

ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING
October 20, 2022
8:30 a.m.
WebEx Videoconference/Teleconference

Originating at:
3745 Community Park Loop, Suite 120
Anchorage, Alaska 99508

Trustees Present:

Verne' Boerner, Chair
Brent Fisher
Anita Halterman
Rhonda Boyles
Kevin Fimon
Agnes Moran
John Sturgeon

Trust Staff Present:

Steve Williams
Katie Baldwin-Johnson
Carol Howarth
Miri Smith-Coolidge
Kelda Barstad
Michael Baldwin
Eric Boyer
Valette Keller
Autumn Vea
Allison Biastock
Luke Lind
Debbie DeLong
Travis Welch
Jimael Johnson
Carrie Predeger

Trust Land Office Staff Present:

Jeff Green

Also participating:

Dr. Adam Grove; Lucy Cordwell; Andrew Hinton; Lenise Henderson; Sharon Fishel; Pat Sidmore; Meridith Griggs; Sara Clark; Julia Luey; Patrick Reinhardt; Lesley Thompson; Beverly Schoonover; Josephine Stern; Josh Arvidson; Sarah Koogle; Karl Soderstrom; Kara Nelson; Miyuki Sato-Yazaki; Katie Jacques.

PROCEEDINGS

CALL TO ORDER

CHAIR BOERNER called the meeting to order and began with a roll call. She stated that there was a quorum and asked for any announcements. She announced that the Alaska Mental Health Trust Authority was seeking applications to join the Board of Trustees for her position. She shared that she would not be resubmitting her name for consideration due to her studies in seeking her PhD. She hoped for a large swath of applicants that were very representative of the Trust beneficiaries also represented across the state. She asked staff to include the link to the announcement online.

APPROVAL OF THE AGENDA

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

After the roll-call vote, the MOTION was APPROVED. (Trustee Sturgeon, yes; Trustee Moran, yes; Trustee Halterman, yes; Trustee Fisher, yes; Trustee Fimon, yes; Trustee Boyles, yes; Chair Boerner, yes.)

CHAIR BOERNER asked for any ethics disclosures. There being none, she moved to the minutes of July 27-28, 2022.

APPROVAL OF THE MINUTES

MOTION: A motion to approve the minutes of July 27-28, 2022, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORAN.

After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fisher, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Trustee Sturgeon, yes; Chair Boerner, yes.)

CEO UPDATE

CEO WILLIAMS stated that the Mental Health Trust Authority Improving Lives Conference held at the end of September was a huge success. There were over 350 attendees, and we circulated a survey to get feedback. He thanked the trustees that were able to attend. One of the keynotes was done by the CEO of NAMI, Dan Gillison, and his chief medical officer, Dr. Ken Duckworth. Dr. Duckworth wrote a book which he talked about, and he mentioned that if the trustees would like a copy, they are available. The book is about his psychiatric experience paired with over 125 individuals with lived experiences who are quoted throughout the book. The next topic was about the upcoming legislative session, the changes in makeup of the Legislature, and what will be done to prepare for that. He continued that the Trust will be actively recruiting for two trustee seats for Trustees Boerner and Halterman. Trustee Halterman was confirmed to fill an existing seat, and that term is completed. That seat is up for reappointment or appointment for a new five-year term. As per the statutes, if there is a desire to serve another five years, the process has to be gone through again. Trustees are appointed by the Governor, and then confirmed, again, by the Legislature. The information about how to apply to be a trustee was on the Trust website. In terms of other Trust operations, the position announcement for the program officer closed on Monday and he looked forward to starting that

interview process and filling the seat vacated when Eric Boyer was promoted to senior program officer. He continued that work related to Crisis Now is in process. Staff was also working with the Alaska State Medical Officer, Dr. Anne Zink, to think about how to provide opportunities for hospital leads, particularly the leads in emergency departments and psychiatry departments, and then the direct clinical staff in those areas to bring them up to speed on this transformation and how to respond to a person in behavioral health crisis. Also, to glean information through their lenses about what is being seen as the high needs; and for ways to improve response time, communication, connection, referrals, things of that nature. The Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse had their quarterly meeting in Fairbanks. Staff went up there and presented the FY23 budget, and the FY24 recommendations that were approved by the trustees. They also met with the Alaska State Troopers to expand dispatching mobile crisis teams out beyond the City of Fairbanks. It was a very productive meeting, and we have the trooper dispatch in Fairbanks engaged and working with the City to be able to broaden the reach and response. He moved to the Governor's Council and their retreat held in Girdwood to help their members and bring them up to speed on how the work of the Governor's Council and the Trust are linked; and the importance for them to provide feedback, advice and recommendations of the needs of individuals with intellectual and developmental disabilities to help guide policy and funding decisions.

CHAIR BOERNER invited Ms. Barstad to provide introductions and opening statements regarding the TBI presentation.

TRAUMATIC BRAIN INJURY

MS. BARSTAD stated that the Trust has been engaged in policy development, advocacy, and program support for people living with brain injuries for many years, in partnership with the Alaska Brain Injury Network, now the Brain Injury Association of Alaska. She stated that there were a lot of myths around brain injury and brain injury treatment, and it can be a bit of a puzzle to get screening and diagnoses in place. There have been significant advances that have occurred with brain research, knowledge, interventions, rehabilitation and ongoing support for beneficiaries with brain injuries. She introduced Dr. Adam Grove, an active advocate for people with brain injuries in Alaska for many years. He has his own medical practice and will provide an overview of brain injury to start the conversation. She thanked him for taking time from his busy clinical schedule to talk with us.

