

**ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING
January 4, 2024
12:30 p.m.**

**Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 120
Anchorage, Alaska 99508**

Trustees Present:

Agnes Moran, Chair
Anita Halterman (telephonic)
Rhonda Boyles
Kevin Fimon
John Morris (telephonic)
John Sturgeon
Brent Fisher

Trust Staff Present:

Steve Williams
Katie Baldwin-Williams
Julee Farley
Miri Smith-Coolidge
Michael Baldwin
Kelda Barstad
Debbie DeLong
Valette Keller
Luke Lind
Janie Ferguson
Allison Biastock

Trust Land Office Staff Present:

Jusdi Warner
Sarah Morrison
Marisol Miller

Also participating:

John Springsteen; Charlene Tautfest; Patrick Reinhart; Steph Kings; Stephanie Hopkins;
Stephanie Wheeler; Laura Russell; Lisa Brown; Justin Borgen; Diane Fielden; Don Habeger;
Eric Milliken; Lisa Brown; Tom McRoberts; Jill Ramsey; Margaret Hernandez; Sierra Stefanick;
Cindy Massingill.

PROCEEDINGS

CALL TO ORDER

CHAIR MORAN called the meeting to order and called the roll. She asked for any announcements. There being none, she moved to the approval of the agenda.

APPROVAL OF THE AGENDA

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

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

CHAIR MORAN asked for any ethics disclosures. There being none, she moved to the minutes of October 19, 2023.

APPROVAL OF THE MINUTES

MOTION: A motion to approve the minutes of October 19, 2023, was made by TRUSTEE FIMON; seconded by TRUSTEE FISHER.

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

CEO UPDATE

CEO WILLIAMS began with some of the operations of the Trust Land Office, some of the programmatic activities, and the COMP Plan. The first item was a letter that was submitted by the nominating panel to Boards & Commissions recommending Trustees Sturgeon and Fisher to be reappointed as trustees. He had contact with the director of Boards & Commissions, and there are no current announcements on any appointments. The process will probably culminate in April, and there should be an announcement in mid-January. He moved to staffing updates and recognized Heather Phelps, the new program officer, who was introduced this morning. Another announcement is that an offer was extended and accepted to hire for Jimael Johnson's program officer position. Tina Voelker-Ross, from the Department, will be starting mid-January. She has 25 years of experience and is a licensed psychologist. She has worked in the field, the tribal health system, in the nonprofit system; and is currently working for the State. We look forward to her joining the team, and it will be great having her on board. The one position we are in the midst of hiring for is the evaluation and program position previously held by Autumn Vea. The hope is to be fully staffed by early February. People seeking employment look for the fit, the mission, and for the culture. The Trust has hit the mark on that in many different ways, and continues to do so. People look at the work and the mission, and at how the Trust conducts the work and achieves the outcomes. He shared all that because those are important things when talking about recruitment and retention. More importantly is being able to fulfill the mission of the Trust to improve the lives of the beneficiaries. He continued that Trustees Halterman and Morris should have received the quarterly grant report in the email that reflects the CEO approvals for the second quarter of the fiscal year. There was also a memo that outlined the approvals for Authority Grant contract services and other programmatic items, as well as two consultations that were done by the Trust Land Office and staff. He added, for the quarter, there

were 31 approvals under the CEO authority; 31 declinations; five approvals that trustees made for projects from unallocated funds. That seems to be on track, and it is anticipated that it will stay on track, and it will be an agenda item for the Board meeting. He acknowledged the contractors, Ms. Biastock, the grants administrative staff, and program officers for turning this around. With that, he looks forward to any future discussion on the approvals. He continued to the COMP Plan. He stated that Mr. Baldwin has been interfacing with both the Departments of Health and Family and Community Services to keep that COMP Plan moving forward. The goal is to keep this moving to a second draft, and then a public-comment period. They are on track to have that final draft completed for the public on July 1, which is at the end of the first five-year plan that all have been reviewing and getting updates on historically. He stated appreciation to Mr. Baldwin for picking that up, in addition to the other responsibilities he has. He moved to the Behavioral Health Roadmap and stated that there will be a full report. A couple of the themes that rose to the top are the crisis behavioral health response and behavioral health services for children and youth at an acute residential level. The first draft is being reviewed by that leadership team. There will be a second draft which will also go out for public comment. A final report is targeted for the public in April. Both the COMP Plan and the Behavioral Health Roadmap are critical resources; not only for the Department, but for the providers, and for us, as well. That could be used as a tool in looking at budget development going forward into the FY26/27 cycle.

