

ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING
July 26, 2023
10:45 a.m.

Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 200
Anchorage, Alaska 99508

Trustees Present:

Agnes Moran, Chair
Anita Halterman
Rhonda Boyles
Kevin Fimon
John Morris

Trust Staff Present:

Steve Williams
Katie Baldwin-Johnson
Eric Boyer
Allison Biastock
Miri Smith-Coolidge
Valette Keller
Sarah Morrison
Michael Baldwin
Autumn Vea
Debbie DeLong
Kat Roch
Carrie Predeger
Janie Ferguson
Luke Lind
Travis Welch
Jimael Johnson

Trust Land Office Staff Present:

Jusdi Warner
Jeff Green

Also participating:

Doreen Schenkenberger, John Springsteen, Lance Johnson, Jenny Weisshaupt, Dan Robinson, Charity Lee, Steph Hopkins, Steph Kings, Joanne Singleton; Ann Ringstad, Morgan Erisman, Sara Clark, Cary Moore, Jaqueline Summer, Kathy Craft, Laura Russell, Lisa Cauble, Jennifer Carson, Kimberly McDowell, Karen Blackburn, Sam Muse, Laura Herman, Lauren Rocco, Don Habeger, Karen Ward.

PROCEEDINGS

CALL TO ORDER

CHAIR MORAN called the Program & Planning Committee meeting to order and began with a roll call. She stated that Trustees Sturgeon and Fisher were excused. She asked for any announcements. She noted that she was not conferred or consulted with on the building of the agenda, and there may be items that she did not support going forward. She moved to approval of the agenda.

APPROVAL OF THE AGENDA

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

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

CHAIR MORAN asked for any ethics disclosures. There being none, she moved to the approval of the minutes of April 20, 2023.

APPROVAL OF THE MINUTES

MOTION: A motion to approve the minutes of April 20, 2023, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

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

CEO REPORT

CEO WILLIAMS began with an update on where staff was with the COMP Plan. He explained that they were in the final year of a five-year plan, and the Department, stakeholders, and the Trust were reviewing it. Then it would be updated and put out for public notice with the goal of having an updated Comprehensive Integrated Mental Health Program Plan by the new fiscal year. He added that Autumn Vea is the staff person who worked closely with the Department on moving it forward. They are also looking at updating the current MOA to move forward for the next five years. Updates will be provided as that unfolds. He moved to the Department of Health Division of Behavioral Health which is leading a behavioral health roadmap work with several State stakeholders. He mentioned the advocacy partners involved and stated that there is an aggressive timeline to do some regional work and gather information from communities focusing on children, youth, and families. They hope that the steering committee, which includes the Trust and many others, would have the ability to lay out what is gleaned from this work and make the recommendations and action items. Laura Russell from the Department is one of the key leaders in pulling this steering committee together; and Dr. Anne Zink chairs the leadership meetings. Updates on that work will be provided. He continued to the plans for a fall rural outreach trip, and gave a brief history for context. He stated that the updates would continue as they moved forward to finalizing the dates. He then reported on HB 172. He explained that this is a linchpin legislation for the Trust work to improve access to behavioral health crisis services and the components of the Crisis Now work. The legislation allows for the no-wrong-door approach to crisis stabilization and crisis residential. By “no wrong door,” individuals, either voluntarily or in an involuntary status, will be able to access services in those

settings. Section 36 of that bill talks about how the Department of Health, the Department of Family and Community Services, and the Trust, as well as many stakeholders, are to issue a report to the Legislature on four key areas, which he explained. He continued that the leadership team, which includes the Department, the Trust, and the identified stakeholders, have been looking at those areas for a long time. Required in the legislation is public comment which will be incorporated into the recommendations in the final report submitted to the Legislature in October.

TRUSTEE MORRIS stated that it was his understanding that, historically, the Trust has refrained from making recommendations about legislation. He noted that he could be wrong.

CEO WILLIAMS replied that the Trust actually reviews legislation on a regular basis every legislative session, in partnership with the advisory boards, for policies that may have a direct impact on beneficiaries. He stated that there have been times when the Trust provides public comment and has been invited to provide testimony to committees.

TRUSTEE MORRIS put into the record that the Trust should take a look at assessing the implication of the recent changes to the 80th percentile rule for staffing of medical professionals in Alaska and how that may affect beneficiaries.

