the trustees and all the staff, because this takes a lot of time and effort to put together, and she looked forward to the agenda and getting to hear about the different focus areas and activities. She called the meeting to order and began with a roll call. She asked for any announcements. There being none, she moved to approval of the agenda.

### APPROVAL OF AGENDA

**MOTION:** A motion to approve the agenda was made by TRUSTEE HALTERMAN; seconded by TRUSTEE COOKE.

*There being no objection, the MOTION was approved.*

CHAIR BOERNER asked for any ethics disclosures. There being none, she moved to approval of the minutes of April 23, 2020.

### APPROVAL OF MINUTES

**MOTION:** A motion to approve the minutes of April 23, 2020 was made by TRUSTEE HALTERMAN; seconded by TRUSTEE COOKE.

CHAIR BOERNER noted an inconsistent spelling of her last name to be corrected. She then did a roll-call vote.

*After the roll-call vote, the MOTION was approved. (Trustee Boyles, yes; Trustee Cooke, yes; Trustee Derr, yes; Trustee Halterman, yes; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Boerner, yes.)*

CHAIR BOERNER moved to the CEO update.

### CEO UPDATE

MR. ABBOTT began a quick update with a congratulations to the Trust Land Office. The Supreme Court recently determined that the TLO had acted properly in disposing of five lots on Daniels Lake near the City Of Kenai. This validated the quality of work that the TLO does.

TRUSTEE COOKE asked that the decision be circulated to trustees.

MR. ABBOTT stated that the regulation package that the Trust was working on is in the final public-comment phase. He explained that these are the regs that would allow the Trust to invest income funds into Trust Land Office projects and then pay back the income that was invested before making the ultimate contributions to the Mental Health Trust Fund. He was optimistic that the lack of comments to date was an indication of confirmation from several of the major stakeholders. He stated that the annual financial audit of the Trust is underway and will be discussed at the Audit & Risk Committee. The most significant challenge is extracting information from the State's finance functions. He moved to the substance abuse treatment facility that the Trust invested in for Set Free Alaska in Homer, Alaska, which had its

grand opening, and they have begun enrolling clients. He added that it is a great program, designed to treat men, and is relatively uniquely capable of treating men with children accompanying them. It is a residential care facility. He moved on to an update on what was going on with the Anchorage Assembly's consideration of a local ordinance designed to expand a variety of services targeting Anchorage's homeless population. He continued that the special grant program that the trustees authorized for COVID-19 grants, more than \$1.4 million of the \$1,525 million, were authorized, and it is winding down. We are expecting to fully expend the remaining approximately \$100,000.

CHAIR BOERNER thanked Mr. Abbott and welcomed Ms. Pitney.

MS. PITNEY stated appreciation to the Trust's request to look at the fiscal situation, and added that it will be one of her last official acts. She looked at the Alaska's General Fund revenue, the reserves and what the options are for the growing structural deficit. The COVID experience had an abrupt change in the revenue forecast. Prices of oil were forecast at \$63 a barrel and dropped to about \$51 a barrel. For next year, the budget expectation was for \$50-a-barrel oil, and now that forecast is \$37-a-barrel oil. Those forecasts on prices and production are holding consistently in fiscal year '20. She moved to an accurate picture of the revenue collapse over the last ten years, explained it, and then gave a brief update of the fiscal summary. An idea of the magnitude of the deficit and the kind of spending constraints over the last several years were provided. She then moved to the Permanent Fund earnings reserve account, the spendable part of the Permanent Fund. Every year, \$3 billion-plus are spent from that amount. That money is built on the total Permanent Fund value. She explained fully and then talked about the uncertainty of oil and the economy. She stated that there will be several fixes because these are structural deficits, and there are laws on the books that require that spending, and that is the reason the Permanent Fund Dividend Law that is on the books is not being followed. The tweaks of the annual budget will not get out of this because there are real structural deficits that require a change in the underlying statutes. She talked about the CARES Act funding, which is short-term and a life-saving measure for the economy, but will come to an end.

