

ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING
January 6, 2021
8:30 a.m.
WebEx Videoconference/Teleconference

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

Trustees Present:

Verne' Boerner, Chair
Rhonda Boyles
John Sturgeon
Ken McCarty
Chris Cooke
Annette Gwalthney-Jones
Anita Halterman

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
Travis Welch

Also participating:

Jillian Gellings; Rebecca Topol; Beverly Schoonover; Kristin Vandagriff; Dr. Tamar Ben-Yosef; Gennifer Moreau-Johnson; Jerry Jenkins; Sheila Harris; Renee Gayhart; Deputy Commissioner Al Wall; Stephanie Hopkins; Tom Chard; Teri Tibbett; Ann Ringstad; Laura Russell; Farina Brown; David MacDonald; Lizette Stiehr; Marianne Mills; Tom Chard; Jeanne Gerhardt-Cyrus; Leah Van Kirk; Mystie Rail.

PROCEEDINGS

CALL TO ORDER

CHAIR BOERNER called the meeting to order and wished all a Happy New Year. She welcomed all the guests and then called the roll. Trustee Halterman had an appointment and would be late. Chair Boerner asked for any announcements.

TRUSTEE McCARTY announced that as representative-elect his position would take effect on January 19th. He continued that he planned to resign as a trustee on January 18th. He added that he would continue to be of service.

CHAIR BOERNER congratulated Trustee McCarty and looked forward to his swearing-in. She asked for any other announcements. There being none, she moved to the approval of the agenda.

APPROVAL OF AGENDA

MOTION: A motion to approve the agenda was made by TRUSTEE STURGEON; seconded by TRUSTEE McCARTY.

TRUSTEE COOKE asked for clarification about the timing of the lunch break and requested an accommodation for signing up for the COVID-19 vaccine

MR. ABBOTT recommended suspending committee activity no later than 11:45 regardless of where they fall in the agenda, and then coming back after a 30- or 40-minute lunch break.

CHAIR BOERNER asked if any of the committee had any objections. There being none, she moved to the roll-call vote.

After the roll-call vote, the MOTION WAS APPROVED. (Trustee Boyles, yes; Trustee Cooke, yes; Trustee Gwalthney-Jones, yes; Trustee Halterman, excused; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Boerner, yes.)

ETHICS DISCLOSURES

CHAIR BOERNER asked for any ethics disclosures. Hearing none, she moved to the approval of the minutes.

APPROVAL OF MINUTES

MOTION: A motion to approve the minutes of October 22, 2020, was made by TRUSTEE COOKE; seconded by TRUSTEE STURGEON.

CHAIR BOERNER called a vote for approval of the minutes.

After a roll-call vote, the MOTION WAS APPROVED. (Trustee Boyles, yes; Trustee Cooke, yes; Trustee Gwalthney-Jones, yes; Trustee Halterman, excused; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Boerner, yes).

CEO UPDATE

CHAIR BOERNER welcomed Mr. Abbott and wished him a Happy New Year.