CHAIR MORAN stated that the confusion is between lobbying, which the Trust does not do, and providing information.

CEO WILLIAMS stated that the Trust advocates and, by statute, is allowed to do that.

TRUSTEE FIMON asked if that is part of the written legislation.

CEO WILLIAMS replied that it is part of the larger bill.

MS. BALDWIN-JOHNSON briefly explained that this legislation is a Governor's bill, and the collaboration was jointly with the Governor's Administration, the Department, and the Trust. Policy issues need to be addressed in order to move forward on some of the reforms around crisis response. She added that this is a good example of how the Trust and the Administration could work closely together.

CEO WILLIAMS provided the fourth quarter of FYF23 CEO grant approvals. The report was sent out in one of his weekly reports, and he asked if there were any comments or questions.

CHAIR MORAN asked for those to be included in the packet in the future.

CEO WILLIAMS agreed, and added that it is also on the website.

TRUSTEE FIMON stated his appreciation for that.

TRENDS IN ALASKA WORKFORCE

CHAIR MORAN introduced Dan Robinson, the chief labor research analyst at the Department of Labor and Workforce Development. She added that he would be speaking on trends in the Alaska workforce. She thanked him for taking the time to be there.

MR. ROBINSON stated that he was glad to be there and explained that Research & Analysis primarily produces economic data, demographic data, and provides insights from the data. He continued that they have to produce data that is credible and is of high quality. He added that they do not take data from non-credible sources, and there is no political slant to anything. He stated that the data does not change, which is pretty important. He explained the data set “Job Openings and Labor Turnover Survey” which is done by the Bureau of Labor Statistics, which is also a partner. He talked about pre- and post-COVID employment data and the evidence derived from it. He added that there has been roughly a reduction of 30,000 in the number of working-age people in Alaska. The working-age populations are definitely shrinking, which matters actuarially for Social Security, Medicare, and those kinds of things. He talked about the echo boom, which is the kids of the baby boomers who were attracted to Alaska because of the high wages. He focused on healthcare, and stated that the job openings data is not available at the state level for healthcare; but he went through the national data. He stated that healthcare job openings data had been dealing with worker shortages before COVID hit. He added that healthcare is projecting to grow faster than everything else, and then continued on to some of the retention data.

CHAIR MORAN thanked Mr. Robinson, and stated that it was very informative. She noted a housekeeping detail and stated that Trustee Boyles had to leave tomorrow at 1:00 o’clock, and asked the trustees if they would be willing to go until 5:00 instead of 3:30, to get out earlier tomorrow. She called for a lunch break.

(Lunch break.)

APPROVALS

CHAIR MORAN called the meeting back to order and started with the Approvals. She asked for a motion on the first one regarding Volunteers of America Supported Employment for Young Alaskans.

MOTION: The Program & Planning Committee approves \$125,200 FY24 Beneficiary Employment & Engagement Focus Area allocation to Volunteers of America for the Supported Employment for Young Alaskans project. These funds will come from the IPS Support Employment line of the FY24 budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

CHAIR MORAN recognized Jimael Johnson.

MS. JOHNSON was pleased to introduce this funding proposal that had been worked on with Volunteers of America in collaboration with the State Division of Behavioral Health. She began with a background on both the employment model and the relationship with the State to roll this out on a statewide level, and then talked specifically about the project. She explained that the IPS, the Individual Placement and Supports model, is an evidence-based practice of supportive employment for people who experience serious mental illness and/or substance-use disorders. She stated that this model is used throughout the country and internationally. There is a high level of support from the national and international communities for states interested in implementing, which Alaska became a member of about three years ago. She continued that the Division of Behavioral Health had invested, over the years, through General Funds and staff