CHAIR BOERNER stated that it is a difficult presentation to hear, and she would like to see the presentation by Mouhcine Guettabi. She recognized Mike Abbott.

MR. ABBOTT thanked Ms. Pitney and asked what sort of trending around state health-care spending should be planned for, given the current statutory environment, without the sort of statutory changes suggested to be necessary.

MS. PITNEY replied that the impact of COVID on the nonCOVID-related expenses, the sheer dropoff in health-care costs will create a small bounce. There will be a drop, and it will not get back to normal for a while. A possible year or two of stagnation.

TRUSTEE COOKE asked about the impact Proposition 1 would have, which is to be a change in the oil tax formula.

MS. PITNEY replied that it is slightly over break-even, and that is a policy call.

TRUSTEE BOYLES stated that the articulation of too many laws on the books requiring

spending actually structure the structural deficit and not enough laws generating revenue should be the marking point for the next legislative session. She continued that some pretty tough times for the next two or three years are being observed.

MS. PITNEY agreed that it will be out of balance for a few years, and then it can become stable.

CHAIR BOERNER expressed appreciation for the presentation, and called a break.

(Break.)

CHAIR BOERNER welcomed all back and introduced the presenters, Alberta Unok and Cody Chipp.

MS. UNOK thanked all for inviting the Alaska Native Health Board and the Alaska Tribal Health System to the meeting and stated that she is the chief operation officer for the Alaska Native Health Board. She provided an overview of the Alaska Tribal Health System, a brief history of Alaska Native Health Care, and introduced the Alaska Tribal Health System. She highlighted the successes of the Alaska Tribal Health Compact, the Alaska Native Health Board, and the work with the tribal health directors. She talked about the strong inter-tribal health network which communicates regularly and gets information out as quickly as possible to respond to policy health issues. She encouraged the trustees to continue to learn, even on an annual basis, about the Alaska Tribal Health System and how they work as one. She asked Dr. Chipp to continue.

DR. CHIPP expressed gratitude to the Trust and the trustees for the invitation to present. He also expressed his appreciation for the work that the Trust does. He stated that he is fortunate to get to work with a member of the Trust staff on workforce involvement, early childhood education, reentry work, Department of Corrections, and a lot of other avenues. The Trust has also been supportive of ANTHC, particularly the behavioral health aide program, over the years, as well as other endeavors. He introduced himself as a licensed psychologist by training. He was originally from Idaho and came to Alaska in 2004 to do a Master of Clinical Psychology at UAA, which is not doing well right now. He continued that he had completed that and entered into the doctoral program that was also supported by the Trust through AKNIK, especially since he means to stay in Alaska and pursue his training. He added that he had been in the mental health world in Alaska for close to 16 years. He stated that ANTHC's guiding vision is that Alaska Native people are the healthiest people in the world, and the activities undertaken work towards that vision. He continued that it was important that, when it comes to behavioral health services, ANTHC currently does not provide direct clinical services. All the direct clinical services in the Southcentral area, including ANMC, is all run through Southcentral Foundation. He stated that the ANTHC does not hold any authority over any of the organizations. Each organization is solely operated and independently functioned. What the consortium does is it tries to provide statewide services or statewide support to help other tribal health organizations and co-manages the Alaska Native Medical Center. He stated that the division he works for is referred to as Community Health Services, and that will be his focus. The Alaska Native Medical Center is the busiest tribal health hospital in the country, and the second busiest hospital in Alaska. Another division is the Division of Environmental Health and Engineering that does a lot of environmental health work, as well as looking at contaminants within communities, and it

also has an engineering department that supports wastewater treatment facility building, power plant building, road and infrastructure. He stated that we would be hard-pressed to find another health care system that has an entire engineering department that is actually building power plants and wastewater treatment facilities for other communities in their state. It is a unique attribute of ANTHC. He continued that the goal of Community Health Services is to promote health equity across the lifespan, and he talked about some of the services delivered through Community Health Services. He added that the Trust is doing a lot of work on the continuum of care with a strong emphasis on the Crisis Now model. It has also been really supportive of the State in helping usher through the 1115 Waiver and the opportunities around that. He stated that there are gaps in the continuum of care across Tribal Health organizations that mirror the gaps across the state, and we are thankful for all the work the Trust is doing.

