

2003

ANNUAL REPORT



Taking the road less traveled to make a difference

The TRUST

The Alaska Mental Health Trust Authority



THE ROAD NOT TAKEN

By Robert Frost

Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler; long I stood
And looked down one as far as I could
To where it bent in the undergrowth;

Then took the other, as just as fair,
And having perhaps the better claim,
Because it was grassy and wanted wear;
Though as for that the passing there
Had worn them really about the same,

And both that morning equally lay
In leaves no step had trodden black.
Oh, I kept the first for another day!
Yet knowing how way leads on to way,
I doubted if I should ever come back.

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I —
I took the one less traveled by,
And that has made all the difference.

Message from the Chair

TRUSTEES TOOK THE ROAD LESS TRAVELED TO MAKE A DIFFERENCE FOR BENEFICIARIES



With passage of another year, it is appropriate to examine the challenges we faced and accomplishments we achieved during FY2003. This year our annual report theme focuses on choosing paths, especially roads that are not ordinary or trendy, but instead are pathways that stimulate and challenge us to think and work in new ways.

We hope you enjoy reading about some of the interesting roads we chose to walk during 2003, as we strived to serve as a catalyst for change and improvement in the systems that affect the lives of our beneficiaries. Along the way we often found that, in the words of the poet Robert Frost, we selected “the one less traveled by and that has made all the difference.”

We believe our FY2003 report card reflects that we were very successful in staying “in step” with the state’s Comprehensive Integrated Mental Health Plan, coincidentally entitled “IN STEP.” Most importantly, we focused on measurable results in the broad program areas of the plan: health, safety, economic security, living with dignity, and workforce and infrastructure development for the systems that serve our beneficiaries.

Some important roads we chose this year were those we traveled with partners. By joining forces with other funders, we pooled our resources to develop facilities and programs that may have otherwise existed only as dreams. Examples include an addition to Safe Harbor, an Anchorage non-profit motel for the homeless, and a detox center planned for Fairbanks, which is an outgrowth of nearly two years of work by committed community partners around alcohol problems in Fairbanks. We also made landmark progress sustaining and expanding Alaska’s therapeutic courts and therapeutic justice practices. This is another instance in which The Trust took a leadership role by opening a dialog with judges, beneficiary groups and court administration that focused attention on the inappropriate and avoidable incarceration of people with mental disorders.

The Trust Land Office also had a very successful year managing our land and resources. The staff again exceeded their goals and that of the Trustees by enhancing the value of our many assets and producing increased income to fund programs and facilities for our beneficiaries. Their challenges were many, from timber land trades, oil and gas leases and land sales to making plans to move to a new office unexpectedly. I thank the TLO executive director and staff and the Trustees for keeping us on the path of the TLO’s long-term goal to manage Trust resources so they provide the best sustainable income for beneficiaries.

The successes and measurable results we can point to in FY2003 would not have been possible without the continued hard work and dedication of our Trustees, who take time away from their families and their jobs to serve the beneficiaries. I appreciate all of them. I extend a special thanks to Susan LaBelle, who has chosen to leave The Trust when her term ends in March 2004. Susan has played a major role in starting and sustaining the Rural Outreach program, which has focused Trust attention on developing infrastructure and resources for beneficiary related systems in rural Alaska.

My report would not be complete without thanking our executive director and Trust staff for their dedication, innovative ideas and energetic enthusiasm. As a team we found many interesting paths to walk this year and made considerable strides that improved the lives of our beneficiaries. We believe this year was part of a journey that will make a difference.

A handwritten signature in dark ink, reading "Phil Younker Sr." with a stylized flourish at the end.

Phil Younker, Sr.
Chair

FY2003: A Year In Review

TRUSTEES FOCUSED ON IN STEP PROGRAM AREAS TO HELP IMPROVE THE LIVES OF BENEFICIARIES

Throughout FY2003, The Trust focused its efforts on six program areas that were identified in “IN STEP”, the state’s Comprehensive Integrated Mental Health Plan, which was developed by the Department of Health and Social Services in conjunction with The Trust. It provides policy direction for developing and implementing programs and services for Trust beneficiaries to foster individual health and well being, personal safety, economic security and life with dignity. It also includes programs that promote workforce and infrastructure developments that help improve the systems that serve Trust beneficiaries.

