

**ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE**

**April 25, 2024
1:30 p.m.**

**Hybrid Meeting:
Alaska Mental Health Trust Authority
3745 Community Park Loop, #200
Anchorage, Alaska 99508**

Trustees Present:

Agnes Moran, Chair (Virtual)
John Morris, Acting Chair
Anita Halterman (Virtual)
Kevin Fimon
John Sturgeon
Rhonda Boyles

Trust Staff Present:

Steve Williams
Katie Baldwin-Johnson
Miri Smith-Coolidge
Michael Baldwin
Julee Farley
Allison Biastock
Valette Keller
Kelda Barstad
Luke Lind
Debbie Delong
Carrie Predeger
Janie Caq'ar Ferguson
Eliza Muse
Eric Boyer
Heather Phelps
Tina Volker-Ross
Kat Roch

Truste Land Office staff present:

Jusdi Warner
Sarah Morrison
Jeff Green
Tracy Salinas
Blain Alfonso
Peter Mueller
Mariana Sanchez
Heather Weatherall

Also participating:

Valerie Mertz; Jacki Mallinger; Ann Ringstad; Brenda Moore; Lisa Cauble; Paul Cornils; Philip Licht; Stephanie Kings; Kathi Trawver; John Springsteen; Patrick Reinhart; Justin Slaughter; Alyssa Bish; Jena Crafton; Rod Shipley; Tony Newman; Stephanie Wheeler; Stephanie Hopkins; Katie Jacques; Wendi Kannenberg; Dustin Larna; Daniel Hartman; Sylvia Craig; Sean Gilbert; Philip Licht.

PROCEEDINGS

CALL TO ORDER

ACTING CHAIR MORRIS called the meeting to order and began with a roll call. He asked for any announcements. There being none, he continued to the approval of the agenda.

APPROVAL OF THE AGENDA

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

TRUSTEE HALTERMAN stated that trustees are considering a motion at the end to deal with a funding issue for The Arc. She asked if a motion was needed to adjust the agenda to allow for that conversation.

ACTING CHAIR MORRIS stated that he was adding that to the agenda. He asked for anything else to be added to the agenda. Seeing and hearing none, he called for the vote.

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

ACTING CHAIR MORRIS asked for any ethics disclosures.

TRUSTEE MORAN noted that in her capacity as the executive director of WISH that her staff will be a resident in that facility, and as of right now it is not known if rent will be charged or not, so she stated that she would opt out of that discussion.

ACTING CHAIR MORRIS asked for a motion to approve the minutes from the January 4th Program & Planning Committee meeting.

APPROVAL OF MINUTES

MOTION: A motion to approve the minutes from January 4, 2024, was made by TRUSTEE STURGEON; seconded by TRUSTEE BOYLES.

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

ACTING CHAIR MORRIS moved to the CEO update with Steve Williams.

CEO UPDATE

MR. WILLIAMS stated that this is the update on the Program side of the house for the Trust Authority. The quarterly grant report that includes both CEO approvals as well as grants approved by trustees has been provided, and it has been placed on the agenda to see if there are any questions by trustees about any of the grants. There were 14 grants that were approved by the CEO's authority; that is up to \$100,000. There were four grants that were approved by trustees: Two of those grants exceeded the CEO's authority just because of the dollar amount; and two of those grants exceeded the CEO's authority because an amount was approved previously in the fiscal year, which bumped it cumulatively over the CEO's authority. There

was a total of 18 grants that were approved this quarter, totaling a little over \$1 million. He continued to the Opioid Settlement Funds. An opioid task force was formed, and the Department just announced this month that they are going to be putting out \$3.3 million this fiscal year -- and for the next three years annually -- for groups to apply for funding related to the settlement funds. They are hoping to get three successful grantees identified from the seven regions identified in the Division of Public Health, and they are also planning to do one statewide grant. Trust staff will be sitting on the PEC, with others, that will be reviewing all of those applications as they come in. He continued that the public comment period is still open until May 1 on the draft comp plan. The currently draft-revised five-year plan that the Department has put out is still moving forward. He noted that regarding the FY25 budget, the legislative session is getting close to the end with 20-some odd days left. The way the budget is shaping up right now is that the trustees' recommendations for General Fund spending are included in the budget. They were included in the House version of the budget, with the exception of one increment for the centralized accommodation fund for approximately \$100,000. The Senate has not finished up their work on the budget, but the trustee recommendations are included in that version of the budget. He moved on to '26/'27, and stated that the program officers, along with our stakeholders, are working to look at what the work is that has been done in the various focus areas and other priority areas for FY24; what is going to be happening in FY25; and then using that as a foundation for looking forward to FY26 and '27. As part of this process, a budget survey has been pushed out to all of our stakeholders, and over 300 responses have been received, which are currently being reviewed by the staff, and a draft summary report will be circulated to trustees in one of the CEO weekly reports. The results will also be posted on the FY26-27 budget development page of the website that everyone can view. He explained the new grant proposal resource for our partners, for organizations that serve Trust beneficiaries, so that they can apply for all types of grants. He explained that applicants and organizations that have used this resource to apply for grants have been successful. He continued that on May 3rd the Trust will be doing a partnership with Southcentral Foundation, pulling together our key partners for convening to provide an update on the work that is being done with the Departments, the Trust, and our community providers on Crisis Now. Also, in the fall the second annual conference will be held.

(A discussion ensued about the grant-writing support.)

ACTING CHAIR MORRIS asked for any questions. Hearing none, he continued to the Traumatic and Acquired Brain Injury/ADRD Data Enrollment Training Presentation.

TRAUMATIC AND ACQUIRED BRAIN INJURY/ADRD DATA ENROLLMENT TRAINING PRESENTATION

MR. BALDWIN introduced Wendi Kannenberg and Sylvia Craig from McKinley Research Group. He stated that trustees last year approved funding to do a contract to help support work around data development and identifying key pieces of data and what sources and resources are needed to work on to build around that infrastructure for beneficiaries experiencing traumatic and acquired brain injuries, as well as Alzheimer's disease and related dementias. McKinley Research Group was awarded that contract, and we are very excited about how that has turned out.