CHAIR MORAN asked how it is being ensured that the roadmap outcomes are being fed into the COMP Plan.

MR. BALDWIN stated that staff engages in both processes and overlap considerably. There are 13 work groups, and around 200 staff across the Departments and Divisions that are engaged. Many of them have been at the regional roadmap meetings, and also listening to the provider inputs, as well as the public listening session. That is being fed into this process and being reflected in some of the new strategies and objectives.

CEO WILLIAMS continued to the last two items. There was an article in the Anchorage Daily News about the API outpatient competency program. This is critical work that we support. When beneficiaries are charged with a crime with questions about competency, the process stops until competency is evaluated and determined. If they are not competent, but are capable of restoration in an outpatient setting without posing a significant risk to public safety, they go to API. That is where competency evaluation and restoration is done for the State. He moved to Crisis Now and looked forward to a meeting being convened by Providence Hospital on funds. They are convening several stakeholders in their crisis stabilization center development to give an update. He looked forward to reporting back to the trustees on the outcomes of that conversation. He stated that the Legislature convenes on January 16, and we have the January Board meeting scheduled for January 31 and February 1. There are also dates confirmed for presentations to both Senate Finance and House Finance. He looked forward to the governance conversation, and keeping that moving for some conclusions and resolutions on the charters. We are also in the time period and timeframe where the Asset Management Policy Statement needs reviewing. He noted that Carrie Prediger, the grants accountability manager, celebrated 20 years of State service; ten were at the Governor's Council on Special Education and Disabilities, one of the advisory boards, and the other ten years with the Trust. She was online, and he just wanted to acknowledge her 20-year anniversary. Mike Baldwin has had 15 years at the Trust, and he acknowledged his contributions at the Trust. He also noted that Mr. Baldwin co-authored an article which focused on the analysis of 20 years of FASD data that appeared in the Journal of

Advanced Pediatric Research. It looked at Alaska data and compared it to Washington data. His co-authors were Dr. Susan Hemingway and Marilyn Pierce-Bulger.

TRUSTEE BOYLES stated that she was impressed, and it is a critical subject that everyone who has lived in Alaska for a long time knows about. She asked if he could send that article out to the trustees.

CHAIR MORAN seconded that. She stated that she sees the effects of FASD every day when she walks through her shelter. It is so critical to get that data looked at now. She continued to the Governor's budget.

GOVERNOR'S BUDGET

CEO WILLIAMS alerted trustees when the budget was released, and he gave a high-level overview of what was and what was not included, specifically around trustee recommendations, on General Fund/Mental Health. That was the first step of the budget process, and we have the Governor's amended, the House version, the Senate version, and the Conference Committee to look forward to. This early conversation is important to try and work through the process and to get as much support for beneficiaries and the related programs and services that support them. He continued that he was preparing a memo outlining the differences and the consequences of not having the funding in the budget related to those recommendations. He recognized Katie Baldwin-Johnson.

MS. BALDWIN-JOHNSON stated that the Governor's budget was released on December 14th, and we have done a pretty extensive review, comparing trustee recommendations to those that were included or not included in the Governor's budget. She continued that it does support some of the Trust recommendations, but not all of them were included. Roughly, 36 percent of the Trust's General Fund/Mental Health recommendations were included. Trust-approved MHTAAR was also supported at the level that trustees authorized, including the additional \$800,000 recommendations for expenditures on beneficiary-related programs. Staff has looked at the impacts of those General Fund increments not moving forward, and will continue those conversations. She noted that the table did not include the entire recommendations put forward by the trustees in the Mental Health recommendations. She asked for any questions.

TRUSTEE HALTERMAN added that this is a complicated process, and it seems like they are moving in the direction of having to explain the budget in more detail as adjustments are received. She looked forward to the conversations and appreciated the amount of time it took to get us where we are and to approve this process.

MS. BALDWIN-JOHNSON reminded all that the recommendations for General Fund/Mental Health were developed in partnership with the stakeholders that support these recommendations. She added that we work collaboratively with the State Division, Departments, and other partners to bring those recommendations forward to trustees.

CHAIR MORAN moved on to the FY26-FY27 budget development process.

FY26-FY27 BUDGET DEVELOPMENT PROCESS

MS. BALDWIN-JOHNSON stated that this was included on this committee's agenda because this was the time to kick off a reminder of the process. She reviewed and refreshed the process, and stated that this was an opportunity for some dialogue, questions, or thoughts. She added that

staff will be working closely with Chair Moran, and will be scheduling those meetings in the next month or so. She stated that trustees approve the budget in a two-year cycle, and we are talking about fiscal years '26 and '27. She added that it is reflective and forward-looking, with quite extensive looking back with the partners and others, and also internally to look at what has been supported and for how long. All of this culminates to coming forward with a presentation on the recommendations in July. Then, finalizing those recommendations with trustees, and submitting the budget to the Governor by September 15th. It includes MHTAAR and State General Funds.