DR. GROVE stated appreciation for everyone being there and for the chance to talk about brain injury. He continued that he was also a brain-injury survivor, and has a lived-experience as a Brain-injury survivor. He added that he had spent 13 years in the military and has also seen the other side of the picture, as well. He is a Canadian citizen and has seen how medicine works on the other side of the border. He continued that because he sees so many different things, he has been frustrated for many years about brain injury and how people respond to brain injury in the state. He has been more optimistic than ever due to a number of efforts underway, largely supported by the Trust. He thanked the Trust for funding a nonprofit he started called the Alaska Brain Bus Project, which is actually The Brain Bus. He stated that the easiest way to understand a brain injury is that something happens to the brain, and it does not work the way it used to. He continued that there were many different types of brain injuries. A traumatic brain injury, TBI, is a subset of acquired brain injury that comes from some external forces. There is a need to think about brain injury as a primary problem. It is the root cause of the differences in behavior,

problems with speech, problems with walking and all those types of things. He added that secondary problems were very extensive. The economic costs and the human costs are devastating. Brain injury basically leads to social failures; things that do not allow focusing or performing socially. He stated that one of the important pieces for people to receive services for brain injury was that they need to be identified as having brain injury which is often misdiagnosed as having attention deficit disorder or bipolar disorder. He talked about the silver tsunami, from 2010 to 2050. There will be an overwhelming number of people that will be diagnosed with age-related dementias like Alzheimer's. He added that there is no capacity to deal with them now, much less as they get older. Something needs to be done. He stated that every brain injury is different. The motto of the brain injury treatment world was that once one brain injury is seen, there was only one brain injury seen. He continued that Alaska has the highest rate of traumatic brain injury in the nation, and they are not being identified. There are so few resources to help them, and the ones they have are not adequate. Research is needed and people need to be screened. He continued that there are lots of resources out there, and they need a place to be housed. As part of The Brain Bus Project, a website was created to get out information about the resources. It used to be housed in the Alaska Brain Injury Network, but all of those files were lost. There is a need for someone to centralize the information. There is a need for people to work with people with brain injuries, and we need a long-term plan to develop those people.

TRUSTEE HALTERMAN asked him to explain about the Alaska Brain Bus.

DR. GROVE replied that he talked about getting a bus and driving around the state to different communities to build resources and bring them in. He stated that a guy from California donated a bus, and he got it shipped here, and he is now behind the clinic. The Brain Bus is a 1967 Blue Bird bus. It will be at the fair next year, at health fairs and various places. It cannot get out to many places in Alaska because it is a bus, but it is a physical manifestation of action that has been very helpful.

TRUSTEE BOYLES stated that she sensed the doctor's frustration and that what he is trying to do is critical to the future of Alaska, but is overwhelming. She asked him what would be the next most important thing he sees that needs to be done.

DR. GROVE replied that the biggest things are getting people trained; medical providers and allied medical providers. Brain injury treatment is not rocket science, but it is basic hard work.

CHAIR BOERNER asked Ms. Barstad to introduce the next presenter.

MS. BARSTAD stated that Katie Jacques is the clinical director of therapy services for Southcentral Foundation and the acting ANMC liaison for the Traumatic & Acquired Brain Injury Advisory Council. She and her colleagues at Southcentral Foundation reviewed the statistics for brain injury for Alaskans, specifically looking at the incidents of Alaska Native people.

MS. JACQUES stated that she was a physical therapist by practice and her objectives were to share some data from the Alaska Native Medical Center specific to the Native population compared to the rest of the state for people that suffer from traumatic brain injury. She gave an

overview of a grant received and how they plan to start to perform an in-depth analysis for traumatic brain injury. She then talked about the current traumatic and acquired brain injury initiatives. She discussed some of the community partnerships that will continue to grow to achieve some of the goals. She thanked the Alaska Mental Health Trust for working with the Alaska Native Medical Center and the grant opportunity to better serve the community and the state for people who do experience TABIs. She also thanked the TABI Advisory Council for helping network, share resources, and learn. She added that she just joined the TABI Advisory Council this past spring, and that the goals this first year would be to yield the data needed to continue to understand how to better serve this population; to establish processes for case identification, screeners for new TABIs, and existing ones within the health-care system; to help establish clinical pathways for the state; to provide staffing models to help with financial projections; to help develop educational information for health-care providers reaching out to medical extenders, who also can help share the information with the rural communities; networking with CHAP, which is the Community Health Aide Program at Alaska Native Tribal Health Consortium, and other support networks; and really leaning on each other to help with the community partnerships. She shared a video.

(Video played.)

MS. JACQUES continued that the Alaska Native Medical Center received a four-year grant for the Southcentral Foundation which is a hometown initiative, Unintentional Injury. Substance use will be addressed in year 2. She continued that one of the rewarding parts of being part of the TABI Advisory Council was building a community partnership. They include coming together to collaborate with the ANTHC injury prevention group; the wellness and prevention group; the tribal epicenter, including lead epidemiologists and injury epidemiologist specialists; the Alaska Native Tribal Health Consortium's trauma program register; state of Alaska prevention programs; Providence Hospital regional rehab director and other leadership; University of Alaska Anchorage where the TABI Advisory Council is housed; National Association of State Head Injury Administrators; the Mental Health Trust; Medicaid and waiver groups; and the Concussion Legacy Foundation. She added that future aspirations include financing a successful and sustainable outpatient traumatic and acquired brain injury program, not just for the Native population at Alaska Native Medical Center, but in partnership with the community and TABI Advisory Council, and others, to establish evidence-based continuing care for all Alaska residents experiencing a TABI. She thanked the trustees for their time and stated that her first job was to start up a concussion clinic outside the Boston region, and she felt that her passion has come full circle with being one of the four people helping run this at the Alaska Native Medical Center.

CHAIR BOERNER thanked Ms. Jacques and asked Ms. Barstad to introduce Ms. Cordwell.

MS. BARSTAD stated that Lucy Cordwell is a research professional for the Center for Human Development., the agency that hosts the Traumatic & Acquired Brain Injury Council. Developed through this council is the Alaska State Plan for Brain Injury. They work toward implementation of the goals and activities identified. The State Plan is current through fiscal year 2025. In partnership with the Division of Public Health, both agencies have been awarded some amazing grants to further the work of brain injury in Alaska. She continued that Ms. Cordwell helps facilitate the TABI Advisory Council and its active committee schedule, among her many other

projects. She thanked her for presenting.