MS. KANNENBERG stated that this project started on November 2, and a copy of our full suite of findings has been provided. The intent was to lay a foundation to advance some future long-term data development around TABI and ADRD for Trust beneficiaries. There was a need from

the Trust, from your stakeholders, community partners to find out what data is out there, and where is it located. She continued that they held 33 executive interviews with key stakeholders in the state and national experts on the matter. At a high level, the available data comes down to two buckets: the public health surveillance data, like the BRFSS surveys, YRBS. There is also registry data out there, like vital records, which typically contains some information, particularly tasks that might be related to TABI or ADRD. The other big bucket is health care utilization data. We query and get information on claims for services, health care services that are utilized, particularly from public payor sources, and then also the EHR, electric health record, data. Some healthcare providers have access to shared data, an EHR environment. Health facilities discharge reporting can be pulled, as well as syndromance surveillance. She spoke about data development and management in great detail. She explained that there is not universal agreement, even between large, national organizations, of what really is a brain injury. The military describes it one way; the American Neurological Institute describes and defines it another way. All of that impacts utilization data. She continued that the Alaska State Department of Health did an assessment of their own internally. They had 33 different informational systems just within the Department; and they do not automatically share all those sorts of things. Recently, there was a traumatic brain injury report that was done by State Epidemiology that is great, but there are no plans for it to be continued. She stated that there is a real cry for high quality, adequate, and timely data; but everybody wants something on very specific subpopulations, and there are data suppression rules and privacy that come into play with that. She noted that one of the key takeaways from this study is the really unique composition at play of discrete health systems that we have in our state. Most states have these, but they are in a much more level playing field. Alaska has military health systems, tribal, and then all other health systems, which are functioning in their own silos with their data. Key takeaways for stakeholders are that they have diversity and purpose in their use for their data. Competing priorities and resources does not mean that stakeholders and current agencies do not care, but they are not equally vested in data development statewide. She continued that it is probably key to keep in mind current efforts about data monitorization around core infrastructure of the public health data landscape. A lot of tribal, State, other private entities that are coming to the table, truly think about data monitorization that is needed, infrastructure in our state. When we talk about continuum of care data and how to develop this, there are two buckets: central services types of data, which are sort of delineated there; and then the fiscal and the resource data, continuum-of-care data around fiscal things, like, what are the reimbursement mechanisms, and how are people accessing those economic studies. Cost-of-illness studies can be very informative as we are looking at the silver tsunami of citizens quit-claiming Social Security now, how are we going to fund that, and what are we looking at for Medicaid enrollees. The Trust has done work before in economic studies around census use and that type of thing. She stated that there are many ways to think about continuum of care data associated with these TABI and ADRD for beneficiaries. We have talked about BRFSS data enhancement, and one of our recommendations is about the timing and the resourcing for some of the key questions. Some states have determined on an annual basis that a group of epidemiologists across the state say which modular optional questions should be added to these surveys; they are state-specific, that is determined by the funder. Some states have gotten around that by putting funding for key pieces right in state legislation; removing the question on an annual or every-other-year basis. She explained that there is some foundational work for TABI and ADRD; registry development. Registries are very difficult to develop, implement, and maintain. However, the payoff can really be good. With continuum-of-care data, there are some states that really are leading this band. Regarding data management, there really has not been any cursory work done at really assessing where the State is as far as their legislative and regulatory infrastructure management

around data management and data sharing. Looking at other states and working other projects, we know that the legislation always lags behind the technology. There could be some benefit from doing some additional investigatory work. A consideration for the Trust is that there is an idea of public health versus population health data. Public health data really has a community-level promotion and disease prevention lens; population health is the focus that healthcare takes. Meaningful data development is going to mean an integration in some regard to pieces of some of that. There is limited awareness in the state about what factors really impact data development, so there is room for education. The Trust may see TABI and ADRD development through maybe a brain condition focus lens; public health sees it in a chronic disease management lens; population health sees it through a treatment lens. She continued with some final things that we leave with, considering the role and reach of the Trust. In other data development that McKinley has done for other organizations, questions have been put out there just to provoke thought as long-term/short-term strategies are thought about, along with areas of influence and involvement as this work moves forward.

ACTING CHAIR MORRIS stated that it seemed that McKinley listed a number of places to go to get data on the topic of traumatic brain injury and ADRD, and a number of the challenges to collecting that data from them. Also listed were challenges to analyzing the data. And then a recommendation was given that we work to do those things in a variety of ways. He asked if any of the data was acquired that was mentioned.

MS. KANNENBERG replied that data was not acquired; that was not part of the scope of this project. The scope was to describe the data landscape. A core piece of that is describing the available data sets, which are going to be detailed. What we were asked to do by the Trust was to conduct an investigation, and then taking and describing those data sets which was a core piece of this work.

ACTING CHAIR MORRIS stated the appropriation for this study was \$115,475, and a number of different data sources have been listed. He asked if they had an opportunity, for example, to talk to Alaska Regional Hospital and say, "Hey, would you agree to share your EMR data with us when we stand this up?" He asked if they received buy-in from the Department of Health to share their payment data. He asked if that level had been reached, or if we are at the level of these are good places to go when asking in the next round.

MR. BALDWIN answered that that is very much the next round. The first step was figuring out what is there and what are the potential barriers.

MS. BOYLES stated that her memory of why this was funded was because there were no numbers on brain injury, and the concern was about what is this going to cost us in the future. The same with dementia, which she believes is pandemic. She stated that she was glad to see this much of the work done. She continued that if she was sitting in Juneau, she would be very interested in how much dementia was going to cost this state, and how we were going to handle it in the next 15 or 20 years.

ACTING CHAIR MORRIS asked if there were any other comments or questions. Hearing none, he called for a break.

(Break.)

ACTING CHAIR MORRIS called the meeting back to order and stated that next on the agenda was the Southcentral Foundation TABI presentation.

SOUTHCENTRAL FOUNDATION TABI PRESENTATION

MS. BALDWIN-JOHNSON introduced Daniel Hartman, the service line medical director with Southcentral Foundation, and Katie Jacques, the clinical director with Southcentral Foundation.

MS. BARSTAD stated that this project is in its second year, with the first year of direct service implementation. Two years ago, we started a project with Southcentral Foundation to explore how to implement grant services for beneficiaries with brain injuries across their service system. She turned the floor over to the presenters to describe the progress to date.