CHAIR BOERNER stated that it was important to state that while the core funding may come from the Indian Health Service, that funding is woefully inadequate and has been chronically underfunded. She thanked them both and opened the floor for questions.

TRUSTEE HALTERMAN asked about the services provided under the umbrella and if they are currently made available to beneficiaries in rural and remote communities, regardless of race.

DR. CHIPP replied that individuals that reside in rural communities that may not be of Alaska Native heritage can access services at a tribal health organization which are oftentimes the only organization in the community. He added that it may be trickier around insurance.

TRUSTEE HALTERMAN asked if most of the rural communities accept Medicaid funding for services.

DR. CHIPP replied affirmatively, with a handful of exceptions. He continued answering questions about the status of training. He also stated that all tribal health partners have to follow State and Federal rules and regulations around service provision both for medical and behavioral health providers.

TRUSTEE HALTERMAN suggested putting the population health management toll that the Trust is using on the agenda for a visual and comparison to the rest of the country.

MR. WILLIAMS commented on the partnership with the Tribal Health System and the Trust over the years. He stated that the Trust also partnered with the Tribal Health System, Denali Commission, Rasmuson, and others to incorporate behavioral health space in clinics that are constructed around the state so there would be an integrated primary care/behavioral health care setting.

CHAIR BOERNER thanked Mr. Williams and moved to the Comp Plan update. She asked Autumn Vea for a brief overview and introduction.

### **COMP PLAN UPDATE**

MS. VEA stated that she was with the Alaska Mental Health Trust, evaluation planning officer, tasked with working on the Comp Plan efforts and supporting the Department of Health and Social Services in their efforts to update that tool. She continued that this was the regular

quarterly update and introduced Jillian Gellings from the Department of Health and Social Services Commissioners' office and Rebecca Topol with the Vital and Analytics Section of the Division of Public Health in the Division of Health and Social Services. She asked Ms. Gellings to continue.

MS. GELLINGS began with a graphic that showed the purpose, all the people, agencies, organizations that are touched by the Integrated Comprehensive Mental Health Program. She reiterated the foundational goal of making sure there are adequate resources and funding to support the comprehensive behavioral health service system, promoting independent, healthy Alaskans so they can live meaningful lives in the communities of their choosing. She talked about the recent efforts around the Alaska Scorecard, giving a good update and review of how to make the data and indicators that are tracked more meaningful with the significant changes of the original scorecard indicators. In the 2020 update, the data work group identified a need for additional subject-matter experts to assist with developing new indicators for some of the Comp Plan goals. She talked about the certain goals the different subgroups are focused on that may reformat the scorecard to make it more purpose-driven and easier to navigate. They looked at a results-based accountability form. When the Comp Plan is reviewed, a lot of the objectives and strategies are focused on performance or programmatic things and goals and strategies. In order to track data long-term, a population-health focus is important with data on the preventative efforts emphasized. She went into more detail with her presentation.

MS. TOPOL talked about the results-based accountability which is a way of thinking about what is measured in taking actions. It talks about population accountability, and then there is performance accountability which looks at how well programs do their work. She stated that, for the scorecard, the population accountability level would be observed. She went through her presentation in more detail, explaining as she went along.

MS. VEA continued that in the last quarterly update the intent was to have a Comp Plan position within the Department of Health and Social Services. She announced that that has progressed to the point where it was posted through the State of Alaska hiring system, Workplace Alaska. That posting has since closed, and the Division of Public Health is going through the interview process. She added that some of the leadership team had an opportunity to meet and greet some of the top candidates for that position; and we are excited that Public Health is embracing that position. She explained that position would be supporting herself, Ms. Gellings, and Ms. Topol, and will be the project manager for the Comp Plan to ensure that it is updated on a regular basis. She closed out the presentation with the Comp Plan in action and provided a couple of examples. She stated that the Department of Health and Social Services had sponsored some social media postings, and she shared the audio of a 30-second message that was aired.

