

**ALASKA MENTAL HEALTH TRUST AUTHORITY**  
**PROGRAM & PLANNING COMMITTEE MEETING**  
**April 20, 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  
Brent Fisher

**Trust Staff Present:**

Steve Williams  
Katie Baldwin-Johnson  
Carol Howarth  
Miri Smith-Coolidge  
Kelda Barstad  
Michael Baldwin  
Eric Boyer  
Valette Keller  
Travis Welch  
Luke Lind  
Carrie Predeger  
Allison Biastock  
Debbie Delong  
Jimael Johnson  
Kat Roch  
Janie Ferguson

**Trust Land Office Staff Present:**

Jusdi Warner  
Sarah Morrison  
Katie Vachris

**Also participating:**

John Morris; Patrick Reinhart; Kathy Craft; Ann Ringstad; Josh Arvidson; Robyn Husa; John Springsteen; Stephanie Hopkins; Lisa Cauble; Commissioner Heidi Hedberg; Marcey Bish; Kate McDonald; Heidi Barnes; Bree Emily Richey; Laura Russell; Lisa DeLaet; Melissa Merrick; Marisa Wang; Kathy Stenman; Katie Jakes; Daniel Hartman; Katy Jenson; Christine Goetz; Trina Rairdon; Becky Bitzer.

## PROCEEDINGS

### CALL TO ORDER

CHAIR BOERNER (Native language spoken) welcomed everyone to the April 20<sup>th</sup> Program & Planning Committee meeting. She began with a roll call and stated that everyone was present. 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 BOYLES.

*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 asked for any ethics disclosures.

TRUSTEE MORAN publicly stated on the record that in her role as executive director of Women in Safe Homes, she provided a letter of Support for Community Connections to be used in their grant application to Rasmuson Foundation for grant-funding, and that the grant-funding for that project was now seeking funding from the Mental Health Trust Authority. She continued that providing that letter established her support for this project, and it occurred prior to the pending grant application before the Board. She publicly disclosed this conflict and recused herself from any discussion on Community Connections' grant proposal to AMHTA. She added that she would not take part in the vote on the proposal. Additionally, with the memorandum of understanding with the Ketchikan Wellness Coalition, and as an overabundance of caution, she also recused herself from any discussion on the grant application for Ketchikan Wellness Coalition.

CHAIR BOERNER thanked Trustee Moran, and noted that disclosure for the record. She asked for any other ethics disclosures. Hearing none, she moved to the approval of the minutes for January 5, 2023.

### APPROVAL OF THE MINUTES

**MOTION:** A motion to approve the minutes of January 5, 2023, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE Fimon.

*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

CHAIR BOERNER moved to the CEO update, and recognized CEO Williams.

CEO WILLIAMS went through a few updates on what was going on with the Legislature and where they stood with the FY24 budget. He talked about the bills that they were tracking and, specifically, where the Trust stood with HB 60, which was a bill he described as a cleanup bill related to the statutes. He then proceeded with some program highlights, and answered any

questions related to the third-quarter CEO grant approvals that were provided. He moved to Prospective Trustee Appointee John Morris, who was making his way through the process. He explained that Trustee Halterman had gone through the three committee confirmation hearings and was waiting for a joint session for confirmation; not just for Trustee Halterman, but for a number of appointees. Appointee John Morris had one committee confirmation hearing to go through, the Senate Finance. He added that the final step would be a joint session where appointees were voted to confirmation. As soon as the confirmation occurs, it would take effect immediately. Trustee Halterman would then continue on, Trustee Boerner would step down, and Appointee John Morris would immediately step into that seat as an authorized trustee. He stated that the Department of Health released its response to the DOJ report, which was a good response on a number of different levels. He would send the link to everyone. He continued that they talked about the next steps in the near term and long term for how to continue addressing the issues that the Department of Justice raised. He moved to a kind of Crisis Now heads-up and added that the work that had been done in Alaska was garnering national attention. Five different states had reached out to the Trust because they were aware of the work going on with the Department around this. He continued that they understood that the Trust is unique in its ability to convene state, local, and community organizations around an issue, and our ability to help identify problems and develop solutions. He added that it was a great conversation to be included in. He then talked about the conversation currently going on in the Municipality around houselessness. The Assembly passed resolutions to create two task forces: One related to the ability to stand up sanctioned camps in the Municipality; the other was a task force focused on individuals who were houseless who had complex health needs. He explained this more fully and asked for any questions.

CHAIR BOERNER opened the floor to trustees for questions, and recognized Trustee Halterman.

TRUSTEE HALTERMAN stated that she had reviewed the grants twice because they were received in two different ways. With regard to the Department of Justice, there were some questions related to that which came up in confirmation. She added that it would be informative if the links to both documents were sent to all the trustees. She also requested a hard copy.

TRUSTEE MORAN stated that it would be useful for her as a heads-up, when funding in Ketchikan or in her service area, to know because she often is approached by folks.

CHAIR BOERNER thanked CEO Williams and welcomed Mike Baldwin for the Overview of Trust Data and Evaluation Process and Data Use.

### **OVERVIEW OF TRUST DATA AND EVALUATION PROCESS AND DATA USE**

MR. BALDWIN began with a high-level overview of the data and evaluation work done at the Trust. Throughout all the meetings, there is a lot of talk about data, and he began with a sampling of the kind of things that were considered with data and the evaluation at the Trust. He stated the data is used to support the Trust's mission and is a strategic asset. This asset is used to assist the work in making decisions of funding, policy kind of efforts throughout the year, and throughout all of the work done. Data work is a dynamic process, and we are always looking at what data is needed. He added that the Trust is a data consumer versus a data generator, and he talked about the kind of evaluation work done and how they go about that. He continued through his presentation explaining some of the challenges and how data is integrated throughout all of

the work done. He added that, annually, the Trust is required to provide some missions, measures and performance data to the State Office of Management and Budgets. Another major use of data is for advocacy and planning. Compliance and monitoring are at the very core of a lot of the work done, as well as evaluation, outcomes and results. He stated that all staff are engaged in different levels of monitoring data sources throughout all of the projects.

CHAIR BOERNER asked for any questions.

A question-and-answer discussion ensued.

MR. BALDWIN added that, currently under the Department's leadership, Medical Director Anne Zink has focused on data and data elements. He talked about the communication power of the data, and then talked about who owned the data. He stated that there were three kinds of areas in terms of evaluation. Specific targeted initiatives or program evaluations are done from time to time, and we would like to do more, but it was a labor-intensive process. There are also ongoing trust evaluation processes in place, but individual grant reviews and evaluations and every project was looked at by all the staff involved. He stated that the Trust is always interested, and chooses getting the data that shows the impact being made in beneficiaries' lives.

TRUSTEE MORAN recommended the book "Trying Hard Is Not Good Enough" which she utilized in some of her recent grant writings when she had to do goals. She added that it is a worthwhile read.

MR. BALDWIN stated that book was by the lead proponent of this, Mark Friedman, and if trustees would like a copy, he was absolutely excited to share that.

CHAIR BOERNER asked for any other questions. There being none, she moved to the next item on the agenda, and asked Ms. Baldwin-Johnson to do an introduction.