MS. JACQUES stated that the work that has been completed has really been impactful for the staff, as well as our customer owners that we have served on our medical campus. One of the biggest gaps that we had noticed after our first year was education awareness. Some of the work that our prevention, awareness, and resources group focused on this year was educating staff and the community. We have partnered with our PR groups in Anchorage, as well as in the Valley, and really boosted up during Brain Injury Awareness Month in March, with education tables, posters, incentives that we were handing out as they were coming to our booth. We also really looked to lean in on our social media to help push out to some owners in the community in general. Different platforms were used, such as Spotify, iHeart, and Google. Next, was a lot of education for staff. People were very aware that they were seeing customer owners and patients right in front of them that had brain injuries, but not always knowing who could help them, or what was going on, and the tools that they could have with just a little bit of extra education. She continued that with the funds that were granted from the Trust, we did a massive education year where we had over 91 providers from several different disciplines, including nursing, our behavioral health consultants, physical therapy, occupational therapy, speech and language pathology, exercise physiology, applied behavioral analysis -- those that will be doing the diagnosing of these conditions. Audiology and optometry participated in TABI-specific education over this past year. The total trainings will be over 750 dedicated hours for learning completed by the end of May. There will be over 400 continuing education credits at ANMC specifically for TABI that will be completed by the end of May. Also, with the funds that were granted by the Trust, we obtained some equipment, specifically a rotary chair. On our medical campus at the moment, we have a full gamut to be able to perform audiology testing and services for vestibular dysfunctions. An audiologist has completed the training and testing. For sustainability, it does allow us the opportunity to expand our billable services that we have with new codes. There will be 15 new tests that are billable. She continued that the first outpatient adult speech and language pathologist has been hired, which allows for referrals in the very near future to have full wrap-around rehab care for physical therapy, occupational therapy, and speech and language pathology. Prior to hiring this person, the State would get PT out to one area and speech in another, but might not have the same ability to do a co-treat or comprehensive care. There are also seven behavioral health clinicians that received TABI-specific cognitive behavioral therapy training to help expand the behavioral health services side of the work over this past year.

DR. HARTMAN stated that for a person with traumatic brain injury, not acquired, the median number of visits in a year is 16. For an average customer/owner system, it is only seven in a year. Under-coding is a major issue in this area of medicine. As clinicians, we are naturally hesitant if we were not involved in the care to code traumatic brain injuries as compared to a

disease data like asthma where it is very clear to everybody that asthma exists. Under-coding in traumatic and acquired brain injury is a major issue and a major reason for poor data. He continued that we cannot rely on the fact that somebody is not putting it on a note or putting it on a problem list, and that is the main driver for the data messiness. In the Anchorage service unit at ANMC, at least 800 people carry a diagnosis of traumatic brain injury, which we believe is only 40 percent of the actual number of people served in the Anchorage service unit with a traumatic brain injury. That is our gauge for the undercount due to under-coding for traumatic brain injury. When we were faced with this data problem, we went to our partner experts at Centers of Excellence at Spalding, which is Harvard's adult rehabilitative hospital in Cambridge, Mass., Boston Children in Boston proper, and then to Aurora at Colorado Children's and the Marcus Institute for kids and adults. The first question we had for them when we started the new data is: what are you using for population health? Are you approaching it with a population health perspective? Do you use value sets? All four of them said "No, we are not doing that." We set about with our data services department to developing value sets at ANMC for acquired brain injury and traumatic brain injury. We have not deployed them yet, but they are set, and are ready to be used. That is a product of the funds that the Trust helped us with.

MS. JACQUES walked through an overall view of the traumatic and acquired brain injury care team. She stated that they met with partners and colleagues and learned what works well, what does not work well. Obviously, it varies from area to area. Within our system of healthcare, we have a Nuka model of care: we are the primary care team, and the customer owners are the center of the care. Around the edge are traumatic and acquired brain injury care team components. Between BICA and all the partnerships, we have also started our work group in addition to the data identification. In the infrastructure, we started a community collaboration work group where anybody is welcome. Regarding community partnership in the State of Alaska and Concussion Legacy Foundation, we feel good about the relationships we have built to help bridge these gaps that we all can identify. She noted other areas such as community resources and family health specialists that help find resources for those in need, or help with enrolling for insurance, rehabilitation, complementary medicine, or behavioral health. She continued that there is room for improvement for TABI, complementary care, peds rehab, and exercise physiology. The testing psychologist position has not been filled yet. Regarding that interdisciplinary assessment team approach, we are in the process of getting those players at the table. We do have a hired-on nurse case manager that started with us this year who is helping from a high level to navigate all of those customer owners through our medical campus for services that they need. Community resources falls in the infrastructure as well, and that is work that is actively being done. Physical medicine and rehabilitation doctors, we have two that are associated with our campus. We also have a peds contract where somebody comes up to our child development services that is PMR, but again, not specific to TABI; and that is where a full-time brain health PMR is something that we would like to explore in the future.

DR. HARTMAN stated that at ANMC, all of the teams have good access to the services that were just outlined. But those referral services are ad hoc, so that a provider can choose what services might be useful. The OT usually comes up with some bright ideas and modifies the referral network. In March, we got together our 10th Clinical Core Business Group on the ANMC campus, which exists on every Joint Commission accredited campus. They report on our campus to the Clinical Quality Council and the executive management team, which have actually been brought forth through to the joint operating board. It is clinical quality and high reliability. Anything that is new or novel clears a pathway in the product. A new drug has to go through those groups before they are actually deployed and used. The CCBG, as we have worked to