MR. ABBOTT wished all the trustees and all listening a Happy New Year from the entire Trust staff. He also echoed congratulations to Representative-elect/Trustee Ken McCarty. The State and Legislature's gain will be the Trust's loss. He moved to the concern expressed about the status of gubernatorial appointments that had been made in late 2019 and the first half of 2020 that were subject to confirmation during the legislative session of 2020, but for whom no confirmation took place. He stated that the status of those folks had been in question at one point. He continued that the Governor determined that those appointments all remained in effect despite the language in HB 309, which was passed during the 2020 legislative session. The Legislature expressed concern about that and has sued the Governor over the status of those appointments and challenging their ability to serve until confirmed. He stated that, based on advice from the Department of Law and the Office of the Governor, the belief is that the correct path at this time is for the two trustees affected by this, Anita Halterman and Rhonda Boyles, to continue to serve as full members of the Trust in good standing, to participate in debates and decision-making without any constraints. He added that the Department of Law has expressed a high degree of confidence that the Courts will ultimately agree with the position of the Governor's Office on this matter. He continued that every other state board or commission that is affected by this is handling this in a consistent manner across state government. All board members that are affected by this will continue to serve until further notice. He made sure this was stated on the record at the first opportunity. He added that he would provide updates to the trustees as he is updated by the Department of Law on the status of the litigation. He moved to the trustee meeting calendar. He noted that the quarterly trustee meeting in January is typically in Juneau. The meeting is still scheduled for late January, but for a variety of reasons, and after discussion with the Board Chair, it was decided to hold that meeting COVID-style instead of meeting in person in Juneau. He called attention to the weekly report sent out on January 3rd with the two most recent quarterly reports. One had to do with Trust Land Office consultations that were conducted by the CEO, and the other related to grant decisions also made by the CEO. The quarterly reports are required so that trustees are aware of the decisions made as a result of the delegation of authority to the CEO. He added that the reports are also on the website for the general public and other interested parties. He then called attention to the ongoing public information campaign that began late in 2020 and will continue through May or June of 2021. This is the work that is related to the impact that the land management activity has on the program activity. He stated that the messaging is out there with the hope that it improves the opportunities to monetize the land assets and bring more resources for beneficiaries. He then moved to an update on the Governor's budget that was released for FY22 and added that it was generally supportive of Trust recommendations in most areas. He continued that the one notable exception is that the Governor proposed to directly appropriate \$10 million of Trust reserves to State programs. These are Trust resources that were not included in the trustee-approved budget for FY22. This is a significant departure from past practice and, if enacted, would be a significant change to the State's relationship with the Trust. He added that for the last 26 years, since the settlement was executed that formed the Trust Authority, the only mechanism for the expenditure of Trust assets has been an authorization from the trustees. This is a significant change and likely significant challenge to the structure of the Trust and the relationship with the State. He stated that the Trust was not consulted regarding the Governor's proposal prior to the release of the Governor's budget, and we have not been contacted by the Administration since the budget was released. In response to that, he alerted the trustees and then reached out to the Department of Law to get their assessment of the Governor's proposal and how the settlement and the Trust statutes would feel about that. He stated that he forwarded, as a form of privileged communication, the Department of Law's initial reaction to the proposal to appropriate

approximately \$10 million of Trust reserves for a variety of purposes. He added that Steve Williams will go through the Governor's budget in more detail. He stated that the details of that e-mail cannot be discussed in this forum because it is privileged. During discussion, he talked about the option for an executive session if the trustees wanted to discuss this with or without counsel in great detail.

CHAIR BOERNER stated that Trustee Halterman joined the meeting.

MOTION: A motion was made to have an executive session on Monday, the 11th of January, to discuss this in executive session, was made by TRUSTEE McCARTY.

CHAIR BOERNER asked for clarification on the motion, if this request is for a full board meeting with notice that included an executive session.

TRUSTEE McCARTY replied yes.

MR. ABBOTT stated that the charters and bylaws assign the authority for setting meetings to the Board Chair and should be in the form of a recommendation. He continued that he was not sure that a committee decision can authorize a full trustee meeting.

CHAIR BOERNER appreciated the point of order.

TRUSTEE COOKE stated his thought was to schedule an executive session at the time of the upcoming board meeting in three weeks rather than to do it sooner with perhaps insufficient notice opportunity.

CHAIR BOERNER stated that the motion would be a committee motion as a recommendation to the Chair. She continued that the motion has been introduced and put forward, and she asked if there was a second to that motion.

TRUSTEE HALTERMAN made the second to the motion, but was not bound to the date.

The discussion on the executive session continued.

TRUSTEE McCARTY made a friendly amendment to change the wording from the strict 11th to the week of the 11th; TRUSTEE HALTERMAN seconded the friendly amendment.

TRUSTEE BOYLES called for the question.

CHAIR BOERNER stated that there is a question and went through the roll-call vote.

After the roll-call vote, the MOTION WAS DENIED. (Trustee Boyles, no; Trustee Cooke, no; Trustee Gwalthney-Jones, no; Trustee Halterman, yes; Trustee McCarty, yes; Trustee Sturgeon, no; Trustee Boerner, yes).