The following examples are a few of the highlights of the work that was accomplished with funding and support provided by The Trust during the year.



Health

WELLNESS CAMPS

Inspired by a culturally based family treatment program initiated at the Old Minto Spirit Camp several years ago, The Trust has funded three “wellness” camps near Sitka, Dillingham and Kodiak that specifically target Alaska Natives and their families who are facing substance abuse problems.

Although Alaska Natives comprise 16 percent of Alaska’s population, they represent 49 percent of the people receiving substance abuse treatment services in the public sector. Strengthening cultural identity is an important part of the treatment in all three camps. The goal of each camp is to initiate or reignite participants’ interests in Native ways, such as hunting, fishing, carving and

sewing. Each facility was developed according to the culture of the region and the level of substance abuse services and support available.

Reports from the camps show that entire families and individuals have taken advantage of the programs and that the use of emergency medical services for substance abuse problems has dropped among the participants.

At the urging of The Trust, each of the programs has developed links to regional substance abuse programs and all are working to find other funding partners to keep the programs alive and growing.

TRAUMATIC BRAIN INJURY ADVISORY BOARD

The Alaska Traumatic Brain Injury Advisory Board completed the first phase of a federal Health Resources Services Administration grant in FY2003 that will improve the state’s service delivery system for survivors of a traumatic brain injury and their families. To assist TBI in its efforts, The Trust provided \$100,000 in FY2003, of which \$75,000 was used to pilot direct services and \$25,000 matched the federal grant.

An improved service system for these beneficiaries will economize existing delivery channels that rely on uncoordinated delivery structures and result in out-of-state treatment, long delays post-injury for interventions and poor outcomes. Improvements in the delivery of TBI services will help to relieve the burden on the state’s emergency and institutional delivery systems, such as corrections and emergency mental health treatment, which often serve TBI survivors by default.

Progress by the TBI board in FY2003 included oversight of a needs assessment and a survey of TBI survivors and family members, service providers and state level agencies. Information was gathered on the incidence of traumatic brain injury and existing capacity to provide rehabilitation services in the state.

Alaska’s developing TBI model, administered under the state’s Division of Behavioral Health, is regarded nationally as an innovative design, combining the necessary mental health, substance abuse and rehabilitation services needed to efficiently serve this population. Changes by the Division will provide greater access to funding in the state’s grant and Medicaid program for a cost-efficient level of service delivery.

The Division also implemented changes that will increase identification and specialized delivery of services to TBI survivors, thus increasing the likelihood of positive outcomes for these beneficiaries. The Alaska Screening Tool, an assessment tool to identify mild to moderate-level brain injuries, also was developed by the Division in FY2003, and its use is required by all Division grantees in intake and assessment procedures. Assessment data and other TBI relevant data will be included in the plan for upgrading the state’s Management Information System to assist in identification of the incidence of TBI and treatment mechanisms by state grantees. Discussions were held with representatives of the Division of Seniors and Disability Services to incorporate this screening tool in their assessment procedures as well.

In FY2004 TBI will fund training to increase direct service workers’ skills and understanding of the complex needs of TBI survivors. The TBI Board will also sponsor its first state conference in March 2004 specifically for TBI education.



Safety

THERAPEUTIC COURTS

During FY2003, The Trust and the Alaska Court System partnered to sustain and expand Alaska’s therapeutic courts and therapeutic justice practices statewide.

Therapeutic courts are innovative alternatives that have demonstrated significant results with individuals whose involvement with the justice system stems primarily from a mental illness or substance use disorder. Alaska has six therapeutic courts

that target mentally ill misdemeanor offenders, misdemeanor and felony DUI offenders, felony offenders with drug addictions, and families in which substance abuse led to child protection intervention. These projects developed independently over the last few years and with differing and usually short-term funding sources.

As part of the partnership with the Court System, Trust funding provided for a staff person within the Court System who focused exclusively on developing, sustaining, and evaluating therapeutic courts; a guide to assist judges in implementing therapeutic practices; and training for judges.