(Audio played.)

CHAIR BOERNER expressed her appreciation and moved to the lunch break.

(Lunch break.)

CHAIR BOERNER began with an FY22/23 Trust Budget recommendations introduction which

would be an opportunity for formal dialogue. She stated that no action will be taken. She recognized Steve Williams.

### **FY22/23 TRUST BUDGET RECOMMENDATION**

MR. WILLIAMS introduced the budget process and the work that the Trust staff has done to get to this point. He explained that the Trust does a two-year budget cycle and the even year is the first of two years. The goal is to submit an approved budget to the Legislature really focused on FY22, because that is the next fiscal year. The FY23 budget is developed alongside of it. He reminded the trustees that this is two years out and there are a lot of variables that could influence what is seen. There will be an opportunity next spring and summer to look at what was approved for FY23 with more focus, detail, and with more current information. He added that the FY23 budget will be re-approved, and it takes all of that into consideration. He stated that the trustees were provided with a very comprehensive set of materials to see the amount of work done to ground the budget recommendations. The recommendations were built off of these materials; a collective work that has been going on over the course of the year. He continued that staff is constantly engaging with the work of the beneficiaries, the stakeholders, the partner agencies, the grantees, and then, through this regular and direct contact, are meeting and evaluating to identify problems. Solutions were developed with ways to implement those solutions, and, once implemented, monitoring, analyzing and adapting as necessary for success. He went through an outline of how the budget recommendations would be presented. He explained that Trust staff would provide some programmatic highlights; describe any significant changes or shifts in approach; identify any significant new budget line items or projects; and then will speak to any GF/MH recommendations that may be included.

TRUSTEE HALTERMAN stated concern about the financial stability of the State moving forward and their ability to pick up additional funding requests when looking for new revenue. She asked if there is a possibility that GF funding will not be met, therefore, having the Alaska Training Cooperative receive a reduction in funding.

MR. ABBOTT stated that is the sort of thing that needs to be thought about, and we have tried to approach GF from a Trust-centered perspective and to not ignore the State's fiscal situation but to focus on what the beneficiaries need. He explained that the training cooperative is the singular program that the Trust has essentially fully funded forever. It has been the only large granting program that the Trust has done for about 20 years, and the base funding level has not really changed during that time. He suggested exploring the possibility of reducing the Trust's level of support. We are not recommending ever fully reducing the Trust's support for this program, but just to begin to wean the program off of 100 percent Trust support, and moving to a model more similar to the typical funding model.

CHAIR BOERNER recognized Jimael Johnson to address early childhood interventions and prevention.

MS. JOHNSON stated that the primary goal of this priority area is to enhance programs that serve infants and young children, to promote the resiliency, to prevent and address trauma, and then provide access to early intervention services, all in an effort to improve outcomes for Trust beneficiaries. This work has background in many areas of the Trust, including the Bring the Kids Home Initiative, which was a focus area from 2004 to 2012. That work highlighted the

need for earlier intervention for increased behavioral health supports for children and families to prevent them from going out of state for treatment, often times for very long lengths of stay and very far away from their families and the rest of their support networks. She talked briefly about the comp plan and stated that the comp planning process was a step in the right direction for the work, helping to pull multiple sectors together around this topic. She then talked about the goals and highlighted the All Alaska Pediatric Partnership, which is one of the key systems partners in work related to children. She then moved to the goals that were really focused on early childhood and explained the different programs that are part of this focus area. The competencies of this infant and early childhood work really bolster the capacity for the existing early intervention systems. She added that these are young children and families that are either experiencing trauma, at risk of trauma, or already have identified developmental delays. This work will help raise the competency and efficacy of the workforce by building more of a cohesive network around training and access to high-quality education for the workforce. The plan is to see improved data integration to monitor the progress related to early intervention services. This will be accomplished through the projects that were referenced through YRBS and other types of data, as well as some of the good work coming out of the Division of Public Health and the partners in the epidemiology programs over there.