#### **CONTINUATION GRANT PROCESS AND GRANTS ACCOUNTABILITY**

MS. BALDWIN-JOHNSON noted that Carrie Predeger, grants accountability manager, and Luke Lind, grants administrator, would be presenting. She reminded all that at the March Trustee Work Session on Governance there was a brief overview of the grant process, beginning with how folks first engage with the initial request, and she walked through the process up to the point of the grant agreement and how all that developed.

MS. PREDEGER stated that the presentation was designed to give the trustees a better sense of the Trust accountability process on an individual level. She continued with an overview of the accountability processes in the grant-making at the Trust, and she reviewed the grant categories. She talked about how performance measures were developed based on the grant categories using the results-based accountability, and she went over the grant reporting process that grantees use. She stated that there were 128 active Authority Grants and 54 MHTAAR grants that go to governmental agencies which will be discussed at the May meeting.

TRUSTEE BOYLES asked if there was the ability to fairly evaluate and support an emergency situation in the form of a grant that was shorter or served the entity for a greater length of time. She asked if those grant requests were looked at separately. She also asked about COVID.

MR. LIND replied that every grant is individually tailored with performance measures, the term, the scope. He continued that there was a whole program of COVID grants that were extremely rapid and had very tailored performance measures.

TRUSTEE FISHER stated that, for the trustees, this presentation was really important, and it ought to be a part of the orientation as new trustees come on.

CHAIR BOERNER stated that was a great recommendation and agreed that the presentation was very informative so far. She asked Ms. Predeger to continue.

MS. PREDEGER moved to the Grant Accountability and Reporting Challenges, and listed some challenges that were often run into with regard to Trust grant reporting. She continued to Individual Grant Performance Measures and Population Results. She stated that the reporting was based on the individual grant level, which makes it difficult to just track broader levels, like population trends. She then talked about the Budget Goals and Strategies and stated that they always worked to make sure that the performance measures reflected the priorities of the Trust. Those were established annually in each budget cycle, and they are different every year.

CHAIR BOERNER stated that it was a great presentation with good information. She continued that they would look at incorporating that into the orientation process. She thanked Ms. Predeger and Mr. Lind, and called a break.

(Break.)

### **COMP PLAN IN ACTION, ADVERSE CHILDHOOD EXPERIENCES**

CHAIR BOERNER welcomed everyone back and asked Jimael Johnson to provide a brief introduction.

MS. JOHNSON stated that it had been five years since having the opportunity for this type of discussion directly about some of the foundational research and local expertise in the state that helped to develop the early childhood intervention and prevention priorities, as well as the work talked about over the last few months and year that directly relate to the child welfare work and support of children and families involved with foster care. She added that the discussion would be Adverse Childhood Experiences which directly relates to the Comp Plan. She explained that Comp Plan Goal No. 1 is related to early childhood and the systems of support that help beneficiary families with needs related to the families and support of the brain development, and the development of their young children. Goal No. 6 addresses vulnerable Alaskans and some of the work in the area of child maltreatment prevention. She introduced Dr. Husa, the research analyst at the Maternal and Child Health Epidemiology unit with the Alaska Division of Public Health. She has a background in research and has been working with one of the key partners in public health, Dr. Jared Parrish, and would introduce the ALCANLink project.

DR. HUSA stated that she works with the Alaska Longitudinal Child Abuse and Neglect Linkage Project or ALCANLink. She talked about childhood adversity in Alaska from a population level, including how it could be impacted from factors very early on, even before a child is born. She also discussed upstream prevention, opportunities that could be bolstered by the work the Trust and its partners do. She gave context to ALCANLink, as it was the source of data discussed throughout the presentation. The Alaska Pregnancy Risk Assessment Monitoring

System program or PRAM, is a survey sent to approximately one out of every six Alaskan mothers of newborns, and respondents are asked about their experience pre, during and post pregnancy. ALCANLink links these prebirth factors to early childhood factors measured on CUBS, which is a follow-up survey sent three years later to most PRAMS respondents still living in the state. CUBS was designed to find out more about the health and early childhood experiences of young children in Alaska. She continued that with the linkage of these two sources, a good picture is developed of the environment surrounding the family before birth, including during pregnancy until the child was three years old. She added that ALCANLink currently includes children born between 2009 to 2018. The data is annually linked to data from the PFD, vital records, and the child death review to track demographics, movement out of state, and death. The data is also linked to Medicaid, OCS and the Department of Education records for the children beyond the age of three. She stated that using ALCANLink data over time is used to predict the child's risk for maltreatment up to a certain age, and she went through some of the numbers. She continued that Alaskan children born over this ten-year period have similar maltreatment risk trajectories as they age. Those born in 2018 are on the same trajectory of maltreatment risk as those born back in 2009. She stated that child abuse and neglect are part of a broader list of Adverse Childhood Experiences or ACEs that could lead to trauma responses. She added that the term "ACEs" originally included maltreatment and household challenge variables. In addition to maltreatment and neglect, there are experiences of domestic violence, substance abuse, maternal depression and mental illness within the home, divorce, incarceration, and then experiences of homelessness. She stated that the list of ACEs was expanded to include additional household and community challenges, such as discrimination, community violence, and financial insecurity. She continued that the prevention of ACEs is critical to the health and well-being of Alaskans because they pretty much touch everyone and were key experiences in the lives of most Trust beneficiary groups. She added that breaking this cycle and building up family resilience is where they want to turn to next. She talked about the prebirth household challenges that have profound impacts on the future child's early experiences, even though the challenges occurred before birth.

TRUSTEE FISHER asked about specific data pertaining to what communities they came from.

DR. HUSA replied that the data was representative of the entire state population. She noted that how the data breaks down via public health region can be gotten.

TRUSTEE FISHER replied that would be great and asked how it compared to the rest of the United States.

DR. HUSA stated that for ACE trajectories, in general, Alaska was generally at or a bit higher in risk in terms of having those higher ACE counts over the rest of the U.S. She added that it was just maltreatment, not Adverse Childhood Experiences.

MR. ARVIDSON stated that the ALCAN study is actually unique to Alaska. This is the only state that is diving into the data at this level of detail. He acknowledged that there is nothing to compare to because no one else was doing this kind of study.

DR. HUSA stated that all the data presented is from ALCANLink and specific to Alaska.

MS. JOHNSON stated, for context, that the Trust had been a real support of this work and actually supports Dr. Husa's position currently, and has for the last couple of years. She continued that this is part of the investment in developing the data which is very unique nationally and internationally, and it has received quite a lot of recognition. She added that this project is pretty cutting edge.

CHAIR BOERNER stated that this is critically important and asked if there also is an assets-based approach incorporated into this regarding protective factors, and where to look to invest in order to address these concerns.