technical assistance, to try to build a network of agency providers that integrate this model into their practice. Currently, there are two agencies that met fidelity through its model in Alaska: One was in Homer with South Peninsula Behavioral Health Services, which has been doing this to fidelity for about five years; and Frontier Services in Soldotna is the newest agency to come online to fidelity. Anchorage has been one of the communities that has called for these services; particularly from the Division of Vocational Rehabilitation. This model is highly compatible with the vocational rehabilitation services, and it supports the work of voc rehab specialists. In partnership with both the Trust, Behavioral Health, and Vocational Rehabilitation, they had been methodically moving into communities, and they advertise this supportive employment model. She added that we are pleased that VOA was interested in the model when the Anchorage-based providers were approached. She stated that this proposal is the result of that outreach and their interest and readiness. She continued that this proposal is largely for staffing, which is the primary need for funding when implementing this model. She added that the model requires an employment specialist that is trained specifically in the eight practice principles of IPS. This proposal will help young beneficiaries in the Anchorage area to achieve gainful employment, which is one of the Trust's highest objectives within the Beneficiary Employment and Engagement focus area. She stated that Sarah Clark from VOA was there to help.

TRUSTEE HALTERMAN asked how ongoing funding for that position long term, after the Trust's involvement is over, would be sustained.

MS. JOHNSON replied that the Trust funds are intended as a startup. The Division of Behavioral Health has long-term committed funds for this evidence-based practice. Grant funding is expected to be available long term.

TRUSTEE HALTERMAN called for the question.

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

CHAIR MORAN moved to the UAA doctoral occupational therapy program. She entertained a motion.

MOTION: The Program & Planning Committee approves an \$84,000 Partnership grant to the University of Alaska Anchorage for the Extension Project for Doctoral Occupational Therapy Trainees in Behavioral Health project. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

CHAIR MORAN recognized Eric Boyer.

MR. BOYER acknowledged that Dr. Cary Moore, from the University of Alaska-Anchorage, was there to answer questions, if needed. He explained that she is the director, academically, over the doctoral occupational therapy program at UAA, which is in the College of Health. He stated that this proposal is the second phase. A smaller award was made to the program to help support Doctor of Occupational Therapy students in an internship. They were paid a stipend for a year as they worked with an integrated team out in the community with the integrated behavioral health/primary care. He continued that the Mat-Su Health Foundation is also a partner, and they provided funding in that first year.

TRUSTEE MORRIS stated that there were three students that participated in the extension project in year '21-'22. He asked if any of them graduated.

DR. MOORE replied that all three had graduated. One of the other benefits of the program is that this training program rolled into their doctoral capstone project. Those three students that were funded are now employed at Providence; at an out-patient pediatric facility in the Valley; and at a pediatric facility in Anchorage. They all stayed in Alaska.

CHAIR MORAN asked for any other questions, called the roll.

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

CHAIR MORAN moved on to the Bartlett Regional Hospital, Aurora Crisis Services, and asked for a motion.

MOTION: The Program & Planning Committee approves a \$476,200 FY24 Mental Health and Addiction Intervention focus area allocation to Volunteers of Bartlett Regional Hospital for the Aurora Crisis Services, Commencement of Operations Assistance Project. These funds will come from the Crisis Continuum of Care line of the FY24 budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

CHAIR MORAN recognized Travis Welch.

MR. WELCH noted that Jen Carson, the acting director of behavioral health for Bartlett Regional Hospital, and Kimberley McDowell, the chief operations officer and the chief nursing officer for Bartlett Regional Hospital were online. Lauren Rocco from Agnew::Beck Consulting was also scheduled to be there. He began with a brief background on Within Alaska utilized for the crisis stabilization services and talked about the various levels of care. There were DESs, which were designated evaluation and stabilization facilities; DETs, designated evaluation and treatment facilities; the Alaska Psychiatric Institute, API, can do evaluations, stabilize and provide treatment through and beyond 30 days. After the passage of HB172, the standing up of 23-hour crisis stabilization is allowed. This could receive individuals and keep them up to 24 hours for stabilization purposes. Evaluations for those in need of a higher level of care in order to apply for the ex parte order can also be done. Also allowed under HB172 is to stand up short-term crisis stabilization centers which could also be stood up in nonhospital facilities. People could be kept there for up to seven days. He added that those systems are regional. This project in Bartlett will have positive impacts not just for Juneau, but also for the greater region and throughout the state of Alaska. It will provide services at that lowest level of care and will open up beds in the higher level of care which are now used to provide that lower level of service. He went through some of the highlights of the project and added that it is scheduled to open in September. He continued that the Trust funding will not be used to support ongoing operations of the hospital right now. That funding will not be accessed until the Aurora Behavioral Health Center is opened. He explained that the project is the only current project where crisis stabilization services will be offered to juveniles.