CHAIR MORAN asked if there would be any surprises in the COMP Plan and the Behavioral Health Plan.

MS. BALDWIN-JOHNSON replied that the roadmap work that is underway revalidated concerns that folks have had with regard to gaps in the system of care. She added that the uniqueness about doing a regional approach is that there is more specific local information that the State has access to in order to really contemplate sort of region by region. The uniqueness is the general themes that are jointly considered, including in some of the strategies moving forward.

MR. BALDWIN agreed and stated that it is a lot of validation and reflects a lot of current status and current events in things that helps produce the roadmap itself.

CHAIR MORAN moved forward to the approvals.

APPROVALS

CHAIR MORAN stated that the first one was the UAA Center for Human Development and Children's Mental Health Conferences, and she entertained a motion.

MOTION: The Program & Planning Committee approves a \$50,000 fiscal year '24 Early Childhood Intervention and Prevention Authority Grant allocation to the University of Alaska Anchorage Center for Human Development for children's mental health conferences. These funds will come from the Children's Mental Health Conferences line of the fiscal year '24 budget. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE BOYLES.

MS. FERGUSON was joined by Tom McRoberts, director of the University of Alaska Center for Human Development and Family Services Training Center, and Jill Ramsey with UAA CHD and the Alaska Training Cooperative. She continued that this funding request will allow UAA CHD to administer an institute on child, adolescent, family, and behavioral health for the CAFBH conference. She added that these funds were already approved by the trustees in the FY24 budget under the Early Childhood and Intervention and Prevention priority area with a budget of about \$50,000 of Authority Grant funds to administer the children's mental health conferences. If this request is approved, the remaining balance would be zero. These funds leveraged an additional grant from the Division of Behavioral Health and it will be co-funded. She explained that it is focused on training and equipping providers that work in various sectors with children and adolescents across the spectrum of infant learning programs, early Head State programs, childcare centers, behavioral health agencies, child protective officers, juvenile justice, hospitals, tribal health organizations across the spectrum. It will be a three-day conference in Anchorage in the spring of 2024.

TRUSTEE FISHER asked to be more specific on the use of the funds.

MS. FERGUSON explained some of the budget items.

MR. McROBERTS stated that he is from the Family Service Training Center at the Center for Human Development at UAA. He continued that Ms. Ferguson gave a good overview of the budget. He added that approximately \$10,000 will be for the venue space and catering. He noted that the Division of Behavioral Health is also putting in for that part of the conference. There will be some administrative costs, along with the personnel costs that were mentioned. He added that the State of Alaska Division of Behavioral Health is also pitching in for the cost of the presenters. He stated that they are hoping for 200 participants.

CHAIR MORAN asked for anymore questions. She stated that there is probably an unequal impact on this population of service providers with young youth and children coming out of COVID. She continued that it is critical for them to be able to regroup and have that collective peer experience to move forward. She added that these types of conferences are well worth it. She proceeded with the roll-call vote.

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

CHAIR MORAN moved to the JAMHI Health and Wellness Juneau Reentry Support Housing Grant, and asked for a motion.

MOTION: The Program & Planning Committee approves a \$75,500 fiscal year '24 Disability Justice Focus Area allocation to JAMHI Health and Wellness, Incorporated, for the JREC Reentry Support Housing Grant Project. These funds will come from the Reentry Transition Supports line of the fiscal year '24 budget. The motion was made by TRUSTEE BOYLES; seconded by TRUSTEE FISHER.

CHAIR MORAN recognized Kelda Barstad.

MS. BARSTAD stated that the amount of the request is below the typical \$100,000 threshold, and was brought forward because JAMHI already received \$91,000 in a prior grant to fund SHARP contracts, which was unrelated to this project. This project is a focus area proposal. The Juneau Reentry Coalition Reentry Support Housing Grant is funded from the Disability Justice Focus Area. This funding comes to the coalition regularly and is a key funding source for reentrants to be able to reintegrate into the community after incarceration. The grant dollars will be available to reentrants to help obtain housing and could include security deposit, rental assistance, and other housing-related expenses. These funds work in tandem with case management provided by that coalition which has been sponsored by the Trust. The target population coincides with what is outlined in the Alaska Community Reentry Guide, which identifies that grant funds will be prioritized for individuals who have served over 30 days, were within 90 days of release, and were felony inmates assessed to have a medium to high risk for recidivism, or for second offenders. She added that, through data analysis of the project, these funds are identified as 100 percent going to Trust beneficiaries. She stated that Don Habeger, the coalition coordinator for the Juneau Reentry Coalition, was online.