Therapeutic courts focus on solving the underlying problems that bring people into contact with the justice system rather than simply applying standardized sets of sanctions. Judges in therapeutic courts coordinate closely and in non-traditional ways with a team including attorneys, treatment providers, and case managers to develop and apply individualized requirements and sanctions. They provide higher levels of oversight and respond more quickly to both positive and negative behaviors of participants.



Economic Security

IDA SUMMIT

The Trust funded a six-year project beginning in FY2002 to partner with other organizations in researching, developing and implementing an IDA program in Alaska. IDAs — or individual development accounts — are financial tools that enable low-income and low-wealth American families to save, build assets and enter the financial mainstream. In 2003, The Trust took another step toward bringing IDAs to Alaska by sponsoring an IDA summit with national experts that provided local stakeholders with information and technical training necessary to develop and implement IDA programs.

In addition to helping individuals achieve financial independence, IDAs benefit communities by adding new property owners to the tax-payer

base, adding new small businesses that will pay taxes and stimulate the economy, and increasing the number of trained and educated workers in the workforce.

IDA programs are implemented by community-based organizations in partnership with a financial institution that holds the deposits, and are funded by public and private sources. Federal and state governments, private-sector organizations and individuals can match deposits for low-income families. During FY2003, The Trust began funding of a pilot program with the Cook Inlet Tribal Council that targeted 40 potential IDA participants in the Anchorage area and will expand in subsequent years.

The Trust is also partnering with the Rasmuson Foundation to fund an asset-building coalition through United Way of Anchorage. The coalition will develop a broad range of programs that are complementary to IDAs to benefit low-income Alaskans and Trust beneficiaries. These include increasing participation in the Earned Income Tax Credit, layering funding resources for homeownership through federal funding programs, and participation in initiatives that assist individuals in becoming ‘banked’ and participating in traditional banking services.



Living with Dignity

JUSTICE SUMMIT

On November 18-19, 2002, Trustees hosted Alaska’s first ever Criminal Justice/Mental Health Summit to focus attention on the problem of inappropriate and avoidable incarceration of people with mental disorders, to gain perspective from practitioners, and to develop direction for improvements.

Over 200 participants met in Anchorage to examine the causes and impacts of “criminalization” of people with mental disorders. They included professionals from law enforcement, corrections, the judiciary, and various treatment disciplines along with legislators and consumer

advocates. Participants reviewed specific case examples to explore current justice and treatment system responses when symptoms of mental disorders result in “nuisance” or “status” offenses and to identify needed improvements.

Michael Thompson of the Council of State Governments reviewed the findings and recommendations of the Council’s Criminal Justice/Mental Health Consensus Project, which is attempting to develop a consensus direction for improving responses to the nationwide problem that our jails and prisons have become the default emergency response system when appropriate care for mental illness is unavailable.

In breakout sessions participants focused on in-depth exploration of four key parts of the criminal justice/mental health system interface: law enforcement; court processes; incarceration and re-entry; and community-based services and integration. A special session focused on issues related to children and adolescents in the juvenile justice system.

The summit resulted in identification of what is working effectively and identified four key areas for future action: collaboration of the justice and community treatment systems; training; service system gaps; and rural services. Participants agreed on the importance of the summit as a first step in improving collaboration across systems and urged continued Trust leadership to promote and support action at the state and community levels in all four areas.



Workforce Development

LEADERSHIP INSTITUTE

The Governor’s Council on Disabilities and Special Education, with funding from The Trust, developed and piloted a training program called the Leadership Institute to increase the skills and competencies of front-line supervisors working with Trust beneficiaries. The Leadership Institute was a comprehensive, multi-faceted approach that included a three-day skill-training workshop, mentoring, guided practice, distance-delivered discussion opportunities, and a competency evaluation.

The University of Alaska Anchorage Center for Human Development conducted the program over the course of six months beginning in May 2003.