MS. BALDWIN-JOHNSON added that the framework for working with communities on standing up these services is to work with the crisis collaborative, which is a network of all the providers in the communities and developing agreements among them for priorities in terms of access or discharges. She continued that communities that lacked services is another element that needs to be worked on with the Division of Behavioral Health, the Department of Family and Community Services, and the Department of Health to stand up the 1115 services or really work with organizations to expand what they offer. She added that it is working collaboratively with the Department to bring forward the priority need for those types of discharges.

CHAIR MORAN stated that it is taking much longer than seven days to find beds for juveniles. She asked if they will be held for the entire time or be shifted back to the hospital environment, and how will the lack of outside facilities for kids be handled?

MR. WELCH replied that there is a lot of coordination that will happen in figuring out where that juvenile needing assistance could go. Currently, within the system, they go into the hospital system in Bartlett where there are beds. He asked Ms. Carson to explain the current process.

MS. CARSON replied that, currently, they are being held on the med surg floor until a general placement is found. She noted that this is not ideal. The goal is, once the services stand up, they will be held onto and continue that therapeutic process working collaboratively with all the other community resources to find the best placement for them. They would stay in the facility. The plan is to not have them go into the hospital.

TRUSTEE MORRIS thanked Bartlett for leading on this issue and building a good coalition. It is a great cause.

MS. McDOWELL stated that it is a great opportunity for the community to be able to not only help this community, but also to help statewide. She continued that there is a great team at Bartlett working on it, and we still have some unanswered questions in navigating, being the first one in the state. She added that they are excited to be moving forward.

CHAIR MORAN thanked all and called the roll.

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

CHAIR MORAN moved to the Juneau Housing First Collaborative, Forget-Me-Not Manor Phase 3, and entertained a motion.

JUNEAU HOUSING FIRST and FORGET-ME-NOT MANOR PHASE 3

MOTION: The Program & Planning Committee approves \$375,000 FY24 Housing and Long-Term Services and Supports focus area allocation to the Juneau Housing First Collaborative for the Forget-Me-Not Manor Phase 3 Project. These funds will come from the Supportive Housing Projects line of the FY24 budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

MS. BARSTAD stated that Morgan Erisman is the program director for the Forget-Me-Not

Manor with the Juneau Housing First Collaborative. She stated that supportive housing continues to be a priority initiative for the housing focus area as it serves almost entirely Trust beneficiaries who are at great risk of institutionalization. The permanent supportive housing initiative helps to ensure that some of the most vulnerable Trust beneficiaries who are homeless, have chronic conditions with a co-occurring behavioral health condition could be housed, regardless of the status of their recovery or their engagement in treatment. She added that this is incredibly important because there are virtually no other opportunities for housing for individuals with all of these criteria. Many of them are seen homeless on the streets today. She stated that the initiatives are incredibly successful, and there is an outcome study attached to the memo. The University of Alaska is engaged with the Juneau Housing First Collaborative to study the impact of these projects. There was a significant impact not only in the individual beneficiaries housed in these projects, but also a community impact. Projects with permanent supportive housing impact the emergency services in a community. There are reduced police interactions, reduced emergency room usage, and a reduction in sleep-off center usage. She continued that many people who had been housed through supportive housing had been able to engage in healthcare services that they had delayed for many years, and in some instances over 10 years. She stated that this project is for Phase 3, and the Juneau Housing First Collaborative is planning on developing 28 units for this project. It is the third and final phase for Forget-Me-Not Manor. She added that this is critical for some of the most vulnerable Trust beneficiaries who really need that housing-first approach to have success and inclusion in the community.

TRUSTEE HALTERMAN stated that she had a concern on Phase 3. Would the focus change to talking about employability for some of the Phase 3 beneficiaries that do not have as many medical barriers to return to employment?

MS. BARSTAD talked about the interesting differences in the Phase 2 and Phase 3 populations. She stated that some of the individuals housed in Phase 1 had been chronically homeless for over 15 years and predominantly used alcohol. Phase 2 shifted a bit. There still was some significant alcohol use, and we also found more of a variety of illegal drug usage, as well. She continued that it will be interesting to see what will happen with Phase 3. One unfortunate problem of not being able to get these online quickly is that people were accumulating years of chronic homelessness while waiting for units to become available. She asked Morgan Erisman for comments.