MR. HABEGER stated that Ms. Barstad did an excellent job of summarizing, and added that the funds are disbursed through the fiscal agent, a partnership with JAMHI Health and Wellness. The funds do not go directly to the reentrant, and are used to pay the vendor. He asked for any questions.

TRUSTEE BOYLES stated that, according to the presentation, the program is expanding access to these funds to the Juneau Public Defender because many of their clients remain homeless. She asked if they are doing other supporting in Juneau for homelessness.

MS. BARSTAD replied that funding was provided to supportive housing in Juneau and, in the past, the Trust has provided funding to the primary single adult shelter. She explained that this is for a specialized population, and this funding depends on the individual's background and history. She added that it is concentrated on working with individuals' pre-release, and then working, in partnership, post-release to ensure that they do not become homeless.

CHAIR MORAN asked for any further questions. There being none, she continued to the roll-call vote.

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

CHAIR MORAN moved to CSS Behavioral Health, and asked for a motion.

MOTION: The Program & Planning Committee approves a \$200,000 fiscal year '24 Mental Health and Addiction Intervention Focus Area Allocation to Catholic Social Services for the CSS Behavioral Health Project. These funds will come from the Treatment Access and Recovery Support lines in the fiscal year '24 budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

MS. BARSTAD stated that this is a great crossover between focus areas for Housing and Mental Health and Addiction Intervention. Catholic Social Services decided to step into the work of providing and offering behavioral health services across their programs. This funding will help to ensure that there is the necessary administrative backbone to implement 1115 waiver services. They have started and were able to take advantage of the technical assistance consultant to put together a business plan and prepare for some of this work. She added that the funds come from Mental Health and Addiction Intervention Focus Area through the budget line item of Treatment Access and Recovery Supports. To have a new provider come online, and especially a provider that has unique connections to very vulnerable populations, including homeless families, is pretty phenomenal. She stated that this is a huge enhancement to be offered and available through this organization should a person choose to receive the services with them. She explained the program in great detail, citing all the advantages and expansions. She added that, overall, it is an excellent investment in the service system. She stated that Eric Milliken, the chief program officer for Catholic Social Services, and Lisa Brown, the Medicaid operations director from Catholic Social Services, were both online and available for questions.

TRUSTEE FIMON asked about the fairly substantial amount that said "pending" as far as the other funding.

MR. MILLIKEN replied that they had an application out to the Federal Government. They are the State replacement designee for refugee resettlement in Alaska. They are also the largest resettlement provider here to expand behavioral health services into the refugee-specific population. He explained that the trauma that this population experiences is unique and very complex, and it requires some additional federal funding support to be able to implement in that project. The first clinical assessment with a master's-level clinician was done in July, and we are already offering the services at Clare House and Complex Care Shelter. A third clinician will be brought on this month. There is a swell of interest from the client participant base in accessing these services that they would not be able to access otherwise; particularly people not eligible for the Indian Health Service. Beneficiaries, Alaska Native individuals, do not have access to behavioral health services because the private sector is unable to provide those services at the scale needed to meet the need. Another benefit is that the case management services have a revenue stream that can follow people after they leave the shelters into housing. He added that they would be able to implement this project whether or not they get the STAR grant from the Office of Refugee Resettlement, which is federal funding.

TRUSTEE FIMON asked about the refugee part, and if it is a relatively new thing.

MR. MILLIKEN replied that they have been the State replacement designee for refugee resettlement in Alaska for over 10 years. There was more awareness in the public consciousness toward refugee resettlement because of what happened in Afghanistan, and then in Ukraine. He stated that that is a service they have offered for at least 20 years at Catholic Social Services. The federal funder offered this pilot project for about \$2 million that CSS has applied for to support behavioral health for trauma-affected refugees. As service lines are built with the existing population in their communities in Anchorage, CSS will then be able to think about when those services will be implemented. With the STAR grant, it could be done now. He noted that CSS currently has the staff to implement this in all of the homeless services programs.

TRUSTEE BOYLES stated that it is wonderful that they are an approved 1115 waiver service provider, and for what they do for the City of Anchorage. She also asked if they have the money to bill out the 1115 waivers.

MR. MILLIKEN replied that they supported the compliance billing functions that helped get them off the ground and are self-funding the clinical care and case management. He also noted the start-up costs related to a new provider entering this field.