TRUSTEE COOKE mentioned that Article 5 of the bylaws notes officers and duties. Section 6 of Article 5 states that it is the Chair's responsibility to call all meetings, preside at all meetings and appoint committee members and chairs. When it comes to special or emergency meetings, under Article 6, Section 2, they can be held at such time and place as the Chair may order, or upon the written request to the Chair of any four trustees. He noted that that was how special or emergency meetings come about. Section 3 also states that reasonable public notice of board and committee meetings shall be provided in accordance with the various statutes dealing with open meetings. He continued that he did not know how "reasonable public notice" has been interpreted, and would consult further with Mr. Abbott about that. He added that because that motion did not pass does not mean that the point was lost. He will confer and plan to schedule a special meeting.

CHAIR BOERNER appreciated the clarification. She stated that one of the concerns she had was waiting until the regular board meeting because it did not give a lot of time between the board meeting and the proposed revisions that the Governor may submit. She asked Steve Williams to present the FY22 Governor's budget analysis and joint advocacy.

FY22 GOVERNOR'S BUDGET ANALYSIS AND JOINT ADVOCACY

MR. WILLIAMS began with the memo in the committee packet addressing the trustees related to staff and partners; input and analysis of the Governor's proposed FY22 budget. He continued that there has already been some good and robust discussion about the FY22 budget. He was more specific in the analysis and pointed out where there were some key differences in what was proposed versus what the trustees approved. He gave a high-level overview of where they were in the budget process because although there is urgency here, he reminded all that this is the very beginning of a budget development process that has several steps and iterations and opportunities for change. At the tail end, he gave an update on where staff and the advisory boards were as it related to the joint advocacy priority areas and then made the connection between the high-level priority areas to the budget, to the proposed legislation that will give a glimpse of this Friday, which is the first date of prefiled legislation.

A discussion ensued.

MR. WILLIAMS stated that legislation will be talked about over the next several months, and we will keep trustees apprised of developments either at the regular board meeting or, if there is something more exigent, sooner. He then introduced Deputy Commissioner Al Wall, director of behavioral health, Gennifer Moreau, and the director of health-care services, Renee Gayhart. He continued that there was a request by the trustees to have a presentation on telehealth, particularly because there were major changes that have increased the access in light of the COVID pandemic. He turned the meeting over to Deputy Commissioner Wall.

DEPUTY COMMISSIONER WALL thanked Mr. Williams and the trustees for the invitation. He stated that COVID has done a number of things, and one of them was that telehealth has proven itself to be a very valuable mode of getting service to people in times of need. It has shown what the future could be like in certain terms of service. One of those areas is behavioral health, and another one of those areas is preventative health. He asked Ms. Moreau to continue the presentation.

MS. MOREAU-JOHNSON stated appreciation for the opportunity to speak to the trustees about the transition during the public health emergency to some flexibilities afforded through the public health emergency, highlighting telehealth. She wanted folks to know about tracking all the work that has gone on through the public health emergency to promote access to care during these extraordinary times and in the face of things like social distancing, which has had a huge impact on the delivery of behavioral health. She highlighted a couple of the activities that the Division has been able to support and began with crisis stabilization. The Division of Behavioral Health has been able to utilize CARES Act funding to mitigate the impacts of COVID and prevent community transmission through crisis stabilization services. She explained that crisis stabilization in short-term residential services through CARES funds allowed COVID-19-positive individuals, including youth, to safely isolate and receive care. She stated that the intent of those services through this fund source was to reduce the reliance on hospital beds for COVID-positive patients with acute behavioral health needs, thus increasing the hospital capacity to treat COVID patients. She highlighted some of the other areas before moving into some of the questions that Chair Boerner sent. She briefly described the questions: How has the flexibilities through the public health emergency affected the use and billing of behavioral health services; how has the quality of treatment services been affected by telehealth; how has the implementation and use of telehealth technology impacted organizations; how has this transition and service delivery impacted the community-based behavioral system; and what is the future. She explained that the information she shared came from the Administrative Services Organization and noted that they took over on July 1st for behavioral-health claims. She provided a snapshot in time, but some of the questions that are difficult to answer were related to efficacy. She moved to the top seven telehealth service categories, although it was too early to determine what the clinical outcomes were associated with the transition to telehealth, and she shared that there is more to come on this. This information drove home that people who use telehealth are needing and accessing behavioral health services. She talked about some of the claims data coming in, and about the services that had been billed through telehealth. She noted that there was a report by the Center for Disease Control that established case management an essential service in helping reduce COVID transmission in communities. This service took on a particular level of importance during the pandemic. She added that they would have to work closely with providers through the ability to collect data around the clinical outcomes associated with the services.