MS. ERISMAN stated that there was a difference in Phase 2 with a significant decrease in the ER visits, and she imagined that Phase 3 would be similar. She continued that, with Phase 3, she sees providing more supports to those that continue having the chronic medical conditions, and we will need to account for those long times of homelessness.

TRUSTEE HALTERMAN stated that there was not a lot of expectation of folks being employable, and they are likely going to be an older population with long-term homelessness. This would be a permanent solution for those individuals.

MS. ERISMAN replied yes.

TRUSTEE BOYLES commented that this is basically construction money and stated that she was very supportive of this. Her concern was about ongoing operations, and she asked if there would be other requests in the future for operations for this project.

MS. BARSTAD replied that they occasionally get operations for the supportive housing projects. She added that the projects in place at this time have not been requesting the operations.

TRUSTEE MORRIS asked if, in Phase 3, clients would still be required to have been homeless for greater than one year.

MS. BARSTAD replied, yes, that it addresses the chronic homeless population.

TRUSTEE MORRIS stated appreciation on the inclusion of the five-year data summary from UAA dated August 2022. He added that he would like to see, moving forward, this type of data being maintained on a continuous, rolling basis by the Trust grant recipients. The level of outcome data in this report is golden, wonderful.

CHAIR MORAN stated that she was very supportive of housing first and supportive housing. Her concern was, if they were only doing two housing grants this year, Phase 3 should not be funded. She continued that they should be looking at communities that do not have this resource, and to dedicate the funds to getting into those communities to start developing this resource. She added that she would not support this because this funding should be taken to look at those communities and do some true catalyst funding to try to distribute this solution across the state instead of concentrating it into some of the hub communities. She called the question.

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

CHAIR MORAN called a break.

(Break.)

CHAIR MORAN called the meeting back to order and began moving through the FY25 Trust budget recommendations introduction. She recognized CEO Williams and Ms. Baldwin-Johnson.

CEO WILLIAMS gave a stage setting for what would be started today and would continue tomorrow. He acknowledged that the FY25 budget was presented first last year because, by regulations, a two-year budget is developed and presented, which aligns with the legislative cycle. He asked Ms. Baldwin-Johnson to continue.

MS. BALDWIN-JOHNSON stated that staff was ready to provide as much information about the background in focus areas and strategies as trustees are interested in hearing. She stated that the process was very informed and collaborative with a reliance on the partners and stakeholders working with the beneficiaries to help understand the needs and the priorities. A very engaged stakeholder process is important to bring forward recommendations in a transparent way with the opportunity to have input. The purpose of this committee is that it is another opportunity to look at that second-year budget, and to reaffirm what was originally approved and still solid recommendations. She highlighted that, in addition to making recommendations for Mental Health Trust funds, the Trust has a statutory responsibility to make General Fund recommendations, which are also included in the budget. She added that the ultimate goal was to

use this meeting to give trustee feedback into what was brought forward. The draft budget would be fine-tuned and finalized for the August 25th board meeting for reconsideration and adoption. That budget needs to be transmitted to the Legislature and the Governor by September 15th.

MR. BOYER highlighted some of the common themes that were learned through the stakeholder budget survey, which is done yearly.

MS. BALDWIN-JOHNSON thanked Mr. Boyer and invited Autumn Vea to touch base about the COMP Plan and how it was integrated into the planning process.

MS. VEA stated that the COMP Plan covers a lifespan approach and is the primary statutory responsibility of the Department of Health, the Department of Family and Community Services, in conjunction with the Trust. The collective plan supports the vision that Alaskans receive comprehensive prevention, treatment, and support services at appropriate levels. This collective vision is broken out into nine separate goals. Those goals and the corresponding objectives and strategies are the collective work of the entities involved. Each of the entities helped to contribute and plan and provided stakeholder feedback to the COMP Plan, which related back to the feedback loop discussed earlier. She continued that the COMP Plan is measured by the Alaska scorecard indicators that determine what strategies and approaches may need to be updated. She noted that the COMP Plan was in the process of being updated.