DR. HUSA replied that what she presented was kind of a setup to how these prebirth factors could affect later risks and how we would be discussing protective factors and opportunities for prevention. She continued through her slide presentation, explaining as she went along. She moved to the third study that found that prebirth household challenges also predicted school readiness and academic achievements of a future child. The PRAMS data is connected to education data and found that experiencing higher levels of prebirth household challenges was associated with the increased risk of the child not meeting academic milestones. She pointed out that while all children were at risk for ACEs, certain disparities existed within the population. She highlighted a graph and noted that the disparity does not define risk but was rather a detection of a population likely experiencing a disproportionate load of modifiable risk factors. She added that the ALCANLink team is currently developing a tool to assist with care coordination through funds from the Trust and other related organizations. This tool, based on ALCANLink data, would be a survey given to pregnant individuals during their prenatal care visits to identify the most urgent issues that were experienced within the context of their existing protection. She thanked all for listening and thanked Ms. Johnson for inviting her to speak. She added that ALCANLink has a website for more information.

CHAIR BOERNER asked the trustees for any questions.

TRUSTEE MORAN stated that she knew that there were programs in the state that deal with families early on with providing financial supports. She asked if they were following up with some of those programs to see how effective they are and if they are focusing in the right area.

DR. HUSA replied that the ALCANLink program focuses mainly on linking that data and looking at the preventative and protective measures.

TRUSTEE MORAN asked if there is any organization that is following up on the data to be sure that the programs coming online are effective.

MR. ARVIDSON stated that he would address that in his presentation.

MS. JOHNSON thanked Dr. Husa for the population perspective and moved into the clinical perspective. She introduced Josh Arvidson, the chief operating officer with Alaska Behavioral Health, the director of the Child Trauma Center in Alaska, among many other titles. He has been a great partner to the Trust for many years.

MR. ARVIDSON stated that it was an honor to be there and appreciated the invitation and the Trust's work on behalf of Alaskans. He continued that he was very honored to be presenting

with Public Health and the folks with the ALCANLink team. He became aware of their work about a decade ago. The study that Dr. Husa referenced that linked exposure to the domestic violence in a home and that child's increased risk for child maltreatment has a 600 percent increased risk of being reported to OCS in the first two years of life. He continued that when he presents around the country on child trauma work, he shows what the ALCAN team does in Alaska. He thanked the Trust for their investment in that work, and thanked Dr. Husa and her team, because this is cutting-edge work being done in Alaska. He talked about what traumatic stress looked like at an individual level, which is something everyone could relate to based on their own life experiences. He talked about it at a granular level and worked back up to the population level that Dr. Husa and her team were working on. He stated that traumatic stress is a biological reality, and when he, as a clinician, talks about traumatic stress, he does not talk about what is wrong with you, but about what is right with you. If a person does not have a traumatic stress response system, they would not survive. He continued that the ability to respond to danger in the environment is very important as human beings, as caregivers, as protectors of children, of people. There is a need to have a powerful response to traumatic stressors, and that is part of what enables functioning in a potentially dangerous world. The problem with traumatic stress is not that you had a traumatic stress response; it is that traumatic stress had been so overwhelming, either it was so acute or was recurring, or it happened at a stage of development as a child and was overwhelming to the physiological system that it became problematic. He added that this traumatic stress response is an amazing part of what human beings have in being able to protect themselves and those that are cared about. That system helps to respond in powerful ways. He talked about the brain and the limbic system where the alarm system lives. In brain-imaging studies, there are consistent patterns in folks experiencing acute stress. The limbic system activates, lights up; there is increased metabolic activity on FMRI; and decreased metabolic activity can actually be seen in the neocortex. He added that this part of the brain mobilizes the emergency response system; activates things like complex problem-solving, and deactivates a little bit of decision-making. All this is normal and a part of what is important to have as human beings. He continued through his slide presentation, bringing out the finer points of his studies. He stated concern when looking at the data in the ALCAN study, the problem with chronic exposure to stress early in development makes the brain, to some extent, a surviving brain, as opposed to a learning brain. Chronic exposure to stress actually works at the physiological level, and that alarm system is prioritized, and the complex problem-solving, decision-making system becomes the less used bypath. He thinks that folks who experience chronic stress are living in that stress response system, and that was what he thinks is happening. He talked about the challenges of trauma and added that, in the long term, Dr. Husa's data was showing that social isolation would actually increase the long-term risk. One of the things that are often seen in folks experiencing chronic exposure to stress is increased substance use, particularly depressants. He then talked about trauma treatment and the opportunities around that, and then trauma-informed systems.

TRUSTEE STURGEON sincerely thanked Mr. Arvidson for that presentation. He stated that he does a lot of work with Wounded Warriors, and there have been a couple of episodes of them going into PTSD. He continued that he had not understood it, and the presentation was very helpful in understanding what goes on in their minds.

TRUSTEE HALTERMAN stated that she had heard a lot about ACEs over the years, and it has evolved. She thanked both Dr. Husa and Mr. Arvidson for the time and commitment that both



made to these populations. She added appreciation for the presentation and the additional insight. She asked if there was a definitive number of ACEs that are being measured now.

DR. HUSA replied that the answer is that there is no definitive list of which she is aware. She stated that there is the original ACE list from the original Kaiser Permanente study. It had been expanded based on different cultural and other experiences that children have.

CHAIR BOERNER talked about her experiences when her mother was a foster parent. This presentation focused on the children, but there are long-lasting effects into adulthood that are impacted by this. She added that this was a very powerful presentation, and she thanked them. She stated that next on the agenda was the HB 172 report contract update and recognized Travis Welch.

### **HB 172 REPORT CONTRACT UPDATE**

MR. WELCH noted that in a former life he was detailed to the Child Advocacy Center in Fairbanks and conducted numerous investigations where children were the victims of crime. He added that a lot of work has been done when it came to standing up crisis services in Alaska, but we still have a very long way to go. He moved to HB 172, which was introduced by the Governor and signed into law in July, 2022. The purpose of this bill was to enable standup 23-hour facilities outside of a hospital in Alaska. He stated that in the Mat-Su there is the Day One Center, and law enforcement has already taken people to that facility instead of taking them to jail or the ED. He continued that the scope of this report was to assess Federal, State regulations and requirements around psychiatric patients' rights. This report was also to identify and recommend any possible changes to statutes or regulations that may be needed to make this system better with better outcomes for psychiatric patients being held in a facility involuntarily; and especially around their grievance and appeals processes. The report also looked at other assessed data to see if improvements could be made to collecting data or providing that data to the Legislature and to the public around the processes. It also looked at psychiatric patients' reports, of their grievances and appeals, and those outcomes. He moved to the project structure. The overall management team consists of representatives from the Trust, and Agnew::Beck was awarded the contract through an RFP process. They are leading the work for the Trust and management group. There is also an advisory team that consists of various stakeholders from the State, providers, people with lived experience. They meet and discuss the work of the subcommittees. He stated that Ms. Ferguson is part of the team that has gone out and conducted various engagements in communities in Southeast and Southwest Alaska. They have also met with various stakeholders, and with 12 different facilities. They focused on meeting with the DET, Designated Evaluation and Treatment, facilities. He continued through his presentation and stated that the timeline is pretty tight with a lot of work. He appreciated the funding approved by trustees to hire a contractor to work with them on the project.

CHAIR BOERNER welcomed Janie Ferguson and asked her to share her trips to Bethel and to Kotzebue.

