

**ALASKA MENTAL HEALTH TRUST AUTHORITY**  
**PROGRAM & PLANNING COMMITTEE MEETING**  
**January 5, 2023**  
**8:30 a.m.**  
**WebEx Videoconference/Teleconference**

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

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**Trustees Present:**

Verne' Boerner, Chair  
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  
Debbie Delong  
Jimael Johnson  
Kat Roch

**Trust Land Office Staff Present:**

Jusdi Warner

**Presenters:**

Renee Rafferty  
Ella Goss  
April Kyle  
Alberta Unok

**Also participating:**

Amy Miller; Beverly Schoonover; Steph Hopkins; Patrick Reinhart; Lee Breinig; Laura Russell; Heidi Hedberg; Heather Carpenter; Emily Ricci; Diane Fielden; Brenda McFarlane; Stephanie Wheeler.

## PROCEEDINGS

### CALL TO ORDER

CHAIR BOERNER (Native language spoken.) called the meeting to order and began with a roll call. She stated that Trustee Fisher was excused. Trustee Sturgeon asked to be excused by 2:30. She continued that there was a quorum and asked for any announcements. There being none, she moved to the approval of the agenda.

### 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 Halterman, 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 October 20, 2022.

### APPROVAL OF THE MINUTES

**MOTION:** A motion to approve the minutes of October 20, 2022, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE BOYLES.

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

### CEO UPDATE

CEO WILLIAMS stated that there was a lot of important work being done this year as directed by the trustees and in partnership with many of the partners at the Administration, the Legislature and out in the community. He announced that Janie Caq'ar Ferguson is joining the team at the Trust Authority Office. She will be the new program officer beginning January 17<sup>th</sup>. He noted the importance of the two days of committee meetings. We will hear about the current efforts on the implementation of services to transform the behavioral health crisis system of care using the Crisis Now model. He continued that they were aware of the events happening in the community and the impact of the issues related to public assistance and food stamps on the beneficiaries. Trust staff has been maintaining contact with the Department of Health on those issues. He added that the Department is working on and addressing the issues related to food stamps by increasing staffing so that the backlog could be eliminated as quickly as possible. Staff is also working directly with the Department of Justice addressing their recommendations on how to move forward in addressing the issues cited in their report. He acknowledged the retirement of Gennifer Moreau Johnson, director of behavioral health, who was critical in the development and approval of the 1115 behavioral health waiver. He also noted the retirement of Laura Brooks, the Division director for health and rehabilitation services, from the Department of Corrections.

CHAIR BOERNER thanked CEO Williams and requested that cards be sent to both retirees. There being no questions, she moved to the Crisis Now update.

## **CRISIS NOW UPDATE**

MS. BALDWIN-JOHNSON noted that there are two significant proposals that will be presented later, and she gave an update on the activities and progress made on the initiatives in communities across Alaska, as well as at the statewide systems level. She added that a copy of the Crisis Now work plan was included in the packet. The contract project management resource, currently Agnew::Beck, has been on point for managing and modifying that plan. It is a living, breathing, and evolving work plan. She reminded all that it is tied back to the 13 primary recommendations from the original Alaska Crisis Now consultation report that was developed in 2019 in consultation with RI International. She added that Ella Goss, chief executive officer, and Renee Rafferty, with Providence Alaska, were online to share the progress made with the support of a Trust planning grant received in May of 2021. The focus of that was to design and plan for crisis stabilization in Anchorage, to include the low- to no-barrier 23-hour crisis receiving center, short-term crisis residential, and a behavioral health urgent care center. She stated that the first proposal would provide support to Providence in the Phase II of implementation, specifically focusing on ramp-up and launch of services in the new year and a request seeking approval of funding for the next period of contract management resources necessary to maintain the organization, accountability, and progress for the overall initiative going forward. She continued that the Trust, the Department of Health, the Department of Family & Community Services and community partners across the state are working to build a behavioral health continuum of services, equitable and equally as responsive as the physical health emergency continuum.

MR. BOYER continued that this is an iterative process of working through contractual, the business modeling, figuring out the clinical models, the legal issues, and regulatory and passing new laws. There are new people joining this effort every day and new members taking over organizations. He went through a few highlights from the timeline for background information.