The Leadership Institute provided front-line supervisors with a rigorous, time-intensive, and competency-based curriculum. Seventeen new front-line supervisors participated. During the skill-training workshop, participants received instruction on various leadership and management skills, including vision and mission development, identifying and developing leadership characteristics, time management, developing performance-based job descriptions, constructive feedback and staff development, working with teams, and supervision techniques.

Each participant was paired with a seasoned supervisor who served as a mentor and provided regular contact for six months. Mentors also attended the skill-training workshop. In addition to the three-day workshop and mentoring support, seven audio-conference discussions were conducted to help participants use their new skills. To complete the course, participants were required to submit a portfolio that demonstrated skill competencies. Certificates of completion were awarded to those participants who completed all the assignments.

Outcomes of the Leadership Institute were positive and reflected the demanding nature of the training. Seven participants (41 percent) received certificates of completion; nine participants (53 percent) maintained consistent contact with their mentors. In the words of one participant, "The assignments are difficult to take on, like taking on a college course along with other job duties, but it is an obtainable goal." Another participant said "Having homework to do, getting together with my mentor and camaraderie with other students is what worked for me." Another institute is scheduled in April 2004.

PERSONAL CARE ATTENDANTS, DENTAL AND BEHAVIORAL HEALTH AIDES

One of the most important steps in getting the proper care for Trust beneficiaries is having the right kind of trained personnel available to them, especially in rural Alaska where services are often

limited. Three training programs were initiated in FY2003 that are aimed specifically toward individuals living in rural Alaska. The programs provide training for personal care attendants, dental health aides and behavioral health aides.

The training was funded by a coalition called the Alaska Rural Community Health Economic Strategies that, in addition to funds from The Trust, includes support from the Alaska Native Tribal Health Consortium, Rasmusson Foundation, Paul G. Allen Charitable Foundation, Ford Foundation, Denali Commission and National Rural Funders Collaborative.

The behavioral health aide training program was funded in federal fiscal year 2003 and will be recruiting in winter of 2004 for 50 village-based positions that will address local mental health and substance abuse issues. These individuals will work primarily with Alaska Natives to address substance abuse problems ranging from alcohol, drug and tobacco abuse, in addition to inhalant abuse. They will also help with mental health problems relating to grief, depression, suicide and homicide in their communities.

The dental health aides are being trained to provide basic oral health and preventive services under the direction of the Community Health Aid Program. Graduates will be certified by the Community Health Aide Certification Board and will work under the supervision of a dentist, typically in a village clinic.

Personal care attendants will receive training to help them assist an elder or a disabled person who wants to live independently and at home but needs care to stay safe and healthy. Those services range from assisting someone with bathing, dressing and grooming, to checking a person's vital signs or treating wounds.

All three training programs are also expected to provide much needed jobs in rural communities where employment opportunities are limited. Program graduates may eventually go on to other health care careers, too, as they see the opportunities to make a difference in their communities.



Infrastructure Development

RURAL BEHAVIORAL HEALTH CLINICS

Sometimes The Trust's two-year budget planning cycle can be too slow to allow The Trust to respond rapidly to funding opportunities that may arise. Therefore, Trustees have established a Partnership Fund in each fiscal year to allow The Trust to leverage other resources in a timely manner. During FY2003, The Trust spent \$586,672 to leverage nearly \$11.1 million from other partners to fund various programs throughout Alaska.

A key success story in this partnering effort has been the addition of behavioral health clinics in rural health care projects that are being funded throughout Alaska by the Denali Commission in partnership with The Trust and other local funding sources.

In 1999, the Commission conducted a needs assessment that identified nearly 300 communities, villages and towns that needed primary care facilities. As of 2003, about 60 of those projects were in stages ranging from concept to planning, design or construction. Most include a behavioral health component and, in some cases, a dental component as well.

Trustees believe that co-locating behavioral health and primary care in a community is both fiscally responsible and in the best interests of patients. By integrating services, The Trust hopes to reduce the stigma and barriers that prevent Trust beneficiaries from seeking the treatment they need.