MS. FERGUSON (Native language spoken) She thanked Chair Boerner and all the trustees for their support, and to the Trust leadership for attending the stakeholder meetings. She had the chance to go to Bethel and up to Kotzebue. The things heard from the key stakeholders, whether it was the tribal health organization or law enforcement or public safety, is that there is a huge demand in these regions. There are a lot of individuals facing these behavioral health crises, and

there are very limited resources heard through Crisis Now and what is emerging through the HB 172 report. Often, well intentioned law enforcement or internal procedures are in place that are not well trauma-informed or culturally responsive for these individuals. There are opportunities there, too. She mentioned the presentation about people who experience childhood trauma are more likely to have those biomechanisms. There is a lot of opportunity for implementing new procedures to help respond to these behavioral health crises. She continued that those were some key things emerging from the stakeholder engagements and the key piece with the patients with lived experiences. There are a lot of interviews coming forward of people receiving treatment with possible opportunities to create new and innovative services based in the regions so that people do not have to fly out of their regions or even out of state. She added that those were the key things emerging.

CHAIR BOERNER (Native language spoken) Thanked Ms. Ferguson for her report and recognized Allison Biastock.

MS. BIASTOCK stated that they are pleased that Ms. Ferguson had the ability to travel to Kotzebue and Bethel. Those two trips were leveraged into some great earned media. She added that some outreach was done not only to promote the opportunities, but generally to talk about the work happening under HB 172. Ms. Baldwin-Johnson and Ms. Ferguson participated in a 30-minute podcast on KYUK radio in Bethel on their Wellness Wednesday program. Two pieces of earned media occurred in the Arctic Sounder out of Kotzebue; one about upcoming services planned in the Kotzebue region, and one about this specific visit. The more we can talk about Trust communication goals around destigmatization of behavioral health, the more we can talk about it.

CHAIR BOERNER asked for any other questions from trustees. There being none, she thanked Mr. Welch, Ms. Ferguson and Ms. Biastock for the updates, and called a break for lunch.

(Lunch break.)

CHAIR BOERNER excused Trustee Boyles and welcomed everyone back. She recognized Ms. Baldwin-Johnson for the 2025 Budget Development Process and Overview and Update.

## **2025 BUDGET DEVELOPMENT PROCESS AND OVERVIEW AND UPDATE**

MS. BALDWIN-JOHNSON stated that this presentation is to keep trustees up to date on the budget development process, to remind all of the work that goes into it, the steps that go into the process, and the timeline. She reminded all that the budget recommendations are done in two-year periods, and the trustees approve both the '24 and '25 budget together. There is another stab at the second year of that budget, because in developing budget recommendations there are good ideas about strategies and opportunities to work in a certain area, but we may not have a refined project or may not have identified the right applicant in the state that could further the work tied into the strategy. She continued to some of the considerations in the development of bringing forward a draft budget with recommendations at the July Program & Planning Committee Meeting. She added that there are a lot of steps to this, and continued through the timeline. We are currently in the process of reaffirming and reviewing what was proposed for FY25. That will continue through early June and, ultimately, the Full Board will approve the final budget at the August board meeting; and then that final budget document will be submitted to the Governor and OMB. She continued through the process, explaining as she went through.

She added that it took staff quite a bit of time to organize every one of the projects and all the material associated with them, and then put the materials in a folder by project. Staff goes through each of those, and does an analysis of how the project performed. It is very labor and time intensive to do, and it is very important. The hope is to do all of this before July, and we are all working on that now. She added that the conclusion of it all is the recommendation brought forward in July.

TRUSTEE MORAN asked if the synopses would be put up as they became available, or do we wait until the end and do them all.

MS. BALDWIN-JOHNSON replied that there is a back-end process to organize the information in a way that is easiest to digest, and it has to be put into a package. It would be complicated to just individually put those projects up in a location.

TRUSTEE HALTERMAN asked if there is a sense of whether or not the beneficiary responses to the surveys increased.

MS. BALDWIN-JOHNSON replied that they do not have that information because the survey has not closed.

MR. BALDWIN stated that they had looked at some of the in-process results and there had been an increase in people identifying themselves as beneficiaries, family members, caregivers and so on. He continued that they specifically targeted groups to make sure that we have good representation. He added that there is always room for improvement.

CHAIR BOERNER asked for any other questions. There being none, she moved to the approvals. She invited Ms. Baldwin-Johnson to offer some framing comments.

MS. BALDWIN-JOHNSON stated that they were bringing forward seven proposals for trustee consideration. The projects do span opportunities to impact beneficiaries at a system level.

CHAIR BOERNER asked for a motion.

**MOTION: The Program & Planning Committee recommends approval to the Full Board of Trustees of up to \$475,000 for contract for a comprehensive review of the Alaska's Medicaid rate reimbursement methodology. These funds will come from previously unobligated Fiscal Year '23 funds and be added as an Authority Grant fund under the Comp Plan/Data Evaluation line of the nonfocus area section of the budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORAN.**

CHAIR BOERNER opened the floor for a discussion on the motion.

MS. BALDWIN-JOHNSON provided a high-level overview of this first request which was the Alaska Medicaid rate setting methodologies. This is for contract funding that will support the Trust procuring a contract jointly managed with the partners at Department of Health. She noted that Department of Health Commissioner Jean Heidi Hedberg and Commissioner Emily Richey were on the line; and Acting Deputy Director of DBH, Laura Russell, was in the room. This is about the dire situation of the system of care and how Medicaid rates do not reflect the current

cost of operating businesses, which is resulting in the loss of workforce and many other things that lead to the closure of programs. She stated that the Alaska Behavioral Health Association, which is the trade association of all of the state-funded community behavioral health providers, had done a similar analysis looking at the fragility of the system as a whole, which also is impacted significantly by workforce issues due to the lack of paying living wages, and a number of other issues, as well. She continued that they are aware of losing capacity, losing services, and the kind of the trajectory if some steps are not taken to look at this more comprehensively. This is a big lift, and with the Trust supporting this type of work, this is an opportunity to utilize Trust resources in a way that could potentially have some long-standing near-term impacts on the system. The Trust wants to have a stable system of care, a comprehensive continuum of care that serves beneficiaries as close to home, in the community, where possible, so the system does not gravitate to a shift toward higher levels of care. If approved, this contract will be procured by the Trust, and we would partner with the Department on developing that scope of work and assessing any responses to an RFP. Further, there is an outline that will need to be reviewed and finalized through the process of developing an RFP to identify more comprehensively what is in the scope and how that contract would be evaluated. She added that overwhelming support has been received for this project. She stated that they were proposing that the funding for this project come from previously unobligated FY23 funds, and will be added to the Authority Grant funds under the Comp Plan Data Evaluation line, and that would need to happen at the Full Board meeting if trustees were supportive of this project.

CHAIR BOERNER acknowledged that a letter of support from the Alaska Association of Personal Care Supports was also received. She welcomed and thanked the Commissioner for joining us. She asked the trustees for any questions.

TRUSTEE FISHER asked who initiated the request.

MS. BALDWIN-JOHNSON replied that it was a jointly initiated request with dialogue from the Department. We had been looking at ways to problem-solve this issue, in particular.

TRUSTEE FISHER asked if this would cover specific CPT codes or was it comprehensive, all Medicaid rates. He also asked what the goal was that they were looking to achieve, and if there was legislative support.