MS. BALDWIN-JOHNSON talked about the importance of continuum care in the community and building out alternatives to hospital emergency rooms, and also really improving the environment of care, the type of care provided, and enhancing more therapeutic and trauma-informed approaches to individuals that do present to hospital emergency rooms. She added that we have a very strong foundational base which will continue having very strong partnerships with both departments, as well as the Department of Corrections and the Department of Public Safety, going forward.

MR. BOYER went through some examples from the work the Crisis Now coordinators were doing in the community with the partners.

CHAIR BOERNER appreciated the update and stated that, personally, it was a very exciting presentation to go through and see.

A brief question-and-answer discussion ensued.

CHAIR BOERNER stated, for the record, that Trustee Agnes Moran had joined the meeting, and continued to the Alaska Crisis Stabilization update. She asked Ms. Baldwin-Johnson to provide opening comments.

## **PROVIDENCE ALASKA CRISIS STABILIZATION UPDATE PHASE I UPDATE/PHASE II PLAN**

MS. BALDWIN-JOHNSON stated they were excited to hear about the progress being made with the original planning grant and how that planning grant was leading to the next series of activities that were important in order to be prepared to open their doors early in '24.

MS. RAFFERTY stated that she is the senior director of behavioral health, and she introduced Ella Goss, the chief executive for the Providence Alaska region.

MS. GOSS noted that she moved into the role of region chief executive for Providence Alaska in September of 2022, but she was not new to either Alaska or Providence. She had been in Alaska for 27 years, and with Providence for over 25 years. When she started at Providence, she was in the emergency department. ER nursing was her background. She was acutely aware of the challenges in Alaska in looking to provide high quality, safe care. It takes a lot of collaboration, partnership and innovative planning across many groups of healthcare and community partnerships to bring in new programs. She was proud to say that Providence is a strong partner with the Alaska Mental Health Trust Authority, and she looks forward to moving this project along and being able to be strong partners bringing Crisis Now, crisis stabilization to the state. The mission of the Trust Authority is very aligned with the mission of Providence, which is to care for the most poor and vulnerable within the state. She stated that the Providence Alaska executive team is very dedicated to bringing innovative crisis behavioral health services to Alaska. An important step is being able to increase awareness around behavioral health, the needs, the challenges and some of the deficits that have been brought up. She continued that Providence Alaska had the only psychiatric emergency department in the state, which is at capacity, and has been for many years. Right now, it is a safety net for many of the patients that need that care, but it is not sustainable in the way that it was planned, and with the number of beds it actually provides. A different resource is needed for those patients. The commitment to this project is because of the collaboration and investment of many stakeholders in this community, for which they are grateful.

MS. RAFFERTY stated that the psychiatric emergency room was developed as a result of system transformation, and is one of the programs that Providence continued committing to grow even with the risks and challenges of the behavioral health system not being as funded as it needs to be. She continued that it is exciting to be at this point in the planning process where they would like to operate a crisis receiving center that operates urgent care, 23-hour, and has involuntary and voluntary in that 23-hour and 24-hour residential. She called attention to the importance of the actual healthcare system moving forward and talked about the decision to move toward these three services. She explained in more detail and then talked about the design. She stated that the clinic would allow people to walk in when medications are needed, and to continue to partner moving into other levels of care. That was a breakthrough, and we will expand that service to allow for psychiatric emergent care, emergencies associated with the urgent care level. A key goal for the stabilization center is people greeted by a peer, a nurse, a therapist that understands what is happening to them and could immediately de-escalate them.

MS. GOSS noted that these are some very challenging economic times and the need for collaboration across partnership has never been more important. Providence has provided many services to the community when no one else would step up. One of the deep partnerships that

has been a very successful program is Alaska Cares. That care was provided to the community, and they worked with the community and built a beautiful building with a very successful program for a very vulnerable population in the community.

MS. RAFFERTY walked through the expenditures planned through the year and explained the timeline of the planned expenditures through early 2024. She stated that it is important to have a full clinical team ready to engage the work flows and the regulatory landscape regarding involuntary care. She talked about the five-year financial summary and recognized the challenge in recruiting.

MS. GOSS stated that Providence would continue to provide the services needed in Alaska and were asking to have the support from community partners to be able to stand up this program knowing that they would be a strong and long-term partner to see it through.

CHAIR BOERNER stated appreciation for the presentation and asked Amy Miller if she had anything to add.