MS. CORDWELL stated that TABI stands for Traumatic and Acquired Brain Injury, and the requirement for the council is to have at least 50 percent of the people on the council as individuals with lived experience of brain injury, and there are also family members and a lot of providers that provide valuable input. She walked through the five-year State Plan for Brain Injury. She described the three grants at the UAA Center for Human Development focused on brain injury. There were two Federal grants: One of them is the Expanding Public Health Workforce Grant that is focused on peer support; the other is the TBI State Partnership Program Grant with required and extra goals which overlap with the State Plan. She continued that the third grant is from the Trust and was used to pay for a full-time staffperson to work with the TABI Advisory Council. They coordinate all of the meetings; the subcommittees; and try to move the State Plan goals forward. They were hired in January, and the amount of work done with having this dedicated person has been phenomenal. She then went through some accomplishments that different agencies have done around the state. The Concussion Legacy Foundation, funded by the Trust, has created a resource list of providers and recently did a survey to find what training needs were needed for providers in Alaska. They will also offer free continuing medical education courses on brain injury. She mentioned that one of the main goals at ANMC was to create a career track for the Native population in the continuum of care for education for a trauma therapy aide or therapy tech.

CHAIR BOERNER thanked all of the presenters and asked Ms. Barstad for some brief closing words.

MS. BARSTAD stated that the brilliant presenters covered much of the material she planned to bring to the trustees' attention. She continued that the TABI Advisory Council is a volunteer council for the State and is not a Governor's council. It is not funded by the State. The Center for Human Development volunteered to host this council because another home could not be found for it. There is definitely work to be done to bring this information and this advocacy to a greater statewide level. She thanked all for their time.

CEO WILLIAMS talked about the overlap between the work of the focus areas, as well as the work in the nonfocus areas. The Trust is engaged in funding as well as participating in this council in a number of different areas. He noted that the booking form that the Department of Corrections used to screen individuals coming into a correctional facility did not include a question about traumatic brain injury. He continued that it was through the work of the Trust and the partnership with the Department of Corrections that the form was updated to not only include a question about traumatic brain injury, but also some other questions so that when someone is going through the medical health screen assessment, the key information is captured. This was an example of how the work is not just funding-related, but can also be policy-related, as well.

CHAIR BOERNER stated appreciation for tying that together and moved to a break.

(Break.)

CHAIR BOERNER called the meeting back to order and moved to the updates on the

Governor's Task Force which included the Governor's Advisory Council on Opioid Remediation, Alaska Council on the Homeless, and the Governor's Council on Human and Sex Trafficking.

GOVERNOR'S TASK FORCE

GOVERNOR'S ADVISORY COUNCIL ON OPIOID REMEDIATION

MS. BALDWIN-JOHNSON explained that the Governor's Advisory Council on Opioid Remediation was established in response to the opioid pandemic, and in anticipation of recent settlement funds to the State of Alaska. The Alaska Council on Homeless and the Governor's Council on Human and Sex trafficking both were included in the Governor's People First Initiative, which focused on the five intersecting areas of public safety concerns. She noted that Trustee Halterman represents the Trust on this council. In October of 2021, Governor Dunleavy established Administrative Order 324 to create this council mainly due to the tragic impact of the opioid pandemic on Alaskan families across the state. Alaska experienced the largest percentage increase in overdose deaths of any state, with a tremendous impact on the beneficiaries. She continued that the Council was tasked with reviewing expert information on this issue, hearing from individuals with lived experiences. The Council concluded their discussion and development of recommendations, and a report was public-noticed as a draft in September of 2022. The final report with recommendations is in the process of being finalized and will be published and submitted to the Commissioner of the Department of Health by December 1, 2022. She asked Trustee Halterman to continue.

TRUSTEE HALTERMAN stated that most of the public comments that were made were already captured by the work product and were responsive. There was some confusion about the scope of the project, so some of the comments were asking for financial restoration of certain funds for folks that were harmed. She continued that those things were not within the scope of the project, and that was discussed during a public meeting. She talked about losing her daughter on March 19, 2021, to opioid addiction and had not realized the importance of those shared experiences, and the impact on the public. She added that she heard from folks after that meeting about how impactful those comments were. She stated that this work is especially meaningful to her because it can be prevented. She thanked the staff at the Trust for the work they did. It had been an extremely meaningful board. There had been a lot of work that was professionally done, and the dialogue was very meaningful.

CHAIR BOERNER thanked Trustee Halterman for sharing, and stated a deep sympathy for her loss. She moved to the Alaska Council on the Homeless and recognized Ms. Barstad.

ALASKA COUNCIL ON THE HOMELESS

MS. BARSTAD stated that the Alaska Council on the Homeless is a reconstituted council. It was first formed in 2004, and then formalized and made permanent in 2007. It was placed with the Alaska Housing Finance Corporation. It took almost five years to get a full plan in place after that permanent placement was made. It was no easy task to come up with a plan on how to tackle homelessness in Alaska. She continued that the most recent administrative order placed it as one of the People First Initiatives. Trustee Halterman is also the trustee representative for this council. She explained that the range of duties and responsibilities are vast. They've established some committees, but are still in the process of discussing recommendations. She added that being strategic and selecting recommendations that would be a catalyst for change is very

difficult, and the Council will need more time before having some of those formal recommendations in place. She noted that Trust beneficiaries are overrepresented in homeless populations. Individuals who become chronically homeless are virtually 100 percent Trust beneficiaries.

TRUSTEE HALTERMAN added that Ms. Barstad did a great job explaining and that there is still some need for public notice with regard to the subcommittees that had been assigned for this council. She stated that a lot of education and a lot of questions need to be answered before finalizing the rest of that work product.

CHAIR BOERNER moved to the next report from the Governor's Council on Human and Sex Trafficking. She stated that she had the honor of working with Travis Welch on this council, and asked him to continue.