MS. BALDWIN-JOHNSON replied that there would be some legislators that would be supportive of looking at this. There had been plenty of testimony and discussion in Juneau about the concerns about rates. The statutory advisory boards have had this as a topic of one of their shared priorities.

The question-and-answer discussion continued.

TRUSTEE HALTERMAN stated that Trustee Rhonda Boyles had re-entered the room.

COMMISSIONER HEDBERG stated that there were a lot of great conversations and deferred to some of her colleagues to answer some of those questions. She thanked the trustees for considering this request.

MS. BALDWIN-JOHNSON thanked the Commissioner and believed Deputy Commissioner

Richey may have to leave shortly, and she wanted to make sure that she had a moment to comment.

DEPUTY COMMISSIONER RICHEY thanked the trustees for giving this time to talk about something that is really important. How services are paid drives the services that are received, the quantities, the sufficiency, and the quality, to a certain degree. She gave a lot of credit to the small but mighty team in the Office of Rate Review in the Department of Health that is essentially responsible for establishing different rates for a variety of different services. Ms. Baldwin-Johnson did a wonderful job of articulating some of the challenges that had been heard from different providers struggling to maintain access to services and to stay afloat, given some of the economic challenges that occurred over the past few years. The payment systems have struggled to keep up with and reflect some of those challenges. She stated the RFP, and this service, would allow supporting that small but mighty team and the other divisions and providers that rely on the work they do to take a look at the actual methodology that underlies the system that determines how the services are reimbursed and what is being focused on.

CHAIR BOERNER thanked Deputy Commissioner Richey, and asked her to pass the floor over to somebody that could address some of the questions that Trustee Fisher presented.

DEPUTY COMMISSIONER RICHEY stated that she did not think Medicaid expansion impacted the methodology for how rates were established. It may have impacted the number of beneficiaries who needed some of the services; particularly, behavioral health services. She passed the floor over to Marcey Bish.

MS. BISH stated that she is from the Office of Rate Review. She thanked all for the opportunity to be part of this conversation and for the partnership. She continued that this is an incredibly important project, and appreciated both Heidi and Emily for talking about the mightiness of this small team. In looking at this project, some priorities were put together, and she went through some of the higher priorities and stated that we all have been well versed in hearing from providers and organizations about the need for the rate setting. She asked if any of her team members wanted to address or speak to any questions.

MS. McDONALD agreed with what was said regarding Medicaid compared to Medicare reimbursement. It does only apply to that small subset of professional services, and she provided the context of some private pay for things like personal care and all, but there is really no equivalent.

CHAIR BOERNER stated that this is highly complicated, and that is one reason this needs to occur. She continued that the purpose of this is to look at those actuarials, and she appreciated the points made as to things that may be included in that actual analysis. She noted that there were two more proposals ahead and asked the trustees if they had any further questions.

TRUSTEE BOYLES asked for some information on previously unobligated FY23 funds and how much was there.

CEO WILLIAMS replied that the amount of unobligated funds was around \$2 million. He explained that the unobligated funds are there to allow for flexibility for things that were not anticipated in approving the budget.

TRUSTEE HALTERMAN stated that they were ready for the question.

CHAIR BOERNER went through 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 thanked everyone and stated that it had been a very informative discussion. She moved to the next approval request which was for the Maniilaq Association.

**MOTION: The Program & Planning Committee approves a \$200,000 Fiscal Year '23 mental health & addiction intervention focus area allocation to the Maniilaq Association for the behavioral health crisis stabilization center project. These funds will come from the Treatment Access & Recovery Supports budget line in the Fiscal Year '23 budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORAN.**

CHAIR BOERNER invited Eric Boyer to do some introduction and background on the requested motion.

MR. BOYER introduced two folks that came down from Kotzebue; Bree Swanson, the social services administrator who has been with Maniilaq for over 21 years; Ronto Roney, the behavioral health services director. Before taking that role on he, was a substance-use supervisor for Maniilaq and the region. He continued that Becky Bitzer was online from Agnew::Beck, the contractor doing some prework with Maniilaq over the last year; looking to potentially do more work with them, pending the outcome of today's proposal. He talked about the actual model for Crisis Now and its framework, and what was looked at for those services, many of which are a part of the Medicaid 1115 waiver. Fairbanks, the Mat-Su, Anchorage and Juneau have been focused on, and the Arizona model, the gold standard, was seen in action. He talked about the complexity of traveling off the road system, and Maniilaq is a great example of what could happen in a rural region. Kotzebue is the hub village for the 12 villages in that region, and that is the base of the Maniilaq Health Association. He stated that the model was more than the Crisis Now element; it is a holistic look at the whole continuum, and this proposal supports that next level of taking that idea and putting the clinical model to it: the staffing, the billing, and bringing it all together. In planning and innovating a hub village for 23-hour, 24-hour support, they have modular units that could be remodeled and will be located on the hospital campus, but outside of the hospital, to provide those levels of care in the community and in the region.

CHAIR BOERNER was excited that Ronto and Bree were there and was also excited about Crisis Now being stretched out further into rural Alaska. This is a great example of taking it and making it our own. Looking over the proposal, she noted that some of the highlights were that it had the five elements of the Maniilaq Behavioral Health Crisis and Integrated Care Program, the ED Crisis Intervention, Inpatient-Crisis Crisis Center, and the Integrated Primary Care and Transitions were a great way of providing that center and starting to conceptualize how it could fit in a rural Alaska setting. She asked, for the record, if there were any questions for Bree and Ronto.

TRUSTEE BOYLES stated that she loved the Crisis Now program and would be the first one out there. She asked if there was a need for a concept effective like Crisis Now in Buckland, what would they do to help those people in Buckland.

MS. SWANSON stated that someone in crisis in Buckland would come into Kotzebue. Currently, they do not have the ability to serve them if they need a higher level of care in Buckland. Lots of times they go to API, which has a waitlist. They tell them they are good and send them back. A lot of the times we are not even informed that an individual was back in the region until they present in crisis again. The hope is to keep them in Kotzebue, give them the supports needed, hook them up with the therapist or counselors that reside or travel to Buckland so there is that continuum of care.

MR. RONEY added that if a person was experiencing a crisis in the community like Buckland or Dearing, they would call their local clinic, come in and would meet with a radio doc, a medical provider in Kotzebue who would determine if they would be flying into Kotzebue.

TRUSTEE HALTERMAN called for the question.

CHAIR BOERNER stated that the question was called and did a 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.)*

MS. SWANSON thanked the Chair and the trustees and stated their appreciation.

CHAIR BOERNER moved to the Ketchikan Wellness Coalition-Crisis Now Community Director proposal and stated, for the record, that Trustee Moran was recusing herself.

TRUSTEE MORAN replied yes.

## **KETCHIKAN WELLNESS COALITION-CRISIS NOW COMMUNITY DIRECTOR PROPOSAL**

CHAIR BOERNER asked for a trustee to present the motion on the record.

**MOTION:** The Program & Planning Committee approves a \$125,500 Fiscal Year '24 mental health & addiction intervention focus area allocation to the Ketchikan Wellness Coalition for the Ketchikan Crisis Now Community Director Project. These funds will come from the Crisis Continuum of Care budget line in the Fiscal Year '24 budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE BOYLES.