establish it, we got really strong buy-in from trauma services and stroke services and neurosurgery, which are also conveniently the same services that traumatic and acquired brain injury on our campus relate to. TABI is actually going to be woven into the CCBG quite a bit. All these new pathways, protocols, order sets that are built through TABI will go through this group. The interdisciplinary assessment team, IDAT, is a care model that is developed on our campus with child and family developmental services, and it is also the same model that is used by the four centers of excellence that we visited -- wraparound services in support of multidisciplinary longitudinal care is the idea. There are three levels on our campus and on other campuses, which is the general approach. We are aiming and hiring for that. We are also looking at a structured discharge planning effort in coordination with a Clinical Quality Council on our campus centered around trauma, neurosurgical services, and stroke services, with a hope of applying our value sets this summer. We will begin outreach in Anchorage and the Valley for adults and statewide for children, and we will be hopefully partnering with those more long-term in a more structured way. We set about an actuarial study of a number of people that are served in the past 12 months for acquired and traumatic brain injury, with an estimate of 1,318 people in the last 12 months in the breakdown for the different areas of service. In the coming year, until the summer of 2025, we conservatively estimate a 14 percent growth to 1500 folks. He stated that his belief is that it is going to be a bigger growth, but we wanted to bring an honest assessment of what we thought. We learned in our child and family developmental services that opening up referrals wide open for all referrals in an area where there is a huge need quickly overwhelms the service. If the team is new, then they get a giant backlog hoisted on them right away. The growth that we are hoping for is small in the initial year to two years. The BICA structure was chosen because it works and it supports the sustainability. We think the IDAT model is scalable. It works nationally; it works for us here; and with our calculation, it is well received by our population. There is replicability in the server-shared domain, which is our electronic health record. There are 11 THOs on this shared domain out of the 16 THOs in the state. We have an electronic dashboard for referrals called Care Connections that the other five THOs will have access to beginning this month. That referral management system was standardized by statewide vote last November. It is functioning super well right now. We feel that that is going to help with our referrals for pediatrics statewide, and our referrals in PSU from neuro-surg, inpatients, strokes, et cetera. We are going to standardize discharge pathways and do a better job of what we call "pull discharges," which is understanding that somebody with stroke or a neurosurgical need is on the inpatient service. He continued that we are not waiting for the call that they are about to be discharged, but going there and working with them to coordinate in what is called a pull discharge process. We have replicated the CFDS IDAT model. They have five years of modifications for that model in the Med pod, ABA services, testing psychology. We keep updating, and it works really well. There is a big expansion in the Valley anticipated by 2028. About 2.5 times the space will be built by then, and we are expecting that the TABI will have a home there, along with CFDS.

TRUSTEE BOYLES asked after TABI is within some parameters and reaching some of the goals, if the plan is to move forward into the dementia world.

DR. HARTMAN answered, yes, that all dementias are brain injuries and fit under TABI. Dementias are not being split out from TABI.

ACTING CHAIR MORRIS moved the meeting to approvals.

APPROVALS

MS. PHELPS introduced Sean Gilbert, the grant manager for Set Free Alaska, and stated that Philip Licht is on the phone. She continued that this is a requested proposal for a capital project for 250,000 for Set Free Alaska, for an expansion project of a previous capital project that the Trust has funded. This is a very fiscally responsible request as there are many different funding sources for this project: Federal funds from HUD for \$5 million; \$500,00 from the MJ Murdock Foundation that is secured; \$900,000 from the Mat-Su Health Foundation, also secured. The project is going to expand outpatient services. There are huge wait lists for mental health services in our state, and adding outpatient services is very beneficial. This would add 70 more slots for children and family services, and 75 more slots for adult services. This would be for addiction and for mental health. Telehealth is also available, so that it can reach communities that are outside driving distance.

MR. BOYER asked to read the motion before continuing.

MOTION: A motion that the AMHTA Program & Planning Committee approve a \$250,000 FY25 Mental Health and Addiction Intervention focus area allocation to Set Free Alaska for the therapeutic campus expansion capital project. These funds will come from the FY25 Treatment Access and Recovery Supports budget line. The motion was made by TRUSTEE BOYLES; seconded by TRUSTEE FIMON.

MS. PHELPS continued that 377 more beneficiaries will be reached per year; about 1,000 beneficiaries. It is also going to double the capacity of crisis beds. Six or eight beds will either be used for recovery residences, for reentrants, or for treatment services. An entire continuum of care is going to be expanded. It is a very well-rounded project that is going to have maximum benefit reaching Trust beneficiaries, both children through adults, addiction, and mental health.

ACTING CHAIR MORRIS asked for any questions.

TRUSTEE BOYLES asked if she heard correctly that there will be additional crisis beds.

MS. PHELPS answered yes. Also, when people are successful and released from those beds, they actually can continue with the continuum of care at Set Free in outpatient services. This is keeping people in their communities in the least restrictive environment.

TRUSTEE MORAN stated that the more behavioral health services we can get, the better. She asked if additional staff will be needed.

MR. LICHT answered that we have visiting live and telehealth remote workers, and it is not our most preferred, ideal situation; however, it has worked really well. We have great technology in place, so at this point, we have employees in seven different states. Those clinicians out of state are helping supplement the clinicians, counselors, the behavioral health staff that we do have in person. The crisis services will all be in person. For some of the expanded outpatient services, we anticipate developing workforce as needed through a combination of in-person, maybe 70 percent or 80 percent, to 20 percent remote clinicians. As an example, we can outreach for a clinician in Georgia, and through some of the expanded telehealth regulations we have been able to champion in our state, we can get 50 applications in two days, as opposed to months of trying to find one clinician here in Alaska. We are trying to develop and grow workforce here while utilizing workforce in other areas through technology.

TRUSTEE MORAN stated that one of the issues we have had with telehealth is there is such a cultural divide that, especially for our elder participants, is not as beneficial as having someone who is in Alaska or who is comfortable.

MR. LICHT stated that they have been able to overcome that by doing in-person services for those individuals that are less comfortable, and then supplementing some of the services through telehealth. There is a good combination of the two. We do some cultural competency training for all of our staff, and helping remote staff to understand the Alaskan culture and things that are different here in terms of our people, groups, and just different nuances of everything from environmental to different ways and peoples here in Alaska.

ACTING CHAIR MORRIS asked for any other comments or questions. Hearing none, he called for the vote.

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

ACTING CHAIR MORRIS moved to the RYC Emergency Stabilization & Assessment Program.

RYC EMERGENCY STABILIZATION & ASSESSMENT PROGRAM

MS. BALDWIN -JOHNSON introduced Dustin Larna, the CEO executive director of RYC. She stated that Janie Ferguson is going to introduce this program.