GOVERNOR'S COUNCIL ON HUMAN AND SEX TRAFFICKING

MR. WELCH stated that this council came about due to Administrative Order 328 focusing on human and sex trafficking in Alaska. This looked at different elements of a crime. Human trafficking focuses on the labor side of the issue: looking at individuals forced, via fraud or coercion or threats of violence, to provide labor or services to the perpetrator. On the sex trafficking side, the same elements are being looked at: being forced or coerced, threats of violence to provide sexual acts for monetary gain to the perpetrator. He added that the Council was set forth to look at the gaps and to address this issue in Alaska, and to submit a report to the Governor with eight recommendations on how to address this issue. It was a wide range of individuals looking at this issue: law enforcement, advocates, service providers, tribal entities, and other state organizations. He went through some of the recommendations that were submitted in the report. What stood out for him was the prevalence of Trust beneficiaries becoming victims of human and sex trafficking. The report was submitted, and we are currently waiting for it to come back before it will be made public.

CHAIR BOERNER stated that this was a very engaged and very well attended council overall. She thanked Mr. Welch for serving as her proxy when she was not able to attend meetings. There would be more on this once the Governor and his administration have had the opportunity to review and respond to the recommendations. She asked for any questions.

TRUSTEE HALTERMAN thanked Chair Boerner for serving in the role on that board. It was extremely meaningful to have her in that role, and she stated appreciation for the amount of work she put into it.

CHAIR BOERNER stated that she would love to work with another trustee interested in serving.

TRUSTEE MORAN stated that she would be interested in the council.

CHAIR BOERNER invited Andrew Hinton and Lenise Henderson to the table and asked Ms. Barstad to provide the introductions.

SITKA HOMELESS COALITION

MS. BARSTAD began with some background on the partnership with the Sitka Homeless

Coalition, which began in 2019 when the Trust was contacted to fund an overnight winter shelter. She stated that the community had a very successful program connecting chronically homeless to help with access to laundry, shower and hot food. In implementing the winter overnight shelter, the coalition was unable to find a rentable space. They had funding, a vision, but no usable place for the shelter. Toward the end of 2019, Gayle Yong, then director of the Sitka Homeless Coalition, placed an inquiry to use Trust land for that more lasting solution to homelessness. They submitted a land-use request with a vision for using the Trust land in Sitka for a tiny-houses project. She continued that it had been an incredible year for this project. An operations plan was developed, and they fundraised like crazy. She introduced Andrew Hinton, the new executive director of the Sitka Homeless Coalition, and Lenise Henderson, from the professional development company, to describe the formalization of the coalition, and the phenomenal partnership-building and fundraising that occurred over the past year.

MR. HINTON thanked Ms. Barstad for that introduction and stated that he had been working with the coalition for a little over a month. He noted that he had been working in housing since he was in university. He worked for the Center on Poverty and Social Policy on Federal housing policy research, and then worked in Anchorage at the Cook Inlet Housing Authority. He stated that he was joined by Lenise Henderson, an invaluable member of the team for over the last year. He talked about the Sitka Homeless Coalition and the early years with a small budget and scope of work. The people served experience homelessness chronically, finding it impossible to find permanent housing. Currently, there are about 12 to 15 Sitkans currently experiencing chronic homelessness, and 100 percent of these individuals are Mental Health Trust beneficiaries. He asked Ms. Henderson to talk more about the Hitx'i Saani Project and the tremendous amount of progress made this year.

MS. HENDERSON stated that, it was important for everyone to know that this project was built in with a good leadership structure. This was a priority of the health summit which got a huge amount of support and enabled a large amount of volunteers. Over a dozen volunteers meet every Friday, and there are three standing committees: policies, procedures and fundraising. She went over the members of the board of directors, which is a healthy and active board. She went through the funding lists and moved through the construction timeline; a groundbreaking goal in the spring; work on the project next summer; and a move-in date of October. The basic cabins are small, tiny houses with 12 units and a caretaker cabin planned. There is also a community room planned with a small commercial kitchen, and the hope for meal service and nutritional classes. The big hope was to use the local assets and strengths for sustainability. Sitka has a wealth of very well-developed programs, and we have several letters from organizations who formally support this effort, with many of these people currently sitting on the committees. Sitka is a small community of about 10,000 people on an isolated island. Everything is close together, and most of the people are within minutes of where the project will be built. Part of the goal is working closely with these partners in order to keep the project strong even after the construction is finished.

TRUSTEE MORAN thanked them for all the work being done on behalf of the homeless population. She asked about transportation and accommodating getting these folks back and forth to necessary resources. She also asked about accommodations for handicapped people.

MS. HENDERSON replied that Sitka has a small public bus system, and the stop right now is by

the Post Office, a few blocks from the property. SEARHC Center has a fleet of vans, and they provide transportation for many of their clients. She continued that the plan is doing ADA accessibility on a portion of the cabins; the number yet to be determined.

CEO WILLIAMS stated appreciation for the update and added that the TAO and the TLO are actively working with the coalition on the best approach for identifying how Trust land can be part of the overall project, in addition to the work already done in the planning and development.

CHAIR BOERNER thanked the presenters for the very well done presentation.

CEO WILLIAMS wrapped up the conversations about the task force and councils and added that he had given CEO updates in his weekly report to trustees. It allows staff to participate in a variety of different work groups and committees, and also allows the opportunity to advocate for the beneficiaries in the conversations. It also allows opportunities to talk about the work of the Trust and how the Trust can partner in solutions moving forward.

CHAIR BOERNER thanked CEO Williams and called a break.

(Lunch break.)

CHAIR BOERNER invited everyone back to the table.

MS. BALDWIN-JOHNSON stated they were ready to move into the approvals part of the agenda.

CHAIR BOERNER asked for someone to enter into the record a motion for the approval.

MOTION: The Program & Planning Committee recommends that the Full Board of Trustees approve a \$801,039 FY23 Mental Health & Addiction Intervention focus area allocation to Anchorage Community Mental Health Services, Inc., doing business as Alaska Behavioral Health, for Fairbanks Mobile Crisis Team project. These funds will come from the fiscal year '23 Crisis Continuum of Care budget line, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE BOYLES.