MS. GAYHART began with a bit more information on all providers of telehealth because there has been an incredible uptick. When the public health emergency was implemented in March, tracking the data began when telehealth was opened for all providers. She stated that there were a total of 581 providers providing telehealth in an array of office settings from hospital outpatient, clinic, PTs, OTs, behavioral health, across the whole provider enrollment base. She continued that 408 of those are new to telehealth since the public health emergency in March. The numbers went from about 100 providers of telehealth to just shy of 600. The recipient base has also gone up. Prior to March 2020 there were roughly about 1,000 recipients using telehealth. Now there are well over 23,000 people having access to telehealth. Another thing that this has done is going up in dollar value. That means that the hospital outpatient and clinic settings had facility-based services, and in the system those claims are reduced. They have also increased on the telehealth side because those services are provided from the telehealth settings. Prior to the pandemic, about \$750,000 in claims per month were paid; that is up to just shy of \$6 million per month for telehealth. It has been filling that gap and continuing access for folks that were not able to go to the facilities. There has also been a corresponding reduction in

transportation, not necessarily because of telehealth, but also that people are not flying. Certain communities are not letting folks back. This is a different phase from when the pandemic first started. She added that the expansion of telehealth has really assisted people in getting the necessary services. In moving forward, there have been a lot of discussions on a national level to think about what to do post-pandemic. It may be that some of these services will remain in place.

DEPUTY COMMISSIONER WALL stated that they are aware of and are part of the national conversation as to whether or not some of flexibilities of telehealth will be made permanent. He continued that the outcomes and data will be watched, and we will be fully engaged in the conversation around potential extensions, permanency or flexibility.

CHAIR BOERNER thanked Deputy Commissioner Al Wall, Director Gennifer Moreau, and Director Renee Gayhart for their presentations, and called a break.

(Break.)

CHAIR BOERNER asked Ms. Baldwin-Johnson to continue with the next agenda item.

CRISIS NOW UPDATE

MS. BALDWIN-JOHNSON stated that she, Travis Welch, and Eric Boyer would provide an update on the work on the efforts to move forward with the implementation of the Crisis Now framework. She acknowledged the Department and the Division as the key partners in launching this effort, adding that we are grateful for their support. She moved to the progress across the various work groups that have been established; progress with each of the community-level work groups that were engaged; and then moved to some of the opportunities that are emerging to work with the rural communities. She reminded folks of the contract procured with Agnew::Beck to provide the project management and facilitation support for this effort. With COVID hitting, the entire project plan had to be reassessed on how this work would move forward. She noted that the shift in how the work was done did not impede the progress in moving forward. She continued that the work required a lot of engagement and meetings, and Zoom became the platform for doing that efficiently. She went through the number of stakeholders that have been actively engaged in this work from the beginning. She stated that the Department and Division representatives, as well as local government and nonprofit entities, have been engaged in this initiative. The success of this project increased exponentially with passion, enthusiasm, and the commitment of all these engaged partners that helped this effort in moving forward.

MR. WELCH talked about the bridge that Crisis Now is in, the gap between community-based services and in-patient care. He explained that under this current crisis response system, Alaskans who experienced a behavioral health crisis were left with very few options for help. The Crisis Now framework bridges that gap with the goal of reconnecting Alaskans with community-based services when appropriate, and as quickly as possible. The first element of the Crisis Now model is the crisis call center. This is staffed by clinicians who start providing services right away to try to stabilize the person in crisis over the phone. The next element is the mobile crisis team which consists of a clinician and a peer-support specialist. They respond to the location of the person in crisis and work to stabilize that person. The third element, the 23-hour stabilization center, is staffed by a clinician, medical personnel, and peers. This model calls

for a lot of peer engagement. It is a high-engagement model with a goal of a quick turnaround. He moved to the list of 13 recommendations from the report that outlined certain recommendations on crisis response.