ACTING CHAIR MORRIS asked for the motion to be read.

MOTION: A motion that the AMHTA Program & Planning Committee approve a \$400,000 fiscal year '25 Mental Health and Addiction Intervention focus area allocation to Residential Youth Care, Inc. for the SeaLevel Community Youth Center Project. These funds will come from the fiscal year '25 Treatment Access and Recovery Supports budget line. A \$250,000 FY25 Mental Health and Addiction Intervention focus area allocation to Set Free Alaska for the therapeutic campus expansion capital project. These funds will come from the FY25 Treatment Access and Recovery Supports budget line. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE HALTERMAN.

MS. FERGUSON stated that SeaLevel really has an innovative approach. Imagine youth and young adults in crisis based in Ketchikan and Southeast needing a place for support. SeaLevel envisions supporting these Trust beneficiaries in an innovative approach to community-based care. If approved, this will be focus-area allocations, and primarily this is a capital project for renovation to the already purchased SeaLevel building by RYC earlier this year. In addition to Trust funding, RYC has made substantial gains in securing various funding from various funders, amounting to over \$3.1 million, which is nearly 75 percent of the capital funds necessary. RYC is based in Ketchikan, but they serve the entire Southeast Region and statewide. They are a comprehensive, accredited, comprehensive behavioral health provider based on 100 percent of the most vulnerable Trust beneficiaries. Currently, they are serving close to 118 beneficiaries and a substantial number of family members, friends, and community members. With this project, RYC has the potential to expand their services to those youth and young adults in Ketchikan, but also around the region and statewide, through early intervention, prevention,

but also for intervention and treatment, RYC has a substantial service array with outpatient, residential, short-term, and long-term residential treatment, and are also engaged in the schools in Ketchikan. SeaLevel aims to provide this broad range of services to Trust beneficiaries. RYC has provided a business plan detailing the capital timeline, as well as the operational plan. There is substantial work to insure financial stability. In response to the DOJ report and looking to shift and change supporting youth in crisis earlier, SeaLevel aims to deinstitutionalize the experiences that many Trust beneficiaries have been a part of, giving Trust beneficiaries the opportunity to be in their community of choice in the least restrictive setting.

TRUSTEE BOYLES noted that a lot of numbers were touched here. She asked if this grant is issued, will we see those numbers increased or documented.

MR. LARNA responded absolutely, we would love to come back, and we look forward to reporting on outcomes.

TRUSTEE STURGEON stated one of the objectives is to try to find youth jobs and job training. He asked how that is accomplished.

MR. LARNA stated that one of the innovations with this project is to work in tandem with some of the employers in Ketchikan, which has a huge tourism industry, with a ton of summer jobs. For a lot of those businesses, finding employees is tough. He continued that one of our strategies is to work with local businesses and really identify what skills do youth, young people need to have to be productive employees, even for those summer jobs when they are in high school, and some of the other jobs in the communities as they go forward. Beyond job skills training, curriculums are being built to give young people the skill set to be successful in those specific jobs. A small cafe/coffee shop has been added with the goal of developing skills while helping to run that café.

TRUSTEE STURGEON asked if they go outside Ketchikan to promote jobs.

MR. LARNA answered that for some of the youth and young adults that we have supported throughout our services, we have helped to identify other jobs in outlying communities or other industries, and we help to get them on a training track to pursue other roles outside of Ketchikan.

TRUSTEE FIMON asked about one of the numbers that really stuck out: the 4,000 secondary beneficiaries. He asked how those secondary beneficiaries play a role into the program.

MR. LARNA replied that the route taken was based on the number of youth and young people that we think we can impact over the course of a year, and we extrapolated that out to the family and the people around them. The level of impact on that 4,000 is not known. We do think that collecting data is very important, and we do have a lot of plans for collecting data on the youth coming in and out of that youth center, and from a whole host of community and education events, and things like that.

TRUSTEE BOYLES asked for an example of how SeaLevel reached out and incorporated other nonprofits, and what they do in the community of Ketchikan to work together as a unit.

MR. LARNA replied that we have plans to work with Ketchikan Youth Court. They have a location that is pretty big, but at certain times they need more space. Part of the design for

SeaLevel is to have some office spaces to help co-locate people. Instead of having an entire location that is big enough that they do not use all the time, they could have that office and then utilize some of the spaces within SeaLevel during certain times. Another example, the Ketchikan Wellness Coalition has recently secured a Federal grant focused on substance abuse prevention in the community. Even though SeaLevel is not up and running, knowing this is coming and being involved in the planning, there are positions under that grant that we would be located and doing work within them being integrated into the building. Public Health will be able to do limited clinic services at that location. We are trying to meet young people where they are instead of referring out, but not duplicating a lot of the great work that is already happening.

ACTING CHAIR MORRIS asked if there are any unsheltered teens currently living on the streets.

MR. LARNA replied yes. He continued that when he talks to folks about trying to support youth who are really homeless or really unstably housed, they are surprised because we do not often see youth walking around town with everything on their shoulder like we see in some other communities. We are aware of a lot of youth couch-surfing in very unstable environments where there are youth. He found out last summer there were four different youth that spent the whole summer living in the woods. We have run into youth that we have supported in the past that are 20 years old, and they say, "I am doing great. I am working. I am on track. I am sober." But when asked where they are staying, they say, "Oh, I live with so and so in her car." We definitely have some challenges in our community with homelessness.

ACTING CHAIR MORRIS asked if overnight services will be provided in this facility.

MR. LARNA replied that this project is not set up to provide overnight services. That would be a next phase for us. He continued that we have expanded to more community-based services, and are really trying to take that leap upstream to reduce the need for services.

ACTING CHAIR MORRIS asked why is the first project not to provide a place of safety for those folks to give them a safe night's sleep rather than a day center.

MR. LARNA replied that in our existing programming, we are able to help support a lot of youth now and even get them off the street and engaged in services. Several of the youth that we serve in our existing programs, treatment foster homes, residential programs would be homeless without engaging in that. He stated that they are able to have an impact on that now.

ACTING CHAIR MORRIS asked if there were any other comments or questions from trustees or on the line. Hearing none, he called the vote.