MR. BOYER stated that the five proposals are being presented from a couple of Authority Grants. Authority Grants are unallocated funds that are in two of the focus areas: one is Mental Health and Addiction Intervention, and the other is in Housing and Home- and Community-based Services. Those unallocated funds gave staff, the community-based partners and the Trust Board the flexibility to look through the community-planning process and see who might be that innovative, catalytic partner to be able to bring forward a project that would move the vision and mission of the Trust Board for the focus areas. The five proposals hit on multiple goals within the Comp Plan, which was exciting.

MR. WELCH stated that the proposal at this time was a continuation project. He introduced two guests, Josh Arvidson and Sarah Koogle, with Alaska Behavioral Health.

MR. ARVIDSON stated that he is the chief operating officer of Alaska Behavioral Health and

was honored to be there. He noted that he was the guy who started the Alaska Child Trauma Center.

MS. KOOGLE stated she is the Alaska Behavioral Health adult clinical director up in Fairbanks.

MR. WELCH explained that two proposals, one from Alaska Behavioral Health, and the other from True North, were brought before the trustees. They were to come together to provide mobile crisis team services to the city and community of Fairbanks. This is a continuation of that project. Alaska Behavioral Health will provide both the clinician and peer support specialists under one roof for the mobile crisis team, which will continue the work that they have been doing.

MS. KOOGLE talked about the successes had over the last year, with nothing but positive feedback from the community. The mobile crisis team hired four clinicians and four peer support specialists, and they have formed an abundance of community resources. In order for this to work, they had to learn the community and what was available. It is a service that Fairbanks has always needed, and it is working like a well-oiled machine. She went through some of the data points and talked about the calls. She highlighted a call from a suicidal individual, and they were able to do some wrap-around services, a safety plan in the community, to keep that individual safe and able to get a behavioral health assessment and medication management. In a few days, this person was no longer suicidal and had hope.

MR. WELCH added that this team has done an excellent job with coordinating with the Fairbanks Police Department. This is a great example to other communities of how this collaboration can work.

A question-and-answer discussion ensued.

TRUSTEE HALTERMAN stated that we envisioned the Mobile Crisis Team to relieve a lot of the stress on the hospitals and facilities that are overburdened by populations that are not getting their mental health service needs met. The cost savings generated from this kind of project will come from State funds that are used to prop up a Medicaid program that unfortunately has been dealing in an emergency setting with most of the population. Law enforcement then goes back to doing the business they were tasked with, and we do not foresee asking them to give up any of their positions to make sure that this continues to be funded. They are completely separate issues. She wanted that noted on the record.

CHAIR BOERNER stated there was a motion on the table and called the roll-call vote.

After the roll-call vote, the MOTION was APPROVED. (Trustee Halterman, yes; Trustee Moran, yes; Trustee Sturgeon, yes; Trustee Boyles, yes; Trustee Fimon, yes; Trustee Fisher, yes; Chair Boerner, yes.)

CHAIR BOERNER moved to the next item for approval, the True North Day One Center, and asked for the motion.

MOTION: The Program & Planning Committee approves a \$255,000 FY23 Mental Health & Addiction Intervention focus area allocation to True North Recovery, Inc., for the Day One Center Medical Providers' Project. These funds will come from the FY23 Access to Treatment budget line, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE BOYLES.

MR. BOYER stated that it was his pleasure to bring this proposal and added that it was an exciting one. When talking about innovation and being a catalytic support for the beneficiaries in the community, this is the embodiment of it. He continued that this proposal was for withdrawal management beds. Currently, in the Mat-Su Valley, there is no withdrawal management support in terms of residential beds at any of the levels. When one of the beneficiaries has that level of need, they are either in the hospital or out in the community; and that is a very acute need in terms of clinical and medical oversight. Waiting really puts people at risk for their health and long-term treatment success. This proposal has taken a lot of partnership in the community between the hospital, behavioral health providers, and True North Recovery, as well as several of the technical support partners and others to look at the business modeling to make this successful. He introduced Karl Soderstrom, the founder and chief executive officer of True North Recovery; and Kara Nelson, the director of development and public relations.

MR. SODERSTROM stated that he had started off as a person in recovery and then a peer and then a counselor. The mission of True North is to provide same-day access to care. He stated that his heart of hearts is to improve and change this entire behavioral health care system. Treatment has been done the same way for the last 40 years, and it is time to start thinking outside the box to improve how folks are cared for. True North is about what the community has to offer an individual. It is about linking people to the available resources, and helping them walk those steps. He talked about how they have been doing what they do and how to create an infrastructure that can provide services, but also pay their bills. He talked about the Mobile Crisis Team and the Lazarus Collaborative. Care coordination and case management are provided for folks that do not have a treatment plan or need help right now. He continued that the entire system is set up based on how people are billed for services rather than how to help someone. If people are treated well in the beginning and are helped in getting connected, a service relationship with those individuals can be created, and they engage in services which keeps the lights on. Every residential treatment center in the state requires a physical and a TB team and an assessment and some other things. That medical component is another barrier for folks, and they are waiting to try and get a bed. The goal is to reduce those barriers as best we can. That is why the ANP is brought on as a whole into the ecosystem on Day One; not just a part-time person for the withdrawal management program. We are pleased that they found folks that were passionate about it. The intents behind the 1115 waiver was to integrate behavioral health and primary care, which is incredibly important. The folks they were asking for help to support will be an integral part of getting people connected to the long-term care and services that they need and improve their quality of life.

TRUSTEE HALTERMAN was delighted to see the use of telehealth as part of the project description. She asked if there was a long-term plan to deal with telehealth if it will no longer be as flexible an option, or will the telehealth services be continued.

MR. SODERSTROM clarified that the ANPs will be working full-time, in person. He stated that

they had been intentional to really looking at telehealth and how people in remote parts of Alaska can get access to the help that they need.

TRUSTEE MORAN asked about doing any level of screening for TBIs as part of this project.