MS. BALDWIN-JOHNSON stated that the 13 broad recommendations were populated into a detailed work plan for each item. A structure for how this initiative would be approached was established. There are key work groups, addressing different components of the plan. A core project management team was established that is mostly comprised of partners, including the Trust, the Department of Health and Social Services and Division leadership, Public Safety, Department of Labor and Workforce Development, Department of Corrections, and the partner advisory boards, as well as Mat-Su Health Foundation. The intent of this group is to meet quarterly and assess progress on items in the work plan. Out of this group, a series of ad hoc work groups have been tasked with focusing on some of the targeted recommendations that are included within the 13, as well as community work groups. These groups have met and have been focused on identification of service assets and resources in the community, as well as building support for local planning and identification of interested operators. The first recommendation out of the Crisis Now Consultation Report is the need to establish some type of accountability for the system. The community-level work is establishing a local steering committee that would be tasked with shaping, guiding and helping with assessing and evaluating the functioning of the system.

MR. WELCH continued on to recommendation No. 3 which would continue the alignment of elements in support of the full implementation of the Crisis Now model in Alaska. This would include ensuring the statutes would permit involuntary admission to crisis response facilities, the facility licensure, standards that support all of the direct service Crisis Now program components. He talked about making sure that there is proper oversight of the Crisis Now services, and he moved to the policies and regulations. He explained that the goal is not to eliminate the current system, but to add to it through this model.

MR. BOYER stated that it is great working with the team on Crisis Now and addressed where the team is in terms of some of the priorities around planning. He continued, that now that the partners are in place and communicating well after a series of meetings, we need to put some of the FY21 moneys towards community planning. He added that he works with workforce and talked about how that was developing. He stated that some of the key pieces are coming into place to ensure that there is a workforce to support this program. One of the recommendations involve the rural partners and the conversations that will launch the crisis stabilization services. He then moved into technology and stated that the crisis call center is a foundational element to build on the communication connectivity of the system. He talked about the spectrum of systems that are currently in place around the country and stated that each one of the providers were met with and looked into their capability, functionality in terms of adapting to our services, and with the bandwidth issues in this state.

MR. WELCH stated that they are working with three different communities to try and implement Phase 1. He continued that they are all at different stages as far as setting up Phase 1. He then moved to the timeline for Phase 2, which is looking at 6 to 18 months for implementation. He added that the timeline is flexible and dependent upon outside factors such as the legislation where recommendations are being made that would allow for 23-hour stabilization centers to be able to hold someone there on an emergency hold involuntarily. He stated that Phase 3, which

has a flexible timeline of one year to 18 months, and is the full implementation of the Crisis Now model for Anchorage which consists of the crisis call center with the elements required by the Crisis Now model, the Crisis Now model mobile teams, 23-hour stabilization, and the short-term stabilization. This is all dependent upon the legislative changes adopted by the Legislature, finding funding, being able to bring funding to stand up the crisis call center, and taking care of any elements of funding that have not been taken care of under the existing funding.

MS. BALDWIN-JOHNSON highlighted the way all are striving to implement this framework in the communities, and that the services are intentionally designed and intentionally coordinated. It will require that organizations both operating the Crisis Now components as well as other services in the community that provide the front door, in-between door, and back door as people move throughout the system will need help to establish the agreements for how services can be effectively coordinated.

CHAIR BOERNER stated that if there were more questions about any of the presentations, to e-mail either Mr. Abbott or herself to follow up and get that information out to all the trustees. She moved to the Comp Plan update, and recognized Autumn Vea.

COMP PLAN UPDATE

MS. VEA stated that she has been working on the Comp Plan and Scorecard process for the last couple of years. She continued that this presentation was the regular quarterly update about the Comp Plan and the Scorecard. The Scorecard process is designed to measure the outcomes of the updated Comp Plan. In order to update the Scorecard, the team developed a list of over 200 potential data indicators, and we have been working through each of those data sources and prioritizing them to narrow down to a list of 30 indicators. The final 30 indicators are in the board packet. She added that this huge amount of work would not have been possible without the support and dedication of the advisory boards. She also gave a big thank you to the Department for lending their Division directors and many of their subject-matter experts to help narrow down and prioritize that list.