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

ACTING CHAIR MORRIS moved the meeting to the Rural Housing Evaluation Contract, UAA.

RURAL HOUSING EVALUATION CONTRACT, UAA

MS. BALDWIN-JOHNSON stated that Michael Baldwin and Kelda Barstad will be introducing this topic after trustees read the motion.

MOTION: A motion that the AMHTA Program and Planning Committee approves up to \$291,000 for a contract for evaluation of Rural Alaska Housing First programs. These funds will come from the Fiscal Year '24 Comprehensive Program Planning and Consultative Services budget line of the Non-Focus Area section of the budget. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE HALTERMAN.

MR. BALDWIN stated that this project is brought forward in support of the housing and home- and community-based services focus on beneficiaries to insure that they have safe and stable housing. The funding today is to support contracting with the University of Alaska Anchorage staff to evaluate supportive housing projects in three rural communities that the Trust has provided partial funding and support and development to in Nome, Bethel, and Sitka.

MS. BARSTAD continued that all three projects are very interested in participating in the program evaluation and adding to the body of research around permanent supportive housing projects. Different components do not work, or they are problematic. The primary reason behind that is either models are not operating to fidelity, or they are not participating in a dynamic evaluation process to identify problems early on. We want to be proactive to not only understand what their needs are and the nuance of operating this kind of project within rural Alaska, but also to see what are the broad similarities across projects. We have participated in funding evaluations for Anchorage, Fairbanks, and Juneau. We are able to leverage the Juneau evaluation, as it will be the same entity, and we are going to start with the same questions.

ACTING CHAIR MORRIS asked if there were any questions from trustees.

TRUSTEE STURGEON stated that he always asks this question whenever he sees the University of Alaska involved. Often, they would do a study for us and they want a 50 percent administrative cost.

MR. BALDWIN noted that they estimated the administrative cost at about approximately 25 percent for this project.

TRUSTEE STURGEON replied that they like those fees. That seems pretty excessive with the overhead they have with the University of Alaska.

TRUSTEE MORAN stated that one of her concerns is that all of these programs are so new; not more than two years old. She asked if they have enough of a track record in the community to really have valid data, or if this is looking at this as kind of stage 1 data, and that they will come back in two or three years and do it again.

MR. BALDWIN answered that this is laying the groundwork. It is baseline. In the initial stages, there will be a six-month window before, and then a six-month period after they move in as that groundwork. It will prepare us for future follow-up for a period of a year or potentially years.

TRUSTEE MORAN asked who utilized the Juneau data and who is the target for the data coming out of this survey.

MS. BARSTAD answered that for the Juneau data, the target audience was a couple of different

groups. One was the operating agencies. The Juneau Housing First Collaborative made sure that they were implementing the program as intended and to see how the beneficiaries were doing in housing. One of the early findings that led the agency to change some of the work they were doing is that people's well-being was noted to go down after housing, and that was an unexpected outcome. The program was able to adapt their programming and some of the services and opportunities they had available to their residents to help create more of a sense of community. When people move into a single apartment, there is grieving and a loss in that community. That was something that was known, but the impact was not as evident until that evaluation was done. They found that police encounters with the housed individuals went down substantially; emergency room usage went down substantially; ambulance usage went down substantially. These emergency services are very expensive for cities/municipalities to run. The City saw that this housing project was a good investment for them because they were able to reduce the amount of high-cost, sometimes not-reimbursed services. A lot of those are paid for by property taxes or other taxation systems. They could reduce that and pay a smaller amount of money in grants for housing, and people had better, more stable outcomes and more appropriate interactions with emergency services. That evaluation has led to a more sustainable type of model for housing in Juneau. The City has seen an impact on their budget. They can spend their dollars more wisely for the outcomes that they are looking for, and they have invested in that model. Juneau is now on its third permanent supportive housing project, looking to house 28 more homeless individuals who have pretty complex needs.

TRUSTEE MORAN asked if the plan is to repeat the study in Juneau to see if those gains were maintained.

MS. BARSTAD answered that they did do a follow-up study at one year, and then at two years. There were some individuals that were able to be tracked over multiple years, and then they added additional residents because they built a second phase in the middle. There was some pretty significant follow-up for that first cohort of Juneau residents.

MR. BALDWIN stated that a secondary benefit of the project is that it creates organizational capacity to track this data, and then to implement those types of follow-ups that may be not as expensive as doing a full evaluation, but they are able to engage from an ongoing data monitoring kind of process, too.

TRUSTEE BOYLES stated that she does not know that we have ever funded a data collection evaluation process like this before. We find the money somewhere to build the house, then we are going back and saying, "Here is your house. Are you happy here? And what could we have done better and differently?" In the long run, you have that data and you build better houses. She asked to convince her that this has to be done.

MR. BALDWIN replied that this is about the impact on the community, and the individual beneficiary, as well. It is about the systems that are in place and public safety systems that are engaged in providing expensive services; and so that is the benefit of evaluating these kinds of efforts to reduce the costs and pull on the community. One of the additional benefits that comes from supportive housing is the reduction of public safety responses. We find that folks that have not had access to health care now are able to, because they are in a stable living environment. He continued that it is not specifically evaluating the nature of the house, but the system. What is unique about this is looking at this model in a rural community, which we do not know if that works. It will be very valuable to inform planning; and if it does not work, we will know. If it

does work, then we have information to utilize in planning going forward. We have funded evaluation and data projects before, but those are brought forward sparingly and cautiously, generally.

ACTING CHAIR MORRIS asked if there were any comments or questions from trustees. He stated that it looks like we spent about \$750,000, and it is hard to quantify the exchange for these housing projects in Bethel and Sitka. He asked if reporting on these metrics about housing move-in date, housing move-out date, is something we should have gotten in return for \$750,000. He would have thought that would be a basic requirement of any grant we give, that we get a basic report back of who benefited, how it worked out. He asked why we would pay an additional \$300,000 to find that out.

MS. BARSTAD answered that those are the capital projects, and they would have different outcome measures tracked, with the primary ones being that the units are built, they are habitable, and we have the expectation that the beneficiaries would be moving into those units. Once that capital portion of the project is complete, the project is considered complete and satisfied. This would build upon the work that they are doing internally. It is not expected that the programs will be tracking a variety of different measures. This effort will help to insure that there is some uniformity across even permanent, supportive housing projects within the state. The projects do not have the capacity to look at the community impact; they are interested in what the community impact may be. But they do not have the internal administrative capacity or ability to really take a look at that and to move forward with that part of the work.