MR. SODERSTROM replied that he thinks that they would be able to be identified and get them connected to resources.

TRUSTEE FISHER asked about the additional funding, and specifically about the Mat-Su Health Foundation.

MR. SODERSTROM replied that the Mat-Su Health Foundation agreed to support this project, the entirety of the withdrawal management program, for \$95,000. It was recently approved.

TRUSTEE BOYLES complimented them on the high level of matching and thanked them for what they were doing.

TRUSTEE FIMON thanked them for bringing this forward, and noted that he thought they were very effective panelists in the Improving Lives Conference. He thanked them for what they do.

CHAIR BOERNER moved to the roll-call vote.

After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Fisher, yes; Trustee Halterman, yes; Trustee Moran, yes; Trustee Sturgeon, yes; Chair Boerner, yes.)

CHAIR BOERNER moved to the next proposal, True North Mobile Crisis Team, and asked for a motion.

MOTION: The Program & Planning Committee approves a \$499,591.24 FY23 Mental Health and Addiction Intervention focus area allocation to True North Recovery, Inc., for the Wasilla Mobile Crisis Team. These funds will come from the FY23 Crisis Continuum of Care budget line, was made by TRUSTEE BOYLES; seconded by TRUSTEE HALTERMAN.

MR. BOYER noted that staff does not usually present two big proposals from one organization, and we do strive for equitability across the state to share Trust funds among organizations. In the process, for the Mat-Su and getting ready for the proposals, it had been about a 30-month journey with the partners in the Mat-Su with about 30 partners working with the Mat-Su Health Foundation and some technical support to drill down among organizations of where Crisis Now support could go. There are still conversations for 23-hour crisis stabilization, a support service that fit with some of the timing for True North who were able to get support and buildings and grants. The Mobile Crisis Team is something they were very familiar with. The Mobile Crisis Team in the Mat-Su is wanted, and know they need it. They looked to the leadership at True North to be that entity because it takes that support to be able to have boots on the ground to provide that clinician up here. This is the innovation of pairing those models and thinking through the business planning for the Day One Center so that if they can maintain the plan and

the beds and the assessments and the other things within the Day One Center, they would be able to recoup some of the losses in that rate for the Mobile Crisis Team which are being worked on with the State partners.

CHAIR BOERNER asked for any questions.

TRUSTEE BOYLES stated that there was a synergy between the Day One Care Center and the Mobile Crisis Team so that the overhead is cut considerably, and asked if that was a workable situation professionally.

MR. SODERSTROM stated that this was a huge undertaking, and we are launching multiple programs in one location and also pouring a ton of heart and resource and experience into this. When all the pieces are put together, a model can be created, and the Day One program will be sustainable; and we are hopeful that the reimbursement rate increases. He noted that they had been doing peer work on call in the Mat-Su Emergency Room for six years.

TRUSTEE FISHER stated that, based on the statistics heard in our meetings, the beneficiaries would greatly benefit by the services provided. The Mat-Su Regional Medical Center ED will greatly benefit, and they should be both willing contributors to the project.

CHAIR BOERNER asked for the roll-call vote.

After the roll-call vote, the MOTION was APPROVED. (Trustee Sturgeon, yes; Trustee Moran, yes; Trustee Halterman, yes; Trustee Fisher, yes; Trustee Fimon, yes; Trustee Boyles, yes; Chair Boerner, yes.)

MR. SODERSTROM thanked them all.

CHAIR BOERNER moved on to the next HB 172 Mental Health Facilities and Medications Report to the Legislature contract funding, and asked for a motion.

MOTION: The Program & Planning Committee approves up to \$300,000 for a contract for the HB 172 report to the Legislature. These funds will come from the FY23 Crisis Continuum of Care budget line for the Mental Health & Addiction focus areas, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FISHER.

MS. BALDWIN-JOHNSON introduced Laura Russell, the health policy adviser with the Department of Health. This is in relation to HB 172, which is a Governor's bill, that came out of the need to address the policy issues so that the types of programs that had not previously existed in Alaska could be implemented. She continued that the bill directs the Trust, the Department of Health, and the Department of Family and Community Services to submit a report to the Legislature that would be made available to the public for public comments, and it has to contain some very specific things. It is looking at providing a comprehensive assessment of current State, Federal, and accrediting-body requirements, looking at recommendations for changes on how to improve patient outcomes, and to enhance patient rights. She went through the bill and the process in greater detail.

A brief question-and-answer discussion ensued.

TRUSTEE MORAN asked what would happen if this was not voted for.

MS. BALDWIN-JOHNSON replied that the deadline for a report to the Legislature would not be met, and it would have to reconvene and reassess where to find the funding for this, which would set us back by many months.

CEO WILLIAMS added that this would not be viewed in good faith by the partners, the beneficiaries, and patient-right advocates who spent a lot of time working through the process to testify on behalf of getting this bill through.

TRUSTEE FIMON asked who all was funding the \$300,000.

MS. BALDWIN-JOHNSON replied that the Trust is contributing funding for this.

TRUSTEE MORAN asked if it was normal for the Legislature to direct Trust funding.

CEO WILLIAMS replied that the Legislature did not direct the funding. The Legislature put in the bill that requires the Trust and the two departments, stakeholders, and others, to produce a report to the Legislature within one year after the bill was signed.

After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Fisher, yes; Trustee Halterman, yes; Trustee Moran, no; Trustee Sturgeon, yes; Chair Boerner, yes.)

CHAIR BOERNER moved into the final approval for trustee consideration with the Volunteers of America, At-Risk Youth Rapid Rehousing, and asked for a motion.

MOTION: The Program & Planning Committee approves a \$150,000 FY23 Housing & Home- & Community-Based Services focus area allocation to Volunteers of America Alaska for both supporting and empowering homeless, at-risk, transition-age youth through rapid rehousing project. These funds will come from the fiscal year '23 rapid rehousing budget line, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE BOYLES.

CHAIR BOERNER invited Ms. Barstad to present some background information on this motion.