INTEGRATED MIS PROJECT

Alaska is one of four states developing a Web-based information management system to track the treatment and progress of those receiving substance abuse counseling. The federal Substance Abuse and Mental Health Services Administration is funding the program. With Trust encouragement and additional funding from the Department of Health and Social Services, Alaska's program has gone a step further to become an integrated behavioral health program that also includes tracking for those receiving mental health services. Trust staff members have been integrally involved in partnering with DHSS to develop the Alaska version and implementation plan.

The system will use a single, protected server and newly developed software, an outgrowth of a successful system in Texas, which will streamline several processes, resulting in improved quality of service to clients and the use of more standardized treatment tools. The software will also assist providers in documenting caseload and treatment data and will ensure that they are in compliance with funding requirements and reporting.

The new program is expected to encourage collaboration among providers because of better, more detailed records and should result in better tracking of referrals. Finally, the system will be compliant with all patient confidentiality regulations, so clients and providers can both feel more comfortable using the system.

The program was piloted in Seward, Valdez and Healy in FY2003 and is scheduled to roll out to the majority of providers in 2004.

2003 Financial Report

TRUST FINANCIAL HOLDINGS BEGIN A TURNAROUND

Assets of the Trust are made up of the corpus of the Trust Fund, which includes financial assets. The financial component of the Trust Fund is managed by the Alaska Permanent Fund Corporation on behalf of The Trust, as required by law. The Trust Land Office, a special unit within the Department of Natural Resources, manages the Trust's land assets, also required by law. The Treasury Division of the Department of Revenue manages the financial holdings from the mental health budget distribution (payout), current-year rents, fees and bonuses from Trust Land use and the interest generated from these holdings. The Trust Authority Financial Officer routinely coordinates with the APFC, Treasury Division and Trust Land Office on financial management matters and provides reports to the Finance Committee and the Board of Trustees. The Trust Land Office routinely coordinates with the Trust Authority staff, Resource Management Committee and the Board of Trustees on Trust Land management and development matters.

KEY FINANCIAL OUTCOMES OF THE TRUST FUND

The assets of The Trust consist of revenue generated from the financial component as well as the use and disposal of Trust Land assets. The cash

assets consist of the original settlement, inflation proofing, interest and revenues generated from the disposal of Trust Land assets. The cash is maintained at the Alaska Permanent Fund Corporation and the Treasury Division of the Department of Revenue in several accounts. These accounts are the Principal, Principal Reserve and Income Account. The Principal consists of the original settlement, inflation proofing and allocated revenues from natural resources. The Principal Reserve consists of 400 percent of the prior fiscal year's disbursement (payout) and is designed to provide a steady stream of funding during downturns in investment markets. In FY2003 the principal reserve was at approximately 200 percent due to the market value fluctuations for the past two years. The Income Account holds the disbursement (payout) amount for the current mental health budget and current year rents, fees and bonuses from Trust Land use, as well current interest on the funds held in this account.

In FY2003, the financial holdings at the APFC experienced a 4 percent gain after having losses for two years due to the volatile market. The interest from the financial holdings at Treasury was also down by 3 percent. However, it should be noted that the Trust Land Office exceeded its gross revenue projections by 185 percent, with final revenues equaling about \$16.8 million, compared to a goal of \$5.9 million. It is important to note that the distributable Income from the Trust Land use, which The Trust relies on to meet funding commitments for the subsequent year, was only 19 percent higher than projected, which is consistent with the necessarily conservative nature of this projection.

AMOUNT OF TRUST FUND AT APFC* (AT END OF FY2003)



■ Settlement	63.4%	\$200,000,000
■ Inflation	13.3%	\$42,200,710
■ Reserves	11.9%	\$37,409,130
■ Land	7.9%	\$24,761,544
■ Payout	3.5%	\$11,039,434

TRUST PROGRAM AREA EXPENDITURES



Health	22%
Safety	26%
Economic Security	3%
Living with Dignity	10%
Infrastructure	30%
Workforce Development	9%

Note: The total expended for programs was \$9,522,379 in FY2003. This does not include Trust Authority Admin or Trust Land Office costs.

The disbursement or payout rate remained at 3.5 percent for FY2003, which is used to determine the disbursement or payout for the mental health budget. This rate is applied to the amount of the Trust Fund (Principal and Principal Reserve) plus 100 percent of the revenues allocated as income from Trust Land use, the interest on the financial holdings at the Treasury Division, and any lapsed funding from prior year projects.