TRUSTEE COOKE stated that he did not believe that the statutes creating the Trust Authority identified infants and young children among the statutory beneficiaries. He continued that programs addressing need and concerning this group are important and should be the responsibility of other agencies such as the Office of Children's Services, Department of Health and Social Services, Department of Education and so forth. He requested that staff obtain a legal opinion about the propriety of spending Trust funds on programs to benefit infants and children, and whether that is within the statutory abilities.

MR. ABBOTT stated that he would be happy to work with the Board Chair to provide information, but was not sure that a legal opinion is necessary. He continued that there had been a determination in the past that the trustees were satisfied with in terms of justifying the Trust's investment in this area.

TRUSTEE DERR stated that this raised an issue that she had been concerned with over the years, and trustees have discussed it at different times. Previous staff had a strong opinion that prevention was important; and prevention is in the mission statement, as was pointed out several years ago. That is part of the mission to help prevent at the early end rather than at the back end.

MR. WILLIAMS stated that the work around intervention in which there are children and youth who would qualify as beneficiaries either because they experience autism, developmental disabilities, other cognitive impairments, maybe related to trauma, as well as traumatic brain injuries. It would be a good idea to have some more in-depth conversation around this.

CHAIR BOERNER stated it would be beneficial to share the information with all trustees, and she appreciated Mr. Williams pointing out some of the very specific areas where children and youth certainly are Trust beneficiaries. She added fetal alcohol syndrome, which definitely has beneficiaries in that demographic. Having the data and information will benefit all with regard to that. She expressed gratitude to the presenters, and recessed the meeting.



(Program & Planning Meeting recessed at 2:03 p.m. and resumed at 8:30 a.m. on July 29, 2020.)

**PROCEEDINGS CONTINUED**  
**JULY 29, 2020 PROGRAM & PLANNING COMMITTEE MEETING**

CHAIR BOERNER welcomed everyone back to the Program & Planning Committee meeting and began with a roll call. All trustees were present. She asked for any announcements. There being none, she began with the FY22/23 Trust budget recommendation presentation. She asked Katie Baldwin-Johnson to start with Mental Health and Addiction Intervention.

MS. BALDWIN-JOHNSON transitioned to the Mental Health and Addiction Intervention focus area, formerly known as the Substance Abuse Treatment focus area. She stated that this was the one focus area where support for some prevention work was incorporated, but not a lot. The main strategy historically for this focus area had been on supporting access to treatment of enhancing or expanding treatment access. The description of this focus area is at a very high level, and we want to ensure that there is access to the right services. The recommendation is to increase the level of Trust support specifically related to the improvement of the Crisis Response System and Behavioral Health Continuum of Care and really focus on FY22.

TRUSTEE DERR stated interest in tracking the investments on treatment.

MR. ABBOTT stated that staff can show what has been done, how that affected the capacity of treatment and the outcomes of that.

TRUSTEE COOKE stated that society has been dealing with the addiction problem since the beginning of time, and we will have it until the end. He continued that this is the core of what the Trust mission is, and he is glad to see the funding increase anticipated in the coming two-year budget. It is something where more information is needed.

MS. BALDWIN-JOHNSON stated that there is an understanding that the GF ask is not currently strong, and also recognizing that this lift to work on standing up the levels of programming that there is a need to make a difference in how beneficiaries are served more in the system to have an impact on creating alternatives to jail and sitting in emergency-room departments. The technology needed to be able to link and dispatch a community-based mobile crisis outreach has been demonstrated to be effective in other communities. There is a need to understand how these programs can be developed so they are sustainable and be in place to serve the communities over time. It is these kinds of programs that will have an impact on the pressures on API. This is to be a strong partnership with law enforcement, and we want these programs to be able to be alternatives.

CHAIR BOERNER stated seeing a tracking list of assignments that will be a result of this, and she welcomed trustees to send questions to Mr. Williams and Mr. Abbott for follow-up, similar to what was done previously.