MS. BARSTAD stated that Volunteers of America arrived in Alaska in 1981 with the opening of ARCH, a youth residential treatment facility in Eagle River. Today, Volunteers of America Alaska provides a wide range of mental, emotional and behavioral healthcare and support services to youth and their families; from prevention and early intervention to mental health therapy, substance abuse counseling, family support and life skills development, to supportive housing and residential treatment. Volunteers of America Alaska strives to meet the needs of every child, teen, and young adult that they serve. This project emphasizes housing search, relocation services, and short-term rental assistance paired together to be able to move homeless, transitional-aged youth into stable housing. She continued that rapid rehousing is an evidence-

based approach that really supports people who are homeless who are not at either end of the spectrum, and just need financial assistance. Once youth are placed in stable and affordable housing, VOA will provide those comprehensive support services so that the economic stability can be addressed, as well as any mental health needs, and to provide some of the financial literacy and additional education gained as a youth aged 18 to 24. She added that the youth experiencing homelessness are often Trust beneficiaries. She stated that Lyshell Baldwin and Miyuki Sato-Yazaki, the program director of the supporting housing program for VOA, are online and available for any additional comments and questions.

CHAIR BOERNER asked for any questions. There being none, she moved to the roll-call vote.

After the roll-call vote, the MOTION was APPROVED. (Trustee Fisher, yes; Trustee Halterman, yes; Trustee Moran, yes; Trustee Sturgeon, yes; Trustee Boyles, yes; Trustee Fimon, yes; Chair Boerner, yes.)

CHAIR BOERNER called a ten-minute break.

(Break.)

CHAIR BOERNER called the meeting back to order and moved to the Mental Health Supports in Alaska's Schools. She recognized Jimael Johnson, Beverly Schoonover, Sharon Fishel, and Pat Skidmore to present.

MS. BALDWIN-JOHNSON stated, for the record, that Trustee Boyles had to leave to catch a plane.

MS. JOHNSON began with some background information and reviewed the second phase of a report that was commissioned and partnered with many of the State and community partners on the topic of mental health supports in Alaska schools. She reviewed some data, and then gave a bit of background on the timeline. The at-risk population of youth had significantly increased during the pandemic, and they were already at critical levels of near crisis and in crisis even prior to the pandemic when it came to youth mental health. The American Academy of Pediatrics and many other groups echoed the need for increased attention on youth mental health. As a result, even predating the pandemic, policymakers and partners were asking for information on what had been happening in our schools. She stated that Phase 2 began last July and was a deeper dive into those emerging best practices. That concept evolved into the six case studies referenced as part of the Phase 2 report. She asked Pat Skidmore with the Department of Education to talk more about the report.

MR. SIDMORE stated that it was important to think, as schools do, about what they call the multi-tiered system of support which is used both in academics and also in things like behavioral health. It is this concept of three levels of support: a universal intervention or supports for students; and then an intermediate one for students who are struggling a bit more; and then the top is clinical services in behavioral health or just very intensive academic supports. He continued that having this report put us quite a bit ahead of almost every other state because what was happening is there are more funds and more infrastructure being built at the Federal level to support states to do behavioral health services in schools. It is helpful for advocates and others

to have this information as they talk to policymakers and have some great knowledge about what was going on.

MS. FISHEL talked about some stats that came last February about mental health in Alaska, which is currently ranked 49 out of 50 states in the supports they have for mental health services for students. There are about 10,000 children in the schools with major depression, and part of the reason they do not receive treatment is the lack of workforce in the state to provide it. She talked about the multi-tiered services and how critical it is to include Tier 1 and Tier 2 in what is being delivered for prevention purposes.

MR. SIDMORE talked about the first phase of the report and stated that 32 of the 54 districts in the state were interviewed around questions about the multi-tiered system of support.

MS. SCHOONOVER stated that the key research question was: To what extent are mental health supports being offered in Alaskan schools? The study found that every district interviewed provided some level of supports and services along the multi-tiered system of support model. The levels of services vary significantly between districts. She continued that they did not want to just focus on kids, but also on the staff and educators. It was shown in many districts that in-service time and professional development time was being leveraged to bring mental health training to staff. She encouraged everybody to look at the report, which provides great detail.

MR. SIDMORE went through the highlights of Annette Island, a small school district with about 300 students located south of Ketchikan.

MS. FISHEL talked about the Fairbanks School District that serves about 10- to 11,000 students and are considered the third largest school district in the state. They have all different kinds of things going on as far as services. She continued that the Department of Education has two big grants that include this district.

MR. SIDMORE moved to the second phase of the report that was recently released, and focused on six districts that have some really unique things happening.

MS. SCHOONOVER moved to the summary report and talked about school support services like school counselors, school social workers, school psychologists, which there are not enough of in Alaska. The ratios are low, and those workers are tasked with serving more students than professionally recommended. She talked about the funding and then some key findings in the report about student mental health status. She also shared some information about some of the Phase 2 case studies.

MR. SIDMORE talked about the Kuspuk School District, which is very rural with eight schools. They contracted with an outside agency to provide services to the school district, and they trained the clinician, who happened to live in Missouri, in the trauma-engaged school framework for Alaska. This also gave her as much of a deep dive into the culture of this district. She has been there a couple of years. This was a unique solution to a very difficult problem of workforce and access.

MS. FISHEL highlighted the Juneau School District that has had a trauma-engaged specialist

working with all of the schools in the district for the past several years. She stated that a lot of what Juneau has done is based on the work through the Alaska Department of Education and the Association of Alaska School Boards. She also went into detail about the Transforming Schools Framework, a document which was taken to several hundred different educators, community members and stakeholders.

MR. SIDMORE talked about some of the e-learning possibilities which has 70 or 80 courses total, including suicide prevention courses which are required statutorily for teachers when they recertify.

MS. FISHEL added that these courses are free to all Alaskans. They were created for educators, but anyone can take these courses.