CHAIR BOERNER invited Mr. Boyer to provide the background on the motion.

MR. BOYER stated that this was coming up on year two funding. The Ketchikan Wellness Coalition is an advocacy body in the region that has hosted the Crisis Now coordinator director, Lisa DeLeat, who was online and available for any questions. He stated that Ketchikan is a region that they had no traction in until they were introduced to the Ketchikan Wellness Coalition. They had been a really good partner because they do not provide services in the

region and were not a threat in terms of hosting this position. It was somebody who was neutral, who worked with all the organizations and community and advocacy groups in the region, tribal and nontribal. Ms. DeLeat has been able to do a big education effort in bringing forward crisis stabilization, Crisis Now, getting providers, organizations, the city, municipality, borough partners thinking about that. This is something they want to see in their region, along with the local providers, the hospitals, Peace Health and then, boots on the ground, the social services providers, advocacy groups, the school.

CHAIR BOERNER thanked Mr. Boyer and asked for any questions from trustees. There being none, she moved to a 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 Sturgeon, yes; Trustee Moran, recused; Chair Boerner, yes.)*

CHAIR BOERNER congratulated Ms. DeLeat and thanked her for being available.

MS. DELEAT thanked all very much.

CHAIR BOERNER called a break.

(Break.)

CHAIR BOERNER welcomed everyone back and stated there were four more approvals to go through, as well as trustee comments.

#### **DATA DEVELOPMENT FOR TABI & ADRD: CONTRACT FUNDING.**

CHAIR BOERNER asked for a motion.

**MOTION:** The Program & Planning Committee approves up to \$125,000 for a contract for data development for traumatic & acquired brain injury and Alzheimer's disease and related dementias. These funds will come from the FY23 Comprehensive Program Planning & Consultative Services budget line of the nonfocus area section of the budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE FIMON.

CHAIR BOERNER asked Mr. Baldwin to provide some background.

MR. BALDWIN stated that in thinking about Trust beneficiary groups and the data needed to help forecast and plan for improving the continuum of care for beneficiaries, two groups of beneficiaries stand out with some of the most elusive or challenging work because they have not been focused on yet; they were the beneficiaries experiencing traumatic and acquired brain injuries, as well as Alzheimer's disease and related dementias. This is seeking approval to use funds to secure a contractor through a competitive procurement process to assist the Trust and partners in mapping out the data needs for these two beneficiary groups. This will help with the forecasting, planning and advocacy and a potential policy and even future funding decision-making potential with us or other funders, which is important. He continued that this need was identified through several of the budget stakeholder processes and the stakeholder surveys over the last two or three budget cycles that there was interest, but not capacity, to do this kind of



work. In continuing dialog in the last budget cycle with the leadership within the Department, this was identified as something the Trust could potentially help with groundwork for some of their programming and initiatives.

TRUSTEE FIMON understood that there was no scope for this project, and we were just approving money to do something with regard to data.

MR. BALDWIN replied that there was a rough scope, but for a formal procurement process which will flesh that out in greater detail for this project.

TRUSTEE HALTERMAN stated that she has a third friend that is leaving the state for treatment at Mayo because Alaska does not have the appropriate supports needed for Alzheimer's-related treatments in Alaska. This kind of data analysis may help arm the government with information necessary to pursue additional funding sources for potential services for the beneficiary population. She continued that she is absolutely supportive of this, and that it is a preliminary step in determining whether or not this could be made viable in Alaska.

MR. BALDWIN briefly described how the work would move forward with a contractor.

TRUSTEE MORAN asked where this data source will reside in terms of a final product.

MR. BALDWIN replied that the final product would be with the Trust, and we would share and disseminate. He added that it was an approval of funds for the Trust to procure a contract.

A brief question-and-answer discussion ensued.

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 Fisher, no; Trustee Halterman, yes; Trustee Moran, yes; Trustee Sturgeon, yes; Chair Boerner, yes.)*

CEO WILLIAMS thanked all and stated, for the record, that he would provide a draft scope of the work that would be put in the RFP when it was ready to hit the street.

### **SOUTHCENTRAL FOUNDATION FOR THE INTEGRATED PARENTING & FAMILY SUPPORT SERVICES PROJECT**

CHAIR BOERNER stated that the next item is the Southcentral Foundation Integrated Parenting and Family Support Services. She asked for the motion.

**MOTION:** The Program & Planning Committee approves a \$265,000 Fiscal Year '24 Authority Grant to Southcentral Foundation for the Integrated Parenting & Family Support Services project. These funds will come from the Improve Social Determinants of Health for Families and Young Children: Parenting & Family Supports, Home Visiting & Related Programs budget line in the Fiscal Year '24 Budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORAN.

MS. JOHNSON stated that the Integrated Parenting and Family Support Services project aligns very nicely with the budgeted funds that trustees approved last year related to the early childhood intervention and prevention work. She continued that this project will build out the continuum of supports for families with young children served by Southcentral Foundation. This is a home-visiting project, and is a new evidence-based practice to Alaska. It offers a culturally nuanced approach to services for Indigenous families. It had been one of those strategies discussed through the Alaska Impact Alliance and with other partners as an emerging best practice that could be very applicable and appropriate for families in the rural communities around the state, and we were excited to hear that Southcentral Foundation was interested in implementing this model. They are looking to potentially serve 150 new families per year with this program, and asked for the Trust to support startup costs for this in the first year and, potentially, blend with Federal and other funding to move forward and expand from there. This is an upstream effort to support young families and young children to start to move the curve on some families with a higher risk of child maltreatment and neglect because of the social determinants in health that were talked about.

MS. MERRICK stated she is the executive director of Primary Care Services. She continued that this project is part of a larger initiative of Southcentral to help provide enhanced care from prenatal through five years of life. They had been on a multiyear journey to really bolster and enhance the care in Anchorage, as well as the Mat-Su Valley, and the smaller community health centers that they support. They landed on this Family Spirit model as fitting their system with a way to meet the needs of the customer owners through a multi-pronged approach of home visiting. The Family Spirit model is evidence-based to support meeting social determinants of health, improved rates of maternal depression, postpartum mood changes, brain development, social-emotional development and overall family wellness. It is family-focused compared to other home visiting models that have a family focus, but tend to focus specifically on one member of that family. She stated appreciation for the opportunity to have the proposal considered.

A brief question-and-answer discussion ensued.

TRUSTEE HALTERMAN stated that they were ready for the question.

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

## **SOUTHCENTRAL FOUNDATION-TABI PHASIC IMPLEMENTATION**

CHAIR BOERNER asked for a motion.

**MOTION:** The Program & Planning Committee approves a \$500,000 FY24 Housing & Home & Community based services focus area allocation to Southcentral Foundation for the Traumatic and Acquired Brain Injury, TABI, Phasic implementation plan for identification, intervention and continued assessment of capacity and community infrastructure building project. These funds will come from the Services & Supports identified as priorities in TABI and ADRD state plans budget line in the FY24 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE STURGEON.

CHAIR BOERNER asked Kelda Barstad to provide an introduction and background on the proposal.