TRUSTEE HALTERMAN asked if efforts were made to reach out to beneficiaries as stakeholders to weigh in.

MR. BALDWIN replied that part of the increased outreach is to hit populations in locations where beneficiaries could be accessed. There is an increased effort to recruit beneficiaries into the survey, which increased participation.

MS. BALDWIN-JOHNSON explained that this had been developed with the recommendation of Trustee Fisher, the Finance chair. He wanted an additional visual that would support trustees going through the budget for easy access and understanding of the different strategies. She explained the spreadsheets more fully and talked about budget terminology. She continued explaining the columns and the budget strategies and what everything meant. She stated that the presentations today would cover the focus areas first, and then hit the other priority areas. Then we will shift to the nonfocus area allocations. A solid overview will be provided and will highlight some shared data. She stated that the first transition would be with Eric Boyer and Janie Ferguson to cover mental health and addiction.

MR. BOYER began with the budget focus and priority area allocations in the proposed budget. He stated that the program staff had been doing a lot of great work, and we love the opportunity to dialogue. He talked about the things that the beneficiaries would benefit from and talked through some of the things that had been done.

MS. FERGUSON continued that the Trust Mental Health, Addiction, and Intervention area is focused on the entire continuum of care. This is about prevention to early intervention, treatment and recovery for the Trust beneficiaries that were living either with serious mental illness or emotional disturbances, any mental illness and dependency of substance-use disorders. She

framed the focus area and provided more context as it aligned with the Comprehensive Mental Health Plan. It took a wide range of partners and stakeholders to address the needs and to develop effective strategies. The stakeholder engagement approach includes planning and engagement on a systemwide level to ensure the positive impacts across the lifespan of Trust beneficiaries, with the ultimate goal of improving the overall health outcomes and increasing the quality of life. She talked about the goal of this focus area being to develop that system of care for the Trust beneficiaries to receive the right level of care, at the right time, in the right place, in the least restrictive setting, and as close to home in their community of choice. She added that all of those goals align with the COMP Plan.

TRUSTEE MORRIS asked about the scorecard and what improvements were made in the 10 years.

MR. BOYER continued that Mike Baldwin gave a presentation back in April at the Program & Planning meeting about the results-based accountability process. He added that he would talk about some of those results on a regional basis. That process involved the system as a whole.

MS. BALDWIN-JOHNSON added that it is important to distinguish that the scorecard is not solely measuring Trust performance. It is an indication overall for the State of Alaska, and where it is on this issue. She stated that the data evaluation process and how to look at the focus areas and measuring the progress is a work in progress. It is a continuous quality improvement that has also been worked on.

TRUSTEE HALTERMAN commented that she was excited to hear the fact that Maniilaq had their peer support model coming online. She thought about the sustainability of those programs when partnering with the tribal partners because of the mechanisms for greater reimbursement under that umbrella.

MR. BOYER stated that the project management group, Agnew::Beck, Becky Bitzer, was working on the clinical modeling to have access to a federal mechanism under the tribal system in concert with Medicaid with the integration of peers. In a few months, they should be able to show how those things would start showing sustainability.

MS. FERGUSON shared some of the successes from the past fiscal year. In considering how it was going, the key considerations were rooted in results-based accountability or the RBA format. She shared that the key considerations were: how much was done, the quantity of work; how well it was done, the quality of the work; and was anyone better off, or the overall impact of the work. Each of the projects demonstrated each facet of the RBA framework and the importance of collaboration with the key partners and agencies to drive the work with the Trust beneficiaries across the continuum of care and the interconnectedness of each of the Trust focus areas. She then discussed the work and reports from the projects and focus areas.

TRUSTEE BOYLE commented on Crisis Now and how she loves it because it is visionary. The Trust has the opportunity to set research and development to the state because they cannot move outside of their legislative parameters. The Trust is not a State agency; it is the Trust. The Trust put a lot of thought and work into this, which has been happening for three years. She was proud of the work that the Trust does with Crisis Now, and it is spreading across the state.

MS. FERGUSON talked about the highlights of the strong partnership it took and the impact of the life-changing services.