MS. JOHNSON noted that the group has been meeting every other week to talk about the process and any additional opportunities that they may want to take advantage of, including Federal opportunities.

CHAIR BOERNER thanked all the presenters and stated that the rankings are not surprising. She also thanked them for presenting the upsides, and the positioning of this work as far as accessing some resources. She invited CEO Williams to offer a couple of comments.

CEO WILLIAMS commented on the Phase 1 report and the work of the Trust and the partners. This information is used in a variety of ways. The information that gets produced is sought after by policymakers. He stated that this work also helps to inform what the Trust does in terms of funding requests to the trustees for the use of Trust funds, policy work, and the joint advocacy.

TRUSTEE HALTERMAN talked about when staffing health education, educators were constantly commenting that counselors were typically the first positions cut when school districts were in financial stress.

MS. FISHEL replied that it was not any worse than it used to be, but the problems districts are facing are not finding counselors to fill the positions. There is a big workforce issue, and education is struggling with keeping teachers and staff.

TRUSTEE FIMON also commented on filling the positions and stated that it was encouraging to see those examples of programs where telehealth and e-learning was filling in. He thanked Ms. Johnson and the rest of the folks for the great presentation.

TRUSTEE MORAN stated that she runs a school counseling program and is familiar with the report. They had pretty good luck with hiring counselors and growing their own, which is one of the reasons they are being provided to the school district. That can be done because of providing a greater level of flexibility.

CHAIR BOERNER thanked all for a beautiful presentation and moved to Trustee Comments.

CEO WILLIAMS thanked the trustees for the last two days and, in particular, for sticking through today's Program & Planning Committee agenda, which was pretty rich and important

work as it relates to the beneficiaries. He thanked the trustees for the support through the approvals of the funding requests. He moved to the work related to Governance. Katherine Wootz, the contractor, sent out a survey to trustees to get feedback on the governance documents, the bylaws and the charters. This was extended another week, and the link should work.

TRUSTEE COMMENTS

TRUSTEE FIMON reflected back on the Improving Lives Conference from last month and stated that it was a great opportunity. He thanked staff for all the hard work. It was great to get the exchange, and he felt some good energy. He was very appreciative of the presenters, the comments, the testimony and reports that were brought in. He also thanked staff for making sure that the meetings go well.

TRUSTEE FISHER enjoyed the meetings and the discussion which he thought was some of the most important part of committee meetings in preparation for the board meetings and the decisions made with regard to Trust funds and the beneficiaries. He thanked staff for all the preparation and stated that the presenters did a great job.

TRUSTEE HALTERMAN thanked Chair Boerner for leading a very productive meeting, and thanked staff for bringing forward some great recommendations. She thanked the agencies that serve the beneficiaries, and also complimented staff on the Improving Lives Conference, which provided a lot of positive feedback. She stated that the presentations were phenomenal, and the optics were amazing. She also thanked her fellow trustees who completed their work on the governance rule and appreciated their devotion. She thanked all for another productive, well-meaning meeting.

TRUSTEE MORAN thanked staff and stated this is the first board she has been a member of. She stated appreciation when staff reaches out to ask if she has questions in advance of a meeting, but she feels that she is doing the people's business outside of the people's view. Her other concern was directing questions to staff in advance of the meeting, and her losing the opportunity to learn from them and what their concerns were. She also stated that she was a little uncomfortable with trustees or board members dealing directly with staff; usually that goes through the board chair. This was not a critique, but just something with which she was uncomfortable.

CHAIR BOERNER stated excellent points, and this is a good opportunity to share a certain part of the orientation process regarding some of the restrictions with regard to communications with one another. She talked about other restrictions bound by the Open Meetings Act and other statutes.

CEO WILLIAMS stated appreciation for Trustee Moran bringing up the topic and her concerns.

TRUSTEE HALTERMAN added the attempt to be as transparent as we can be. Feedback is important and should be reflected on. She talked about her struggle with not being able to communicate with more than two other trustees, and stated the need for continued training. She thanked Trustee Moran for bringing up the issue and appreciated the feedback. As the Chair, she has an obligation to maintain order in the meetings, and to insure maintaining the rules of the

Open Meetings Act. She noted that she would reflect on the feedback.

CHAIR BOERNER stated appreciation for the point, and added that if there are issues, that there are some processes about communications, and we will probably have a training on this.

TRUSTEE STURGEON began by thanking all for an excellent meeting. He complimented Chair Boerner for her great job, as always. He thanked the staff for the Improving Lives Conference and doing a fantastic job. He heard a lot of compliments, and thanked staff for making the trustees look good. He continued that this meeting was very productive, and he learned a lot. He is still learning a lot of what is going on, and the problems faced by the communities. He thanked staff for putting the packets together, which keep getting thicker and thicker. He feels productive in the resource management area, but not so much in other areas, but staff makes it easier.

CHAIR BOERNER echoed the compliments to the staff and stated her appreciation. She thanked her fellow trustees, and reiterated that the application period for the Board is November 4th. She continued that coming to the decision to not reapply was a very difficult one because she loved the work and holds the Trust in extremely high regard. She also has the highest respect for her fellow trustees. She learns so much from them, and the staff is amazing. She added that maybe sometime in the future, if she was not working for an entity that receives grants from the Trust, she would resubmit her application for consideration. She was sorry she missed the Improving Lives Conference and heard so many good things about it. She stated that she will be coming to the end of Term 1 of Year 2 in her experience of being a student again, which was quite the adjustment, but a fun one. She closed with appreciation for the beneficiaries and the advisory boards and their inspiration. She encouraged the trustees to attend the advisory boards' board meetings, which is another great place for learning and a source of inspiration. She thanked all, and asked for a motion to adjourn the meeting.

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

After the roll-call vote, the MOTION was APPROVED. (Trustee Sturgeon, yes; Trustee Moran, yes; Trustee Halterman, yes; Trustee Fisher, yes; Trustee Fimon, yes; Trustee Boyles, excused; Chair Boerner, yes.)

(Program & Planning Committee adjourned at 3:40 p.m.)