MS. BARSTAD stated that this TABI project has been a work in progress for multiple years. The staff from Southcentral Foundation had been in active partnership with the Brain Injury Council of Alaska, previously known as the TABI Advisory Council. They rebranded and work in partnership with ANTHC and other sectors that primarily serve Alaska Native populations. They had been meeting as a brain injury council for several years to figure out how to improve the continuum of care for beneficiaries with a traumatic brain injury. It had been a concern for Public Health, as well as Southcentral Foundation and ANTHC. She stated that this project would take a look at three phases. One was adults in the Southcentral area proper, Anchorage and the Mat-Su Borough. Second was adults that were part of the rural community health centers with a broader service area that Southcentral Foundation served. The third phase was children who were impaneled to Alaska's tribal health care system. This project would take a look at how to integrate services for people with a brain injury into the Southcentral Foundation system overall and insure that there was access to a continuum of services that would help them heal from their brain injury, refer them to services for support, and make sure that there was a systematic screening and assessment process in place. She added that this was a really exciting project, and she was pleased to be able to present it. Southcentral Foundation had been involving us and the Brain Injury Council of Alaska in the work. She noted that the full match that Southcentral Foundation was providing to the project was not reflected. They did not feel that it would make sense to have their full clinic budgets included in the project, because that would be two to three times the size of the entire memo. She introduced Katie Jakes, clinical director of PT & OT; Daniel Harman, medical director of the Service Line, who is online. Kelly Jensen, the nurse clinical specialist, was here in person.

MS. JAKES thanked the trustees for the opportunity last year to do a full explore on what TABI services looked like. She talked about what was accomplished last year beginning with going to the Lower 48 and doing four different site visits in the Colorado Springs area, as well as the Boston area. In each region they went to a pediatric traumatic and acquired brain injury facility, as well as an adult-based facility. One of them was a traumatic brain injury model system for the United States, and she noted that there are only 16 of them in the U.S. They were able to see the type of services offered from their intake processes for concussion programs and diagnostics with neuropsychology and physical medicine rehabilitations and also saw what the rehabilitation process looked like through their service care delivery model from acute injuries to a person's conditions with some models of traumatic and acquired brain injuries that do not resolve.

DR. HARTMAN noted that the numbers are pretty stark for rates of brain injury, acquired brain injury, and traumatic brain injury in Alaska. The state is consistently second or third in the nation for overall rates. The community they serve is suffering rates at least double that. He continued that the data was messy mainly because there is no structured data collection nationwide. He added that there were 48 states with some form of comprehensive treatment program for traumatic or acquired brain injury, and Alaska is not one of them. The standard of care for brain injury is a multi-disciplinary approach and the effort is to bring best practice and to apply it. It is a massive gap for the community.

MS. JENSEN noted what they were doing for training and building capacity for training for the community. She continued that they were able to train eight people this year. They have seven,

and one renewal, of certified brain injury specialists. She explained that a certified brain injury specialist is a credential that provides 10 different domains of brain injury through the Brain Injury Association of America. The hope is that through the brain injury specialist they could train trainers to be able to build capacity for the organization and the community and throughout the state by mentoring new trainers or even by providing training for other organizations for certified brain injury specialists. They also hope to be able to provide training in cognitive behavioral therapy across different services, including behavioral health services, in other clinics in the Valley, in their village clinics and in primary care. They also hope to provide vestibular rehabilitation training and to have some of the staff members attend some conferences related to brain injury.

A brief discussion ensued.

TRUSTEE HALTERMAN stated that they were ready for the question.

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

CHAIR BOERNER congratulated them on the application and looked forward to building new offerings for addressing TABI and ADRD in Alaska, and particularly in Rural Alaska for the future. She moved to the final approval request. She asked Trustee Moran if she was recusing herself from the discussion and vote for the Community Connections.

TRUSTEE MORAN replied yes.

### **COMMUNITY CONNECTIONS, THERAPEUTIC FOSTER CARE EXPANSION AND SUSTAINABILITY PROPOSAL**

CHAIR BOERNER asked for a motion.

**MOTION:** The Program & Planning Committee approves a \$400,000 FY23 partnership grant to Community Connections, Inc. for Therapeutic Foster Care: Expansion and Sustainability project. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE STURGEON.

CHAIR BOERNER asked Jimael Johnson to provide an introduction and background.

MS. JOHNSON stated that she was there with the partners from Ketchikan Community Connections and would be joined by Bess Clark, executive director, and Max Mercer, the deputy director. She continued that Community Connections is a provider in the Southeast region, including the Ketchikan and Prince of Wales Island communities. This project is a capital funding request to blend with both the agency funds, as well as requested Rasmuson and some community foundation funds, to purchase two homes of an adequate size -- three to five bedrooms was the goal -- which would expand their current therapeutic or treatment foster care program in the communities of Ketchikan and Prince of Wales. She continued that the services were well established with Community Connections, and they had been providing therapeutic treatment foster care services in partnership with community families for about 23 years. In some of the supplemental information, there were a number of documents that support the

success of the programs they had been operating to date and the partnerships with the families and youth that had been served. She added a quick background on the service of treatment foster care which is basically a home- and community-based service that had been highlighted in past Trust work through the previous Bring the Kids Home initiative. That was one of those services that really helped keep at-risk youth closer to home and out of institutional care, with the goal of transitioning back to their home families and staying as close as possible to their home communities. The service was really successful and was one of the services identified by the Department of Health and partnered with the Department of Family and Community Services as a priority service for youth and children in Alaska in response to the Department of Justice report. She stated that the goal is to expand these services to 37 youth by March of 2024, and to support those youth through their discharge plan.

MR. MERCER continued that they made a plan to expand their very successful foster care program, of which they are super proud. It was the bright and shining star of the children's mental health program, and the staff dedicated to therapeutic foster care was recently increased by 30 percent. Step 1 was increasing the two dedicated, managed clinical and management staff at the therapeutic foster care to three. Step 2 was pursuing capital funding for the two therapeutic foster homes in question. He added that they had lots of data, were CARP-accredited, and had been collecting outcome data on the therapeutic foster program since 2015. A lot of that was presented in the grant application. He talked about their wonderful successes, and asked for any questions.

CHAIR BOERNER recognized Trustee Fimon.

TRUSTEE FIMON asked about any identified properties.

MR. MERCER replied that they look at the real estate scene there all the time and there were homes that would work in this price range for sale in Ketchikan and on Prince of Wales. He stated that one of the biggest advantages of the agency-owned home is that they would recruit, train, license a therapeutic foster provider, and they would start providing services and then adopt the kids, which is a wonderful outcome. Then that home goes away, and they start all over again, finding someone else with a home that was willing to do the work, become trained and licensed. The permanent purpose of these homes is for therapeutic foster care, and if the therapeutic foster care provider wants to stop doing the work, then they will have to move out; and a new person could be trained and licensed to move in, which was a major advantage.

The discussion continued.

MR. MERCER explained that therapeutic foster care is a recruited, trained and licensed therapeutic foster care provider in a typical family home serving a youth with a significant mental health concern. The state uses the term "emotionally disturbed," which is a kid that is at imminent risk of out-of-home placement; a youth with significant functional concerns.