MS. MILLER stated that Providence operates in seven states, and, in each state, they take advantage of whatever billing opportunities and reimbursements for services are available. She added that one of the reasons they were present today was to ask for help with that start-up cost, which is substantial.

CHAIR BOERNER called a break.

(Break.)

CHAIR BOERNER welcomed folks back and stated that next on the agenda were the Approvals.

## **APPROVALS**

CHAIR BOERNER continued that there were two approvals: the Providence Alaska crisis stabilization Phase II ramp up and launch; and, second, is the Crisis Now initiative project management contract funding. She explained that the first motion would be a recommendation to the Full Board, and the second would be for consideration by the committee itself. She asked for a motion.

**MOTION: A motion to approve that the Program & Planning Committee recommend that the Full Board of Trustees approve \$1,554,269 Mental Health and Addiction Intervention focus area allocation to the Providence Health & Services Alaska, dba, Providence Alaska Medical Center, for the Crisis Stabilization Center – Phase II Ramp-up and Launch. These funds will come from the FY23 crisis continuum of care budget line and was made by TRUSTEE BOYLES; seconded by TRUSTEE MORAN.**

CHAIR BOERNER asked Ms. Baldwin-Johnson to open the presentation by both staff and Providence.

MS. BALDWIN-JOHNSON stated that the updates shared showed that significant progress has been made. She continued that Providence was ready to enter the second phase of service ramp-

up and launch by early 2024. Providence proposed a campus location to host all of the programs. The facility identified had been coordinating closely with experts at RI International on design with the Providence architectural design teams and had continued to move the planning for that facility forward. She noted that while the 23-hour and crisis residential services would primarily service adults, Providence proposed serving youth, 12 years and older, in the urgent-care setting. This is critical given the parallel challenges in serving adolescents and youth with mental health crisis in the state. Trust Authority staff have worked collaboratively with Providence to bring this proposal forward for funding consideration for the second phase. She added that it was anticipated that these programs will serve the broader Anchorage community.

TRUSTEE HALTERMAN observed that this particular request supported the Court's recommendations from the DHSS gaps in psychiatric care response system report, and she was very supportive of the project.

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

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

CHAIR BOERNER moved to the second approval, the Crisis Now initiative project management contract funding. She asked for a motion.

**MOTION: The Program & Planning Committee approves up to \$250,000 for a contract for Crisis Now Initiative Project Management. These funds will come from the FY23 Crisis Continuum of Care Budget line of the Mental Health & Addiction Focus Area and was made by TRUSTEE HALTERMAN; seconded by TRUSTEE STURGEON.**

CHAIR BOERNER invited Eric Boyer to provide some opening comments and staff presentation for the requested motion.

MR. BOYER stated that this was referenced at the presentation this morning about the contractual support for project management and its importance. He added that this is a data-driven project, and that data is depended on and gives some substance and weight to the work done and, ultimately, the driving of the budget. That kind of follow-through and support is huge. He also mentioned that the goals in the Comprehensive Integrated Mental Health Program Plan really dovetail nicely with this project. He added that this would come out of the FY23 Mental Health Addiction Intervention Focus Area and noted that crisis continuum of care line item.

MS. BALDWIN-JOHNSON clarified that it is not a grant, and that this request needed to be brought forward for trustee consideration.

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

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

MS. BALDWIN-JOHNSON specifically acknowledged that Commissioner Hedberg with the Department of Health, Deputy Commissioner Ricci, Laura Russel, and Heather Carpenter were online with us for the morning. She thanked them and stated that their presence and spending their morning reflected the partnership and the mutual support of the collaborations that were focused on this exact work that had been discussed today.

CHAIR BOERNER asked the trustees to go through the Governor's FY24 Budget Update with the time remaining before lunch.

### **GOVERNOR'S FY '24 BUDGET UPDATE**

MS. BALDWIN-JOHNSON reminded the trustees that a high-level overview of the Governor's proposed budget was previously provided. She stated that this will further outline and detail the differences between the proposed budget and what trustees approved in the recommendations for FY24. She added that this was just one step in the process, and the Governor's amended budget is due February 15<sup>th</sup>. Also, the House version and the Senate version will also need to be reconciled later in session through the Conference Committee process. Staff will continue to work on putting items back in the amended budget where possible.