ACTING CHAIR MORRIS stated that the case has been made that we are looking at the broader impact on the community. The list of data to be collected appears to be the usual set of data that is collected on Housing First projects which uniformly gives the same result, which is great. He stated that he does not see any data points about what has happened in the community during these two years as the number of persons experiencing homelessness increased or decreased in Bethel or Sitka. He stated that he would pay for that. That would be a study of what is happening in the community. This is perfectly designed to get the same results that you got in Juneau, which is to say, "Yes, this is fine." But it does not tell the story of what happened in Juneau. He asked for other comments or questions from the trustees. Hearing none, he called the question.

After the roll-call vote, the MOTION was NOT APPROVED. (Trustee Sturgeon, yes; Trustee Fimon, yes; Trustee Boyles, no; Trustee Moran, no; Trustee Halterman, yes; Acting Chair Morris, no.)

ACTING CHAIR MORRIS asked for a trustee to read the next motion.

TRUSTEE HALTERMAN stated that yesterday the Board of Trustees approved an agreement with The Arc of Anchorage whereby the Alaska Mental Health Trust Authority would purchase for a million dollars the buildings, improvements, furniture, fixtures, and equipment located at the Trust land and leased by The Arc of Anchorage under Lease No. 02130.

MOTION: A motion that the AMHTA Program & Planning Committee approves that the Board of Trustees fund this purchase with funds from the budget reserve for program-related investment, including beneficiary peer support services facilities, which currently has a balance of \$3,655,000. The use of these funds furthers the purpose of making sure

these services provided by The Arc of Anchorage can be sustained for the benefit of the Alaska Mental Health Trust Authority beneficiaries. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORAN.

ACTING CHAIR MORRIS asked if Trustee Halterman would care to speak to the motion.

TRUSTEE HALTERMAN stated that this motion gives some direction so we can begin the process of executing a transfer of funds and identify the budget source for the administrative side of the Trust. This motion is a clean-up. Yesterday we forgot to identify the funding source. We will have to do this in multiple motions, but this motion will identify the source of funding.

ACTING CHAIR MORRIS asked Mr. Williams if this is a reasonable place for a source of funding.

MR. WILLIAMS replied, yes.

ACTING CHAIR MORRIS asked for any comments or questions from trustees.

TRUSTEE FIMON stated that he does not know if that changes necessarily the intent of the motion, but he does not think it is maybe the proper verbiage.

MR. WILLIAMS added that this motion was drafted by legal counsel.

TRUSTEE FIMON stated that we had a motion after we talked with everybody that was involved yesterday with The Arc. He asked if we have heard back from them.

ACTING CHAIR MORRIS replied that we have not. The motion read yesterday did not have a funding source included. This is a housekeeping motion to complete what we did yesterday. If they accept the offer, we have the ability by counsel to move forward.

TRUSTEE HALTERMAN clarified that she was on the phone with our counsel at 5:45 this morning making sure that we were considering our approach. We initially had identified a different funding source. We have been bouncing this back behind the scenes while folks have been busy working in the room today. She stated that counsel has been involved in the drafting of this particular motion.

ACTING CHAIR MORRIS asked if there was any further discussion on this motion. Hearing none, he called the question.

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

ACTING CHAIR MORRIS asked if there was a second motion.

TRUSTEE HALTERMAN stated that this motion has to do with trustees' duty for grant-making authority for the CEO. During our governance document review meeting with our attorney and counsel in the room, the CEO and attorney engaged in a discussion about the ability of trustees to delegate grant-making authority to the CEO. Our counsel asked for the origins of this authority,

and if the CEO could provide a copy for review. I would like to get clarification on this issue in the form of a legal opinion.

MOTION: A motion that the AMHTA Program & Planning Committee, the Board of Trustees, ask our counsel to provide the Board with a legal opinion on whether the Board of Trustees has the authority to delegate grant-making approvals to the CEO. I move the Board of Trustees authorize our counsel to research whether the Board of Trustees can delegate authority to the CEO to approve grants and other powers attributable to the trustees by statute. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

TRUSTEE BOYLES asked if this is not part of the governance work that we are doing and that Mr. Hickey is engaging in holding our hand very solidly through the whole process.

TRUSTEE HALTERMAN replied that it does relate to our governance work, and that she does not have the authority to seek legal counsel's advisory opinion without going through the Board of Trustees to get that support from the Board. She stated that she would like to lay the foundation with an appropriate comprehensive answer to the question that was asked during the last governance discussion so that we can begin to build upon a foundation that is informed with legal advice or an opinion.

TRUSTEE BOYLES repeated back to you what she thought she heard: We need to go ask him to do this and research this. He has been researching and advising us now for months. She asked if that work was inappropriate, and if trustees are going to have to go through the governance with a fine-tooth comb, and that everything that we need his opinion and advice on, we will need to come back to the Board and get a motion.

TRUSTEE HALTERMAN replied that this is a matter of seeking additional clarification that is not available without full Board support. She stated that she cannot go forward and say she sees a lack of clarity, and we were unable to give an answer to the attorney when we were in our last discussion. Therefore, the only way to get an opinion or additional clarification is to get Board approval in support of seeking that advice. She stated that she is one trustee, and she needs the majority support for these kinds of motions, and for this kind of direction.

TRUSTEE BOYLES thanked Chair Halterman.

ACTING CHAIR MORRIS asked if CEO Williams or staff had any comments on this motion.

MR. WILLIAMS stated that this is part of our Board governance discussion, and he felt that we resolved this issue a year and a half ago when we looked specifically at the charter of the CEO and made those changes to the charter under the direction of legal counsel. But he understood if there is further work that needs to be done.

TRUSTEE MORAN stated support of this just because of the clarification on it. We do have a fiduciary responsibility. She continued that she would rather know now rather than enshrine it into our governance documents.

ACTING CHAIR MORRIS asked if there were any comments or questions. Seeing none, he called the question.