MS. GELLINGS explained that the Comprehensive Integrated Mental Health Plan is in statute; the Department has this plan and works closely with the Trust and the advisory boards to update and review the Comp Plan every five years. The current Comp Plan is into its second year and shows the impact that this Comprehensive Integrative Mental Health Program Plan has. She stated that the current plan, '20 through '24, has a large foundation goal with further goals -- nine goals throughout. She emphasized the fact that this plan was focused on the life span of the Trust beneficiaries. It goes from the prenatal period through the end of life and encompasses everything that a Comp Plan group can focus on, touching the lives of the Trust Beneficiaries. The foundation goal is: The State of Alaska will provide adequate resources and funding to support a comprehensive behavioral health service system promoting independent, healthy Alaskans so they may live meaningful lives in the community of their choosing.

CHAIR BOERNER called a lunch break.

(Lunch break.)

CHAIR BOERNER continued with a roll call and stated that Trustees Boyles and McCarty were not yet present. She stated that she was glad that the State of Alaska decided to open up the

vaccinations for those 65 and older. It is a lifesaving act, and she applauded it. She appreciated the interest of the trustees in wanting to honor that. She continued that Ms. Gellings was not back yet, and recognized Rebecca Topol.

MS. TOPOL stated that she was the acting chief at HAVRs, Health Analytics and Vital Records. She is working on the data part of the Scorecard.

CHAIR BOERNER stated that Trustee Boyles has joined the meeting.

MS. TOPOL explained that the Scorecard had been used by policymakers, advocates, other people looking for measures since it started. It had been updated to reflect the new “Strengthening the System” plan. She stated that this is the results-based accountability format in clear and easy-to-understand language. She went through her presentation, explaining as she went along.

MS. GELLINGS went through some of the specific indicators selected for the new updated Scorecard. She talked about how the indicators were selected and how they were combined together as a whole to showcase the continuum of care, which is the focus and intent of the updated Scorecard. She continued that through the data available on the 2020 Scorecard the hope is to be able to address the gaps in the system, focusing on the results-based accountability framework.

MS. VAN KIRK discussed the brand-new indicator and then addressed the other indicators selected that focused on suicide prevention. She stated that the use of syndromic data can provide an important picture about how to prevent crisis or provide services for individuals that are struggling with suicidal ideation or have attempted suicide. It can also help develop strategies that address access and fund prevention and intervention strategies targeting specific demographics and vulnerable populations that emerge from evaluating syndromic data. She continued that it was important to have a comprehensive suicide prevention system to address not only risk factors that represent those who have died by suicide, but also those struggling with ideation. With Alaska being very diverse culturally and geographically, providing this data on the Scorecard will provide organizations doing this work a targeted approach based on the specific risk factors identified through the use of syndromic data.

MS. GELLINGS moved on to Goal 6, and continued with a case of that continuum of care. She focused on services in the least restrictive environment and talked about Objective 7.2 in the Comp Plan, which is to “increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement.” She stated that there have been many efforts to continue making placements in the least restrictive environments, and that goal has been carried through the Comp Plan many times over, and is also reflected in many places in the Scorecard.

MS. VEA continued that they have begun reviewing and evaluating different electronic Scorecard products and are optimistic about a better update for the next Program & Planning meeting.

CHAIR BOERNER stated appreciation for the presentation and quarterly update. She moved to the next section, and asked Mr. Williams to do the introductions.

COVID-19 IMPACTS, BENEFICIARIES, AND ORGANIZATION

MR. WILLIAMS stated that the trustees requested a continual update of the impacts of the pandemic for individual beneficiaries and for the organizations around the state that serve them. He continued that staff reached out to the broad-based provider organization associations, and he introduced Lizette Stiehr, Tom Chard, and Marianne Mills to present this update.

MS. STIEHR stated appreciation for the opportunity to talk to the trustees about the impact COVID has had on the developmental disability provider world. It was incredibly impactful, and the Trust support made a lot of difference. She continued that the biggest impact was on workforce and a decrease in employee applications. Quarantining has limited the available workforce. People quit their jobs because of home-schooling, childcare and providing services at home. There has been overtime stress in that people are working additional hours and then have to deal with home life. The second biggest piece is the huge financial shortfall and a huge loss in the provider world around day habitation not being offered around families. She added that CARES funding has been helpful from the payroll protection program to the grants available in Alaska. That funding has been long gone. Beneficiaries and staff are worn out and fatigued from no information and no outside activity. She stated that, out of this crisis, the Trust and Alaska Community Foundation have helped them look at the workforce from a different perspective. She profoundly thanked the Trust.