TRUSTEE HALTERMAN stated that they were ready for the question.

CHAIR BOERNER called the roll.

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

## **TRUSTEE COMMENTS**

CHAIR BOERNER stated that they were at the trustee comments item on the agenda. This is something that was initiated by a former trustee, Chris Cook, and brought forward so that trustees could share things that were on their minds. She asked Trustee Boyles for any comments.

TRUSTEE BOYLES stated appreciation for the indulgence of the team and thanked them for her in and out. This was a heavy lift today, and we spent lots of the money, which always makes her a bit nervous. She added that she was keeping track.

CEO WILLIAMS added that these funds were those that the trustees had already approved. We are just coming back to you with good projects.

TRUSTEE FIMON stated that a lot of the presentation and information over the two days was well done. It was things the trustees asked for, and the response given by the CEO and staff was incredible, and the information was probably more incredible. He thanked staff for all the preparation and for the presenters. Everyone is always phenomenal. He stated appreciation for the interaction between himself and all the fellow trustees. They are people that really care and are not afraid to ask the hard questions. He stated that this might be Chair Boerner's last meeting and he wished her good luck, and added that she would be missed. She has been a tremendous trustee that he got to serve with, and he is very thankful for that.

CHAIR BOERNER thanked him and recognized Trustee Fisher.

TRUSTEE FISHER thanked all the staff for the great support they give during these meetings that help them as trustees, who were part-timers, to get up to speed with several inches of paperwork. He suggested that it would be helpful to have the description of the motion which usually lists a project name but does not really say what is being funded. It would be nice to know what is being funded. With all the paper received, a bigger table would be nice. He continued that he made some of his statements because he is the chair of the Finance Committee. He noted that he voted "no" on some of today's proposals, and he explained what he looked for in the requests and what the ANCSA corporations were supporting. He also looked at how the amount of money was leveraged. He recommended that any Alaska Native healthcare corporations that come forward ought to be asking the ANCSA corporations because he might not vote the same way. He continued that he wanted specifics because he felt uncomfortable not knowing what he was approving money for. He wanted to know what the money was actually going for, which was a suggestion for the future. He thought it was a good meeting, and we covered a lot of things. A lot of motions and good programs got funded. He thanked all for all the work that went into that.

CHAIR BOERNER thanked him and stated appreciation for his perspective.

TRUSTEE HALTERMAN stated that on Trustee Boerner's last day with us, they had reviewed and approved some rural projects for Alaska. That was a good sendoff, and she was pleased that

those requests came before the trustees today. She thanked Trustee Boerner for her board service and stated that she had been a phenomenal trustee to work with. She aimed to be as professional as Trustee Boerner maintained within her tenure on this board. It was a delight to work with her, and she looked forward to working with her again in the future in a different capacity. She thanked her for her service and wished her the very best in whatever she did next, which would be good for Alaska. She also stated appreciation to the staff for all the work that went into preparing them. She also recognized the court reporter and Miri for making sure that the technology was running efficiently, and we could not run these meeting without the people behind the scenes. She looked forward to the next meeting.

TRUSTEE MORAN thanked the staff for all the work that went into this and stated appreciation for the data discussion. She continued that they do a good evaluation of the individual grants, and how they all play into the overall effectiveness of the organization was still a bit of a gap for her. She looked forward to continuing those data discussions and stated appreciation for the two discussions by the presenters on the ACES.

CHAIR BOERNER appreciated the comments.

TRUSTEE STURGEON thanked staff for all their great work, and he never wanted to neglect saying that. An incredible amount of work goes into putting this together. He shared a thought on the Native health organizations that came for grants. He wondered if they could do something like what we do with the State by producing a request to the State on what we think they need to fund. Have we ever done that with the Federal Government that we work with the Native health organizations; send a request to the Congressional delegation and say here is what we think in addition you need? Another small thing was getting name tags for the guests. Some of us do not hear the name right away, and we are lucky that this time everyone's last name was reserved. It was a great meeting. He told Chair Boerner that she was going to be missed. She did an incredible job as chair of the Program & Planning Committee, and was always extremely professional. She is the person that we all look up to on how to run a meeting. He added that her voice for Rural Alaska was always appreciated. Maybe she would stop by so we could formally shake her hand farewell. He offered the best of luck to her and a thank you for all the hard work done over the years.

CEO WILLIAMS thanked Trustee Boerner for chairing another great meeting. There was a lot of good and thought-provoking discussion that resulted in approvals that will have impacts on beneficiaries, and we look forward to giving updates on those impacts. The Legislature has until May 17<sup>th</sup>, so it just may not be your last meeting. On behalf of the Trust staff, the TLO staff, the trustees that you served with that are not here today, but sat in chairs with your previously, and most importantly, on behalf of all the beneficiaries, thank you for all you have done, your leadership, and the way you helped all of us grow in various ways over the five years that you served.

CHAIR BOERNER thanked all, and being in Baltimore, going to school, she was sitting with a real smile on her face. She stated that it had been an incredible honor to sit in this position, to work with the staff at the Trust, and to have been able to work with such amazing people as the trustees. She continued that she was very moved by the comments and thanked everybody. She was very humbled by them. She stated that the richness of diversity of thought helped her stretch her own boundaries, and she hopes that there had been real exchange in that. She asked for their

grace and to walk through this sort of thought exercise with her that, being Alaska Native, she would like for folks to think and consider. She appreciated the comments with regard to the ANCSA corporations. She shared that ANCSA corporations and the Alaska Tribal Health System, tribal governments, are a real pillar in the economy of Alaska. When things got tough, they were there, and they remained. She acknowledged the contributions from the tribal organizations, the ANCSA corporations themselves, and that they do support efforts. This thought exercise was for folks to ask -- this is where we stretch and take in the perspectives of others -- she wondered if folks, while looking at different proposals, have we ever thought, "was Donlin Gold contributing? Was Hillcorp Alaska contributing? Was Princess Tours or Holland America contributing? Were the fisheries contributing?" If we were going to ask that about the ANCSA corporations, then that should be asked about the business corporations in Alaska; not singling out Alaska Native corporations for that. She continued that they were all partners and had a vested interest in the advancement of Trust beneficiaries. It does the State good to think about that. She hoped in moving forward they think about those things and not delineate and designate, but think broadly with regard to that. It was really important to consider those things, as well. Being in Baltimore she was away from her husband, her children, her cousins, and was away from everybody at the Trust. One of the mental health things that she engages in to help keep her grounded and sane and feel is that she writes little notes that she actually mails, and would like to send you all cards. They will not be great prose and not always written in neat handwriting. Please let Steve or Katie know if you are interested. She added that this goes for staff, as well. Before she got too emotional, she stated a thank you very much. She looked forward to working with everybody in other capacities in the future. And perhaps this one again when she was done with her studies. (Native language spoken.) She 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 MEETING was ADJOURNED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Fisher, yes; Trustee Halterman, yes; Trustee Moran, yes; Trustee Sturgeon, yes; Chair Boerner, yes.)*

CHAIR BOERNE thanked all very much and adjourned the meeting.

TRUSTEE HALTERMAN wished Verne' good luck.

(Program & Planning Committee meeting adjourned at 4:11 p.m.)