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

ACTING CHAIR MORRIS stated that now is the time for trustee comments after our two days of meetings.

TRUSTEE COMMENTS

TRUSTEE MORAN thanked John Sturgeon. She stated that he has been a stalwart, and we will be hard-pressed to replace his breadth and depth of knowledge. She noted that she attended the quarterly Advisory Board meeting on mental health and alcoholism and drug abuse last week. She encouraged others to sit in on those, if they could, as they seem to have more of a direct line to the folks that they are serving. They have discussions from which she learned a lot. It was a very different perspective than we get at our Board meetings.

TRUSTEE HALTERMAN stated that she also attended one of the Advisory Board meetings, the Advisory Board for the Governor's Council on Disabilities and Special Education. There is a deeper dive into departmental conversations that happens within those rooms that gets adjusted before it gets to our board. There are more details shared with our advisory boards that she found insightful about the pillars of effort that are ongoing for the Department that address each of those individual advisory boards. She would also like to encourage other trustees that are interested in attending any of those meetings to seek approval, and she will approve anyone participating in any, whether they require travel or not. She thought that it is beneficial for our Board to be out there and active with those advisory boards. She thanked Trustee Sturgeon for his service to the Trust; it is nothing but honorable, and it has been an honor to serve with him. She thanked her fellow trustees for their support on some interesting motions over the last couple of days. She stated that she knows that some questions will become clearer as we finish our governance work. The materials have been well presented by staff, and she appreciated the amount of work that goes into putting these meetings together with our committee chairs. She thanked them, too, for their leadership. She thanked John Morris for stepping in for Trustee Moran in her absence today. And she thanked Trust Moran for hanging in there despite not feeling well.

TRUSTEE FIMON stated that he is looking forward to getting to travel to Ketchikan. He is super appreciative of all the staff and all the presenters, and especially his fellow trustees, because there were some maybe even unexpected and certainly some hard issues and motions brought forward, and he felt that there is some good sense of urgency, maybe for reasons he did not know when the day started, of getting a few things that have been outstanding completed. He thanked Chair Halterman for pursuing the things that she feels are important, and giving us at least the opportunity to discuss them and finish them going forward. Trustee Sturgeon has been a real mentor and a friend as he came on the Board the last couple years, and he did not know until a couple of hours ago that this was it, and he is kind of sad about that. But he thanked him and noted that it has been his honor.

TRUSTEE BOYLES stated to Trustee Sturgeon that everybody says they are going to miss him. She stated her hope that he is recruited, or that we can get a replacement even 10 percent as knowledgeable as him. She mentioned to both the staff and to the Chair that regarding all of the training that we need to do relative to the governance project, to please put her on the e-mail,

because if we invite only chairs, she will be the only trustee missing. SeaLevel Community Center was one of the most phenomenal, well-done presentations. She sees a lot of potential beneficiaries with the support folks around them being helped by that project. She continued that she will be looking forward to a little more data on that, maybe in a year or a half a year. She stated that all of our staff does an excellent job. She continued that sometimes we do have to make hard decisions, and sometimes she likes the way the decision turns out, but does not approve of the process. She is happy that we did the hard work that we did in this meeting. She thanked Ms. Smith-Coolidge who made her aware, kind of subtly, that we have never had a meeting with four Executive Sessions in three months, and she went above and beyond.

ACTING CHAIR MORRIS stated that it is the convention to take this opportunity to thank everyone who has been such a positive contribution during the meetings, and the folks who come to see us. A lot of good appreciation, which he echoed, has been said by his fellow trustees. Also, there have been plenty of good things said about Trustee Sturgeon. He took his time to go a little different way. He thinks about some of the new paths we have charted over the past couple of days, particularly with the Arc and the TLO. He is conscious that, despite the fact that we are an organization that has at its disposal literally hundreds of millions of dollars in assets, the most valuable component of the Mental Health Trust, in his view, is the staff, their wealth of knowledge, their commitment to beneficiaries. As we go forward on these new paths, he would like to ask that we stay conscious of the fact of how valuable they are and be conscious of the effect that uncertainty can have on a team, and to try to provide clarity and good communication so that we keep this incredibly valuable team at its high-level function.

TRUSTEE STURGEON replied well, what do you say at the last meeting? His style would have been to leave a note on the desk saying that he resigns. He would like to thank and show appreciation to his fellow trustees. What an honor it is been to work with them. We have been through some bumpy times, but we have begun some good work. He thinks that everybody here, the Board of Trustees, is looking out for our beneficiaries and the differences of opinion about how to serve those beneficiaries best. People put in a lot of work and a lot of effort, and our hearts are definitely in the right place. He thanked everybody for their nice thoughts. For the staff, Steve and Katie and Allison, Jusdi, Jeff, Eric, he really appreciated all of the support given to the Board over the years. He continued that he has been on a lot of boards, and the AMHTA staff has been the best of the best. The packages staff puts together and the homework that they do is truly incredible. He hopes that they never, ever forget what a wonderful and great job they are doing, and what they are doing for our beneficiaries. There are not many jobs in the world where you can do the good work that you are doing, especially in these days when you read the news of all the strife in the world, strife in the United States, and even the problems we have here in Alaska. Staff is in a unique position of being able to solve some of those problems. He stated his goodbye and farewell.

MS. WARNER stated that Trustee Sturgeon did not give us much time to give him a plaque or something wonderful, but we do have a slab of carbon that we would love for him to part with.

ACTING CHAIR MORRIS asked if there were any other comments or offers of lumber.

CEO WILLIAMS stated his thank you to Trustee Sturgeon. He has been a huge resource and a really good sort of trustee to help lay a path for the Trust Land Office. He has also done that with the Trust Authority Office. The words about the beneficiaries and keeping them in the

forefront of our minds and the work that we do today and into the future is really important, and he appreciated Trustee Sturgeon sharing that.

TRUSTEE STURGEON replied with a thank you to Mr. Williams.

ACTING CHAIR MORRIS called for a motion to adjourn.

MOTION: A motion to adjourn the Program & Planning Committee meeting was made by TRUSTEE STURGEON; seconded by TRUSTEE FIMON.

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

(AMHTA Program & Planning Committee meeting adjourned at 4:20 p.m.)