MR. CHARD stated that a lot of the challenges faced by the direct-service professionals are also experienced by the behavioral health system. He added that there is a lot of overlap in some of the challenges and struggles and opportunities faced. He continued that he is the CEO of the Alaska Behavioral Health Association with a little over 70 members; mental health and substance-abuse-treatment providers. He talked about the impact on the providers of COVID; the impact on the clients; the Trust beneficiaries and people served; and he gave a peek at the economic reality on funding. He asked the trustees for support in the long run as the COVID response and secondary responses are addressed.

CHAIR BOERNER thanked Mr. Chard, and recognized Marianne Mills.

MS. MILLS stated that she was the program director of Southeast Senior Services and oversees a variety of services for people aged 60 and older throughout Southeast Alaska. She continued that she was elected to serve as the president of AgeNet, which is Alaska's association of senior service providers. AgeNet currently represents over 30 members; 20 are agencies that provide community-based services, home-based services, nutritious meals, transportation, case management, adult day services, chore, and respite. In addition to the 20 senior centers throughout the State of Alaska, the members also include two aging and disability resource centers, the Older Persons Action Group, Alaska Training Cooperative, and some individuals with a keen interest in the senior citizens in the state. She explained that the most common impacts to the organizations were the suspension of group activities such as meals at the senior center, adult day services, health promotion programs and exercise classes like tai chi. The number of home-delivered meals have tripled, and much of the office staff have shifted to working from home. She continued that there is stress related to personal situations, worries and the isolation of the elders. The isolation of even healthy older adults during this time has accelerated their decline, both mentally and physically.

CHAIR BOERNER thanked Ms. Mills and opened the floor for questions. After a short discussion, she invited trustees to send follow-up questions, and moved to the presentation on fetal alcohol spectrum disorder.

FETAL ALCOHOL SPECTRUM DISORDER

MR. BALDWIN stated that he has worked within the area of fetal alcohol spectrum disorders and provided an overview of fetal alcohol syndrome and fetal alcohol spectrum disorders. After the overview, he moved to a conversation with Lanny Mommsen at the Governor's Council on Disabilities and Special Education who coordinates a lot of the FAS- and FASD-related activities that the Council is engaged in. Fetal alcohol spectrum disorders are a spectrum of birth defects that are caused by exposure to alcohol during pregnancy. The alcohol exposure is the only thing that is known to cause the specific symptoms related to FAS or FASD, and they are formal medical conditions. He asked Mr. Mommsen to continue.

MR. MOMMSEN talked about the history of the Council and FASD. He explained that the Council is a developmental disability council for the State of Alaska, and the work is informed by the overall five-year plan. The plan has a specific objective under the Community Choice services and supports with respect to specific work around improving access to services through early identification by universal developmental screening and supports for Alaskans with autism and FASD. He stated that the Council created an FASD work group which has been made up of three to six Council members, depending on the timing, as well as 40 community partners. There are partners from around the state -- family members, individuals with FASDs, and many organizations that work with FASDs, including Stone Soup Group, the Trust, FASCS, and many others. He talked about how the five-year strategic plan was developed with six priority areas: Primary prevention of FASDs; screening for and diagnosis of FASDs; early childhood education; systems transformation and navigation for youth and adults; workforce development; and community outreach and engagement. This plan is from year 2017 to 2022, and we are currently in the fourth year of the plan. The full work group meets quarterly, and individual priority areas meet on various schedules. He continued that in moving forward they will continue with Years 4 and 5 of the strategic plan, and we are looking forward to incorporating FASD into the next Council five-year plan, which is currently being developed.

CHAIR BOERNER thanked him for his presentation and asked Mr. Baldwin to continue.

MR. BALDWIN introduced Jeanne Gerhardt-Cyrus.