MS. BALDWIN-JOHNSON completed her presentation which included the highlights of this focus area, and getting more specifically into the budget detail.

CHAIR BOERNER thanked Ms. Baldwin-Johnson, and welcomed Travis Welch for Disability Justice.

### **DISABILITY JUSTICE**

MR. WELCH thanked the trustees for the opportunity to discuss the Disability Justice focus area budget. He pointed out that the centralized competency paralegal position should be budgeted for 78.3 of MHTAAR funding in both FY22 and '23. He stated that in the disability justice focus area, the Trust works with stakeholders to limit the exposure of beneficiaries to the criminal justice systems, whether they are victims or alleged offenders. By supporting and advocating for diversion programs to divert beneficiaries out of or away from the criminal justice system when appropriate or through evidence-based programs, supports, and efficiencies to meet the needs of beneficiaries when diversion is not an option so they can navigate the system and not recidivate. This work is engaged in because Trust beneficiaries are at a higher risk of being involved in the criminal system as either offenders or victims than nonTrust beneficiaries. He continued his presentation, explaining the different programs and their budgets as he went through. These services provide the opportunities for Trust beneficiaries to live their best possible lives outside of the walls of a correctional facility and outside of the criminal justice system. He talked about the data collection analysis and dissemination of information that is vital for making programmatic funding and policy decisions at all levels of organizations and government.

TRUSTEE STURGEON asked about recidivism, and the effects from people that are released and go back to small villages throughout Alaska.

MR. WELCH replied that the recidivism rates are at a higher level than recidivisms throughout the United States; but we are moving in the right direction.

MR. WILLIAMS added that it is also important to remember that states manage their correctional systems in different ways, which affects the recidivism.

CHAIR BOERNER called a break.

(Break.)

CHAIR BOERNER welcomed the trustees back and recognized Jimael Johnson who will present the Beneficiary Employment and Engagement portion.

### **BENEFICIARY EMPLOYMENT AND ENGAGEMENT**

MS. JOHNSON stated that Beneficiary Employment and Engagement is a long-standing focus area for the Trust. She continued that the original focus area was primarily intended to develop the system of care related to recovery-oriented services. It was initially called Beneficiary Projects Initiative, and it worked to help beneficiaries receive and manage problems that focus on peer-to-peer support. In 2014, an additional goal was added to improve outcomes and promote recovery for beneficiaries to integrate competitive as well as meaningful employment. She continued going through the rest of the goals and some of the successes. She moved to a quick overview of the three-year budget summary and described the different projects as she went along. She went through some of the measurements of success and progress.

CHAIR BOERNER thanked Ms. Johnson for the great presentation. From a public health standpoint, there is a great deal of evidence out there supporting the health benefits of work and the mental health benefits of being employed. She appreciated the wisdom of the Trust making this a priority area. She introduced Mr. Abbott for a brief introduction for the next presentation.

MR. ABBOTT highlighted the role of the Trust as a funder in housing and homelessness. Staff was asked to provide some of the historical context of the Trust's role as a funder in this area. He called on Kelda Barstad to continue.

MS. BARSTAD stated that the housing focus area has a rich history from 1999 to date, as far back as the earliest recorded data base grant. The Trust has invested over \$66 million in housing, which has supported over 350 grants over the past 20 years, which amounts to about 20 percent of the financial investments made by the Trust since it began. She moved to the Alaska Housing Finance Corporation, which is the longest-standing Trust housing partner whose mission is to house Alaskans. She introduced a timeline that identified some key programs and events that occurred during this focus area history. She highlighted some of the items and stated that the housing coordinators is a significant project for the Trust. These coordinator positions take the initial risk of adding to a local budget by establishing a position and increasing the capacity of that local area to respond to and solve homelessness. Housing coordinators affect all spaces within a community and impact community well-being. She moved to the budget presentation and stated that the primary goal for this focus area is to ensure beneficiaries have access both to housing as well as a robust continuum of services so that people stay independent and are in their home and community of choosing. This focus area aligns very closely with the Trust's mission and works to prevent and reduce the institutionalization of beneficiaries. She stated that the purpose of the housing and home- and community-based services focus area aligns closely with the goals of the Americans with Disabilities Act to ensure that individuals have the right to participate in their communities and lead full lives outside of institutions. She continued that Alaska has done a lot of work to implement a variety of services for individuals, including person-care services. There are a host of waivers that support specific diagnoses, and that can include anything from transportation and care coordination all the way through assisted-living-home care. She went into more detail and continued her presentation, explaining and answering questions as she went along.