CEO WILLIAMS stated that it was not unusual to have a governor who sets forth his proposed budget and not include all of the Trust recommendations. He continued that a lot of different variables were at play with the recommendations that got included into the proposed budget, including the financial outlook for the State, as well as any change in priorities. He added that 40 percent of the recommendations were included, and staff will continue to work with the Administration and the Legislature moving forward through the process and trying to get as many of the recommendations put back into the budget.

CHAIR BOERNER asked the trustees for any questions.

A brief discussion ensued.

CHAIR BOERNER called a lunch break.

(Lunch break.)

CHAIR BOERNER welcomed all back and moved to the tribal health systems.

### **TRIBAL HEALTH SYSTEMS OF CARE**

CHAIR BOERNER stated that the presenters were April Kyle, president and CEO for the Southcentral Foundation, and Alberta Unok, president and CEO for the Alaska Native Health Board. She asked Ms. Baldwin-Johnson to do the introductions.

MS. BALDWIN-JOHNSON stated that it had been a while since there was a presentation on the system, and appreciated Ms. Kyle and Ms. Unok putting this presentation together. She

continued that the Trust Authority staff, with the guidance of Trustee Boerner, recognizes the importance of ensuring that all are informed and educated about the tribal health system and how important it is in delivering care to Alaskans across the state. She welcomed them both and looked forward to the presentation.

MS. UNOK (Native language spoken) thanked all for including tribal health on the agenda. She stated that she is the president and CEO of the Alaska Native Health Board and is a tribal citizen of the Native Village of Kotlik, which is located at the mouth of the Yukon River and the Bering Sea in the Yukon Kuskokwim Health Corporation region.

MS. KYLE stated that she and her children, on her father's side are tribal members in Ninilchik. She continued that her mom is from California. She serves as president/CEO of Southcentral Foundation, and this week she is celebrating her 20-year anniversary. She had been in her current role for two years, and prior to this served as vice president of behavioral services. She is still super involved in behavioral health, and is enjoying leading the entire organization. She began with the long history of how health worked in the state of Alaska, and she went through a timeline of ways of supporting wellness generations ago that included traditional healing, tribal doctors, tribal medicine, understanding plants as medicine, and caring for their own communities. That changed over time, leading to the establishment of the Indian Health Service; which served to retard, rather than enhance, the progress of Indian people in their communities. That meant that the healthcare was so poor that it was actually making communities sicker. It denied an effective voice in the planning and implementation of programs that responded to the true needs of the people. It was this moment where the Government had this treaty obligation to ensure that it was providing healthcare to Native people in perpetuity. It had set up the IHS as the vehicle to do this, but recognized that the IHS system was failing. Indian self-determination means that, as Native people, they should have the right to guide, to govern, to develop the health systems as a community that best meets the community needs. Self-determination is super unique in Alaska and in the United States, and is pretty darn powerful.

MS. UNOK stated that healthcare for American Indian and Alaska Native people was not a social welfare program or insurance. Healthcare for Indigenous people in the United States had been prepaid through trades of land and resources owned by Indigenous people. This came from government treaties. Indigenous people are the only groups where there is a legal and contractual obligation to indefinitely provide healthcare services. The organizational vehicle for fulfilling this obligation is the Indian Health Service, which continues to be severely underfunded. The development of the Alaska Tribal Health System came out of innovation and to address critical needs. Contracting was the first step in tribes exercising self-determination with limited contract to provide specific services for a specific amount. Compacting was the ability for tribes and tribal organizations to assume full responsibility of programs and services. The compact with IHS was to assume full control over programs which IHS would have otherwise provided. She continued that in Alaska they coordinate one Alaska Tribal Health Compact and collectively negotiate funding agreements and common language with the Indian Health Service. This compact represents 229 tribes and over 188,000 Alaska Native and American Indian beneficiaries throughout Alaska.

MS. KYLE stated that the idea behind the system is to have local control so that local communities could design their own health systems to meet their local needs. That was



accomplished through a regionalized system. She explained this in greater detail.

MS. UNOK continued that the tribal health system is a statewide coordination of care. Tribal management of healthcare recognizes the importance of local decision-making for the unique healthcare needs and challenges. It allows for flexibility in creating culturally relevant health programs with emphasis placed on integrated and holistic healthcare. She noted that the Alaska Tribal Health System referral follows the telehealth network and is a hub from region to region for individual communities and subregional clinics. The aim of the hub-and-spoke referral pattern is to keep care as close to home as possible. The Alaska Tribal Health System is an extraordinary resource, and it focuses closely on coordination and collaboration among each other. It honors tribal sovereignty and self-determination.