The following performance for FY2003 was available for funding the FY2004 mental health budget:

- The disbursement (payout) rate remained at 3.5 percent for a payout of \$11,039,400 (5.3 percent increase over FY2002).
- Rents, fees and bonuses from Trust Land use increased by 4 percent over the prior fiscal year to \$2,625,000.
- The interest on the Income Account at Treasury Division decreased by 2.7 percent to \$1,219,885.
- The amount of lapsed funds from prior fiscal years was also reduced by 0.3 percent to \$3,252,649.
- The total funding available for the mental health trust budget in FY2004 is \$18,636,800 for an increase of 6.37 percent over FY2003.

In FY2003, the Trustees approved spending \$325,000 from the Principal generated from the disposal of Trust Land resources to remodel a small Anchorage office building that is owned by The Trust and will be occupied by the Trust Land Office in FY2004 and to replot

and rezone a 14-acre commercial property in Anchorage.

In FY2003, the Trustees took steps to protect the financial assets from major losses and developed policy to maintain half the Principal Reserve at the Treasury Division in an intermediate-term fixed income investment pool for stability. This will help to preserve the purchasing power of the financial assets for future generations. The Trust currently has \$20,963,600 invested in the intermediate investment fund at Treasury, which is approximately one half of the Principal Reserve.

KEY FINANCIAL OUTCOMES OF THE TRUST LAND OFFICE

The TLO exceeded its FY2003 gross revenue goal by about 185 percent, with final revenues equaling about \$16.8 million, including \$2.6 million in distributable Income. \$14.2 million of this amount was attributable to the disposal of Trust Land assets and was deposited in the Principal Account, with the remaining \$2.6 million being fees and rents and thereby distributable Income. Much of the revenue was attributable to multi-year transactions, which were not guaranteed to close in FY2003 and were, therefore, not included in the FY2003 gross revenue projections. Core and supplemental operating costs for the year equaled about \$1.6 million. Other highlights included:

- Timber harvest revenues accounted for over 45 percent of gross revenues (about \$7.5 million), with sales at Icy Bay (Yakutat), Thorne Bay (Prince of

Wales Island), North Kenai, Tyonek and Katlian Bay (Sitka).

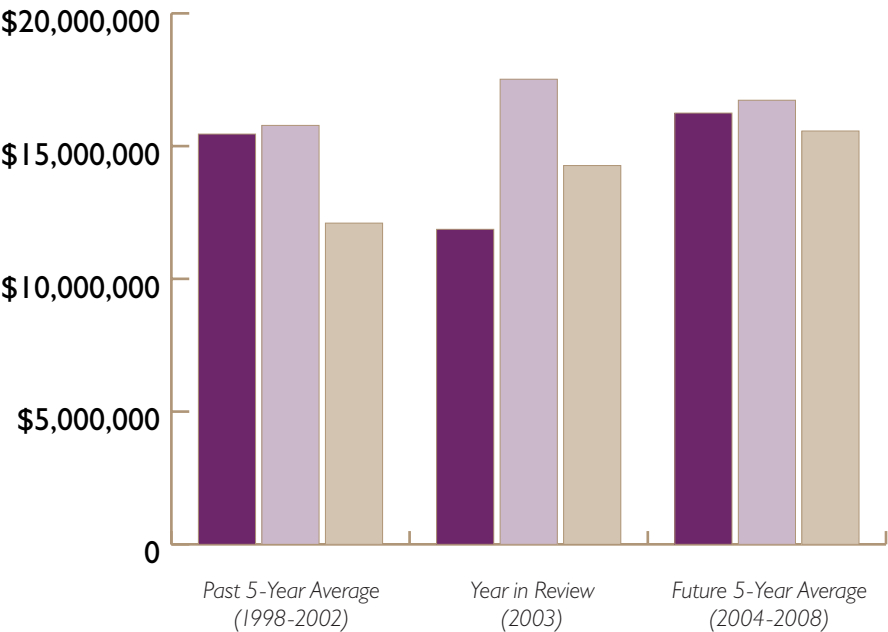
- Successful efforts were made to increase revenues from other resource categories, including significant increases in oil and gas lease acreage, with over 70,000 acres under lease by year end in the Cook Inlet and Nenana areas and natural gas production expected by winter of 2004.
- The Real Estate program conveyed 16 acres for the new Alaska Psychiatric Hospital and sold 25 acres to Providence Health System in Anchorage, 120 acres of residential land in Anchorage to a private developer, 1,000 acres in Sitka to the U.S.