CHAIR BOERNER thanked Ms. Barstad and called a 30-minute lunch break.

(Lunch break.)

CHAIR BOERNER called the meeting back to order and stated that next on the agenda is the FY22/23 Trust Budget Recommendations Presentation Continued. This will be in the non-focus area allocations. She recognized Mr. Williams and staff.

### **FY22/23 TRUST BUDGET RECOMMENDATIONS PRESENTATION CONTINUED**

MR. WILLIAMS began with a bit of orientation and history on the title change. He talked about what the title reflects and which funds that are being requested for approval that are connected to the mission of the Trust to improve the lives of beneficiaries across their lifespan but were not focused or targeted within those focus and priority areas that were discussed in the previous

presentations. He noted that what is reflected does not include the Trust Authority Office or the Trust Land Office admin budget increments. This is purely programmatic. These funding allocations are connected around forwarding integrated health-care options, promoting wellness and independence, as well as sorting the data, the workforce capacity, and making sure the pieces are in place and building those pieces to continue to evolve, monitor and adapt the Comprehensive Integrated Mental Health Program plan. He stated that the work and partnership with the advisory boards is critical to being able to hear the needs of the different beneficiary groups around the state, throughout advocacy for policy or providing public education to reduce stigma. The advisory boards and Trust staff really work together to forward all of these efforts to improve the lives of beneficiaries. He continued and talked about the measurements of success for the projects.

TRUSTEE DERR asked who funded the traumatic brain position this year.

MS. BARSTAD replied that the position is currently being funded through a Federal grant. It has been filled part-time by a staff member at the Center for Human Development. The last year for the grant is FY21. She and staff continued answering questions on the different budget recommendations as they came along.

CHAIR BOERNER stated that next on the agenda is the next steps discussion. She asked Mr. Williams to continue.

MR. WILLIAMS stated that this had been a good conversation that led to some additional questions that trustees have posed where there are needs to get some additional information and responses for the trustees. From a staff perspective, the next steps would be to pull that information together, make some budget adjustments, and move forward with this for the end of August. After that, walking through an approval process for the FY22 budget and then a FY23 placeholder budget.

CHAIR BOERNER thanked staff and then talked with the trustees about the list and the different impacts.

TRUSTEE COOKE asked for a clarification of what staff would like by August 10<sup>th</sup>, if there are further submissions from trustees, and the scope of that.

MR. ABBOTT recommended that questions be directed straight to staff. The ultimate list of staff homework will be shared with all the trustees.

MR. WILLIAMS did a run-through of some of the questions for some feedback or clarifications before moving on.

CHAIR BOERNER stated that she had some bullet points: How is the Trust influencing accountability and utilization of best-practice models, as well as how they are encouraging coordination of care. How is the right technology or the most current technology being used. After an in-depth discussion of what staff should focus on and explain, she asked for any final thoughts.

TRUSTEE COOKE stated that Trustee Boerner did a terrific job as Chair, and we covered a lot. He thanked her and the staff.

CHAIR BOERNER also expressed her gratitude to all and stated that it was a very rich and involved conversation. She asked for a motion to adjourn.

**MOTION:** A motion to adjourn the meeting was made by TRUSTEE HALTERMAN; seconded by TRUSTEE STURGEON.

*CHAIR BOERNE accepted the motion and adjourned the meeting.*

(Program & Planning Committee meeting adjourned at 2:15 p.m.)