CHAIR BOERNER stated that she was extremely proud of the Alaska Tribal Health Systems and what the tribes have done together; particularly with the single compact.

TRUSTEE FIMON asked about balancing all of the different distinctive issues from all over the state.

MS. UNOK talked about how the needs and recommendations from the state balance. She stated that the Alaska Health Board is a neutral facilitator of the tribal caucus. Tribal caucus is a safe place for members of the Alaska Tribal Health System, ANHB board, cosigners of the Alaska Tribal Health Compact to come together and discuss issues among themselves. Issues are worked through, and then consensus is reached on some areas.

MS. KYLE added that one of the strengths of the tribal health system is the ability to speak with one voice, and ANHB is the facilitator of that process. One of the values is the ability to pause, listen and realize the intent for the services to best meet the needs of Native people statewide.

MS. UNOK provided an overview of the Alaska Native Health Board which was established in 1968, and is now celebrating 55 years. It is the statewide voice for tribal health, and it coordinates an annual set of legislative priorities; and also provides a strong intertribal health network for communication and statewide strategic planning. The current mission centers around fostering constructive communication with government agencies, the elected officials, industry stakeholders, and fellow advocacy organizations to raise awareness of tribal health issues in order to promote meaningful dialogue and effective policy change. It provides a comprehensive policy analysis on tribal health issues and technical assistance. She continued and explained about the impact of the Alaska Tribal Health System in Alaska, which is an economic driver for Alaska's economy.

MS. KYLE stated that the Alaska Native Health Board, under Ms. Unok's leadership, has a subcommittee called the Tribal Behavioral Health Directors. It created an amazing opportunity for the heads of behavioral health from all across the state to come together and plan, share ideas, learn from each other, and advocate together. She moved to Southcentral Foundation and stated that this portion was not a representation of the full tribal health system, but just an example of one region. The Anchorage Service Unit is the area where Southcentral Foundation supports care that is delivered in a variety of ways. The biggest hub community is Anchorage, and the second hub community is in the Mat-Su Valley where the Valley Native Primary Care Center

operates. There are direct operations in 17 small villages. She continued that SCF is a vision- and mission-driven organization. It is a Native community that enjoys physical, mental, emotional, and spiritual wellness. The mission is working together with the Native community to achieve wellness. She talked about how they operationalize the idea of partnership and relationship leading to multidimensional wellness. She added that Southcentral Foundation put behavioral health as a key part of the healthcare delivery system because that is what the community told them was most important. She continued through her presentation, going into detail as she walked through the slides. She then moved to the issues that were important to tribal health and talked about them, and stated that they were ready for questions.

CHAIR BOERNER thanked both ladies for their incredible presentation with so much information. She stated appreciation for the comprehensive overview to the Alaska Tribal Health System, how it integrates primary care with the mental health. That system of care allows for a true system of behavioral healthcare as well as outside the tribal health system. There is more integration and communication within the tribal health system overall.

TRUSTEE HALTERMAN thanked the presenters for the very informative presentation and noted that she picked up a few things that she did not know. She continued that it was good to hear some perspectives about where things were going, and she looked forward to hearing more about how that integrated setting works in the tribal system.

MS. UNOK moved to the last slide which stated thank you from all of the languages in Alaska.

CHAIR BOERNER thanked them (Native language spoken) She moved to the scheduled break and wished Trustee Sturgeon safe travels.

(Break.)

CHAIR BOERNER welcomed everybody back and gave trustees a chance to pose any questions or comments on the Governor's FY24 budget process updates. There being none, she moved into the FY25 budget process updates, and recognized Ms. Baldwin-Johnson.

#### **FY25 BUDGET PROCESS UPDATE**

MS. BALDWIN-JOHNSON stated that this was an informational update for trustees to make sure that they are being informed in gearing up for the next budget development process. She continued that the trustees approved a two-year budget at the beginning of the two-year budget cycle, and the FY25 budget will be brought back at the July and August board meetings. That will include further refinements and adjustments that are based on additional developments and work that had been transpiring through the year. She asked for any questions, and concluded the last agenda item.

CHAIR BOERNER asked for a motion to adjourn.

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

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

(The Program & Planning Committee meeting was adjourned at 2:57 p.m.)