MR. BOYER moved to the budget spreadsheet and walked through some of the line items and increments. He gave some examples of what was done last year. He then looked at '24 and then '25. He gave some perspectives and then moved to changes. He stated that the largest increments of unallocated funds were in this budget area and some of that was for how treatment access would be expanded. He continued through the spreadsheet and talked about the funding as he went through it. He asked for any questions.

CHAIR MORAN replied that there were no questions, and called a break.

(Break.)

FY'25 TRUST BUDGET RECOMMENDATIONS PRESENTATION

CHAIR MORAN called the meeting back to order and recognized Travis Welch to start with Disability Justice.

DISABILITY JUSTICE

MR. WELCH stated that the Disability Justice focus area has been a focus area since about 2005. There are a number of stakeholders and partners who work in this focus area. Everyone from the Department of Corrections, Public Safety, and law enforcement throughout the state, service providers, management coalitions, the Court System, a number of tribal organizations, and a number of partners. He added that this was identified as a focus area because Trust beneficiaries are more at risk than nonbeneficiaries of being involved in the justice system as either a victim of crime or a perpetrator of crime. They have high recidivism rates and spend more time in jail than non-Trust beneficiaries. He went through some of the projects and highlighted the crisis intervention teams. The CIT budget line has been part of the Trust strategy for quite a while, and the Trust was one of the founding agencies of bringing CIT to Alaska. He stated that it provides an opportunity for law enforcement and first responders to receive training on how to respond with someone experiencing a behavioral health emergency. He explained the centralized competency calendar which deals with Title 12 in the statute book.

TRUSTEE HALTERMAN asked what is meant when “a patient is restored”? Does it mean that they were properly medicated? What process took place to get someone restored and able to stand trial?

MR. WELCH replied that this is not treatment. It is solely getting that individual to the level of bare minimum where they understand the judge, his attorney, he is the defendant being charged with a crime. He continued to APIC, Assess, Plan, Identify, and Coordinate, which is an effort with the Department of Corrections that provides services for the most at-risk Trust beneficiaries leaving a facility, or for re-entrants. These individuals are totally on their own outside of whatever supports they connect with. APIC works within the institution to identify Trust beneficiaries ready for release who are the most acute and at risk of recidivating. He continued explaining the budget and concluded his presentation.

CHAIR MORAN thanked Travis, and recognized Jimael Johnson for Beneficiary Employment & Engagement.

BENEFICIARY EMPLOYMENT & ENGAGEMENT

MS. JOHNSON began with a brief background and added that the original name of this focus area was the Beneficiary Projects Initiative, which began in 2004. The BPI was originally a cohort of agencies around the state that focused on recovery services through the lived experience of beneficiaries. These are often beneficiary-led and operated, and focuses on the engagement of beneficiaries through that lived experience. In 2014, a statewide initiative related to employment, the Employment First Initiative, passed through the Legislature. The focus area expanded to include employment, and it became the Beneficiary Employment & Engagement, BEE. She explained that the employment half of the focus area focuses on increasing opportunities and employment for beneficiaries that is competitive and integrated. She continued to the microenterprise budget, which is a long-standing partnership with the Governor's Council and the University of Alaska Center for Human Development, which administers the program. These are entrepreneurial, small grants that go directly to beneficiaries, up to \$10,000 for their lifetime. The goal is to increase access and self-employment opportunities for beneficiaries with disabilities. This continues being promoted and supported by the partners, including the advisory boards.

MR. WELCH continued that the beneficiary project initiative, BPI, is beneficiary-led. The organizations provide services, primarily around peer support, to Trust beneficiaries. In Juneau, the trustees met Hazel Lecount, the executive director for the Polaris House, who talked about the services provided as a clubhouse. During the pandemic, they were instrumental in keeping beneficiaries engaged by providing amazing services to Trust beneficiaries. He also talked about NAMI Anchorage and NAMI Juneau, and the supports provided directly to them.

MS. JOHNSON continued to the scorecard and the percentage of Alaskans that experience a disability that are employed. She stated that the partners continue bringing this forward as a high priority with emerging and potential opportunities for Trust investment in development. She went through the categories in the budget for the focus area.

CHAIR MORAN thanked both and stated that they would pause and come back at 8:30 in the morning. She recessed the meeting.

(Program & Planning Committee meeting was recessed at 4:41 p.m.)