MS. GERHARDT-CYRUS stated that she is from Quiana and knows about this issue firsthand, having children with prenatal exposure; and, also, professionally as an educator both in special ed and the K-6 classroom, and through the developmental disabilities program where she served as the case manager and coordinator for the program in Maniilaq, and for the Traumatic and Acquired Brain Injury Program. She served in the Governor's Council for Disabilities and Special Education since 2021 and is currently serving on the Special Education Services Agency as the chair. This is an agency that received some services in terms of school services. She added that she is also a trainer for FASD into Action. She focused her presentation on rural issues because her voice is the voice that says to try it in the rural areas first because if it works there, it works anywhere. One of the big issues in the rural areas is families dealing with the isolation, and she talked about the academic issues for people with FASD. She continued her presentation and talked about FASD and her experiences in more detail. She stated that this is an

important issue and, in the magnitude, it is expensive in our state. Not only the individuals that are impacted, but the families and the next generation is impacted because the successes or failures that individuals have do impact the next generation. She thanked all for addressing this important topic.

CHAIR BOERNER stated appreciation for the full and detailed presentation and appreciated knowing what the Governor's Council is doing on this. She called a ten-minute break.

(Break.)

CHAIR BOERNER called everyone back and recognized Kelda Barstad to provide her presentation.

ASSISTIVE TECHNOLOGY

MS. BARSTAD stated appreciation to the Program & Planning Committee and the trustees for the time to talk about how and why the Trust is involved with assistive technology. She stated that assistive technology is a general term for any technology designated or designed to improve the quality of life for a person with disabilities so that they can function in the best way possible and maintain their independence. She continued that, throughout the plan there is a call for increasing and improving access to health care, behavioral health care, early intervention, suicide prevention and home- and community-based services. In Goals 7 and 9, there are strategies that identify the need to implement technology to deliver services and provide support to Trust beneficiaries through assistive technology, which helps to solve problems that are faced in the service delivery system, including workforce shortages, transportation shortages, and general access to care across communities. She continued that because of the many benefits to implementing assistive technology, the Trust has supported several projects that use or give access to assistive technology over the years. One of the primary programs is through the GF/MH recommendation for the Medical Appliances in Assistive Technology Project. There are also focus areas and partnership grants that support assistive technology which include the Enabling Technology Project that the Statewide Independent Living Council manages, as well as the Tech Response Program. In addition, the Trust has supported putting systems and devices in place so that people can receive distance-delivered services. She introduced Mystie Rail, the executive director of Assistive Technology of Alaska. She has been with ATLA for 15 years and has been leading her team for the last eight years to develop the only comprehensive assistive technology project that provides complete wrap-around services to Alaskans of all ages and abilities.

MS. RAIL stated that ATLA is a private nonprofit funded through Federal, state and private foundation funding. To her knowledge, this is the only agency that provides services statewide. Before COVID, they were doing about 120 to 140 community trips a year, and now are everywhere all at once. Those services are provided to every Alaskan that experiences any kind of disability or impairment, whether it is medically diagnosed or not, and for any age as long as they live in Alaska. She continued to a challenging topic which is risk mitigation, online safety, cybersecurity. It is an area in the AT field that is needed to try to safeguard the people that are supported. She added that in September 2020 there were 9.7 million health-care records compromised because of hacking and data breaches. A report released in June 2020 projected that by 2025 almost 50 percent of all data will be in the cloud. Just this year alone, there were 31 billion connected devices on the market. This is scary, but also incredibly helpful. She went

through ATLA's approach and stated that they provide security cameras if needed, but those systems are intended for security. It is not the role of artificial intelligence to augment care and to stand in for the presence of caregivers. She continued that ATLA tests the inputs of every single device process before recommending it to a client or a caregiver. Education is important, making sure every single effort possible to scale cybersecurity technical assistance while still maintaining the quality of service. She moved on to future goals to find new pathways for onboarding for less experienced professions. Another goal is to create some community hubs that can provide digital safety services to build the capacity and help with potential emergency response when someone's system goes down.

CHAIR BOERNER appreciated the presentation and asked for a motion for adjournment.

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

After the roll-call vote, the MOTION WAS APPROVED. (Trustee Boyles, yes; Trustee Cooke, excused; Trustee Gwalthney-Jones, yes; Trustee Halterman, yes; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Boerner, yes.)

CHAIR BOERNER thanked all, and adjourned the meeting.

(Program & Planning Committee meeting adjourned at 3:57 p.m.)