Forest Service, and 17 acres in Fairbanks to the State of Alaska. Additionally 40 lots were sold through the TLO's annual land sale, with a sale value of over \$1.25 million, and over 59 new lots were added to The Trust's land disposal portfolio through subdivision projects throughout the state.

- The minerals and materials program generated revenues and new business opportunities at the Fort Knox Gold Mine in Fairbanks.

An expanded TLO annual report, including projected activities for the future, is provided in the Fall 2003 issue of *Trustworthy*, the Trust's newsletter.

TRUST FUND PERFORMANCE



Trust Fund Performance	\$15,453,900	\$11,865,900	\$16,245,020
Trust Income Available	\$15,779,840	\$17,519,600	\$16,728,130
Trust Funded Projects	\$12,099,620	\$14,267,100	\$15,569,180

Note: Trust Fund Performance includes market value gains/losses to the Trust Fund at APFC and Land Revenues allocated to the Principal.

Trust Income Available includes the amount allocated for the payout or distribution for Trust funded projects, Land Revenues allocated as Income, Interest Earned and Lapsed Funds.

Trust Funded Projects are all those projects that are approved by the Trustees for past, current or future years.

The Board of Trustees



Front row (L to R): Susan LaBelle, Phil Younker, Sr. and Caren Robinson. **Back row (L to R):** John Malone, Tom Hawkins, John Pugh, and Nelson Page.

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John Pugh

Comprehensive Integrated Mental Health Plan Chair

Staff Contact Information

Trust Administrative Office

550 W. 7th Avenue, Suite 1820
Anchorage AK 99501
Phone: 907-269-7960
Fax: 907-269-7966
www.mhtrust.org

Jeff Jessee, Executive Director
jjessee@mhtrust.org
907-269-7963

Delisa Culpepper, Deputy Director
delisa@mhtrust.org
907-269-7965

Betty Sorensen, Financial Officer
bsorensen@mhtrust.org
907-269-7964

Bill Herman, Program Officer
bherman@mhtrust.org
907-269-7962

Nancy Burke, Program Officer
nancy@mhtrust.org
907-269-7961

Russell Webb, Disability Justice Initiative
russ@mhtrust.org
907-334-4484

Marilyn McMillan, Accounting Supervisor
marilyn@mhtrust.org
907-269-7968

Lucas Lind, Grants Administrator
luke@mhtrust.org
907-269-7960

Perry Miller, Budget Coordinator
perry@mhtrust.org
907-269-7960

Trust Land Office

718 L Street, Suite 202
Anchorage AK 99501
Phone: 907-269-8658
Fax: 907-269-8905
www.dnr.state.ak.us/mhtlo

Stephen C. Planchon, Executive Director
stevep@dnr.state.ak.us
907-269-8656

Wendy Woolf, Deputy Director
wendy@dnr.state.ak.us
907-269-8661

Leann McGinnis, Business Manager
leannm@dnr.state.ak.us
907-269-8659

Alison L. Smith, Senior Resource Manager
alisons@dnr.state.ak.us
907-269-8421

Mike Franger, Senior Resource Manager
mikefr@dnr.state.ak.us
907-269-8657

Doug Campbell, Senior Resource Manager
dougc@dnr.state.ak.us
907-269-8688

Chuck Ault, Resource Manager
charlesa@dnr.state.ak.us
907-269-8420

Anna Solorzano, Resource Technician
annas@dnr.state.ak.us
907-269-8664

Victor Appolloni, Resource Technician
victora@dnr.state.ak.us
907-269-8658

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