TRUSTEE HALTERMAN stated that she is fully supportive of the project. She has been watching what Catholic Social Services was doing, and has been waiting for this funding request to come forward. She looks forward to positive outcomes, and added that the case management piece is critically necessary.

CHAIR MORAN asked if they plan on taking the experience and moving it out to some of the other areas of the state.

MR. MILLIKEN replied that, currently, their services that support individuals experiencing homelessness are mostly concentrated in Anchorage. They do operate a program with a wider geographic footprint that serves veterans that experience homelessness. That is a project that they want to integrate behavioral healthcare into, eventually, because that is federally funded and

many veteran individuals eligible for the program are also eligible for VA benefits. There is some extra complexity with care coordination.

CHAIR MORAN thanked them for coming in and speaking with the Board. Seeing no more questions, she moved to the roll-call vote.

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

CHAIR MORAN called a break.

(Break.)

CHAIR MORAN called the meeting back to order, and continued to the final approval for the day.

FAMILY CENTERED SERVICES OF ALASKA RESIDENTIAL TREATMENT CENTER EXPANDING CAPACITY PROJECT

CHAIR MORAN asked for a motion.

MOTION: The Program & Planning Committee approves a \$200,000 fiscal year '24 Mental Health and Addiction Intervention Focus Area allocation to Family Centered Services of Alaska for the Residential Treatment Center Expanding Capacity Project. These funds will come from the Treatment Access and Recovery Supports line of the FY24 budget. The motion was made by TRUSTEE BOYLES; seconded by TRUSTEE FIMON.

MS. FERGUSON thanked all for listening to this funding request from the Family Centered Services of Alaska. She explained that they are a nationally accredited nonprofit based in Fairbanks and Anchorage, and have been serving Alaskans and Trust beneficiaries for over 30 years. She continued that Justin Borge, the CEO of FCSA, was online, as well as his team: CFO Margaret Hernandez; Residential Treatment Center Director Sierra Stefanick; Director of Administrative Services Cindy Massingill. This funding request will draw from the FY24 Mental Health and Addiction Intervention area, and trustees have approved Treatment Access and Recovery Supports funding at \$1 million. If this funding request is approved, the remaining balance will be \$243,000 and change. FCSA requested a one-time operational funding to expand capacity of their residential treatment center for children and adolescents. They will increase the number of beds for adolescents from the current bed availability of 12 up to 24 beds. She stated that, currently, through the various programs, they are serving nearly 150 Trust beneficiaries across the age range of children and adolescents through outpatient counseling, therapeutic foster homes, community-based support programming, the residential treatment center, as well as two alternative school programs. She added that if this funding request is approved, it will help ensure that Trust beneficiaries currently placed out of state for treatment will have a choice to receive services with FCSA closer to their home communities, in the least restrictive setting, and in a clinically appropriate and culturally responsive treatment setting. Trust beneficiaries will have in-state access to mental health treatment, with the ultimate goal of integrating these beneficiaries into lower levels of care and back into their communities of choice. She continued that FCSA has done some work around business modeling, and they anticipate that this expanded

capacity will be sustainable within a three- to six-month timeframe by leveraging various insurance mechanisms for billing, whether through Medicaid or private insurance. Some key things to keep in mind is staffing. They want to increase capacity up to an additional 10 staff from the current 15 providing the residential treatment services.

MR. BORGAN thanked everyone for their time and stated their appreciation for the consideration. His team has worked very hard over the years to outline the biggest needs Family Centered Services specializes in meeting beneficiaries where they are.

TRUSTEE BOYLES asked if this ever interfaces with Crisis Now in Fairbanks.

MR. BORGAN replied that, for a residential center, it is the most restrictive setting and is a lower restrictive setting from Crisis Now. He stated that once a child has been stabilized, either through a mobile crisis team or a hospital, and is starting to show some signs of the ability to be safe in some capacity, they will step into the residential center for six to nine months; sometimes as long as a year. Then they will graduate into either a therapeutic home or possibly to an outpatient program.

TRUSTEE BOYLES stated that it does interface with Crisis Now, and she liked it.

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

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

MS. BALDWIN-JOHNSON clarified that this project and the one approved for Catholic Social Services both came out of the Treatment Access and Recovery line of the Mental Health Addiction Focus Area. The remaining balance in that strategy line is \$43,914.

CHAIR MORAN thanked Ms. Baldwin-Johnson. Since there are no closing comments until tomorrow, she requested a motion to adjourn.

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

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

CHAIR MORAN adjourned the meeting.

(The Program & Planning Committee meeting was adjourned at 2:14 p.m.)