

**ALASKA MENTAL HEALTH TRUST AUTHORITY
FULL BOARD OF TRUSTEES MEETING
May 23, 2024
12:30 p.m.**

**Hybrid Meeting:
Ted Ferry Civic Center
888 Venetia Avenue
Ketchikan, Alaska 99901**

Trustees Present:

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

Trust Staff Present:

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

Trust Land Office staff present:

Jusdi Warner
Sarah Morrison
Jeff Green
Tracy Salinas
Blain Alfonso
David MacDonald

Also participating:

John Springsteen; Patrick Reinhart; Stephanie Hopkins; Daniel Brendible; Jackie Yates; Bess Clark; Adrienne Gaines; Myrna Johannsen; Mia; Wendy Horton; Andy Miller; Pam Cauley; Cole Hendrickson; Stephanie Wheeler; Dave Branding; Jon Haghayeghi; Jena Grafton; Miranda McCarty; Jake Pavone; Matthew Stinson.

PROCEEDINGS

CHAIR HALTERMAN called the meeting back to order. She stated that, unfortunately, the site visit to Shelter Cove was canceled due to the weather, and trustees will continue to work on the CEO performance review. She asked Trustee Fisher for a motion.

MOTION: In accordance with the Open Meetings Act, a motion that the Alaska Mental Health Trust Authority Full Board of Trustees convene into Executive Session for the purpose of discussing confidential information pertaining to the annual performance evaluation of the Trust Authority's Chief Executive Officer. This motion is made pursuant to the Open Meetings Act, AS 44.62.310(b) and AS 44.62.310(c)(2). Under applicable law, this discussion should take place in Executive Session unless the Chief Executive Officer requests a public discussion. During the Executive Session, the Board of Trustees may also discuss information related to the Chief Executive Officer that is required to be kept confidential pursuant to AS 44.62.310(c)(3), and that is auxiliary to the Chief Executive Officer annual performance evaluation. The motion was made by TRUSTEE FISHER; seconded by TRUSTEE FIMON.

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

CHAIR HALTERMAN stated that in Executive Session trustees would be joined by Valette Keller and Wendy Horton. Andy Miller would be available for trustees if there were questions coming up during the discussion.

(Executive Session from 9:37 a.m. until 12:31 p.m.)

CHAIR HALTERMAN called the meeting to order, and stated that a statement needed to be read into the record.

TRUSTEE FISHER stated, for the record, that he and his fellow trustees and the members of the Trust Authority are returning to the Full Board of Trustees meeting from the Executive Session. During the Executive Session, the Board of Trustees only discussed the items identified in the motion to move into Executive Session. The Board of Trustees did not take any action while in Executive Session.

CHAIR HALTERMAN thanked Trustee Fisher, and stated that there was a motion from Trustee Morris.

MOTION: A motion to adjust the agenda: The 4:45 session listed as Trustee Comments is adjusted to an Executive Session to discuss CEO performance review. The motion was made by TRUSTEE MORRIS; seconded by TRUSTEE MORAN.

There being no objection, the MOTION was APPROVED.

CHAIR HALTERMAN recognized Janie Ferguson who introduced the panelists for the Southeast Regional Panel Discussion.

MS. FERGUSON stated that they were joined by Daniel Brendible, director of behavioral health for Annette Service Island Unit and Annette Island Health, located in Metlakatla, as well as Jackie Yates, Ketchikan Wellness Coalition executive director. She continued that Ms. Yates was born and raised in Ketchikan, Alaska, and is the executive director of the Ketchikan Wellness Coalition. Before her current position, she worked as an adult probation officer for eight years. They were also joined by Bess Clark, executive director for Community Connections on Prince of Wales Island where she has lived for over 40 years. She has been a part of the Community Connections team as executive director for 25 years. She continued that they were also joined by Adrienne Gaines, the WISH community services director, a mental health professional beginning in Minnesota for 15 years before moving to Ketchikan in 2021. She offered the opportunity for the panelists to introduce themselves, as well as to expand more on their agencies, the Trust beneficiaries they serve, and to share a bit more about how they help to improve the lives of Trust beneficiaries.

MR. BRENDIBLE thanked all for the invitation and stated that he works at the only mental health service unit located in Metlakatla. He has lived in Alaska for the last 13 years where he met his wife and had his children. He stated that the mental health service unit has urgent care, dental, medical services, and a behavioral health department. They have assessments, intakes, and they help people with case management, *ex parte* orders, and a lot of different services. There is a relatively small staff for the amount of work done, but with coordination with the different agencies in the community and through Ketchikan, it is a wonderful partnership.

MS. YATES stated that she is the executive director of the Ketchikan Wellness Coalition, which is an umbrella organization with ten different task forces that focus on different community needs. Two of the task forces were funded by the Mental Health Trust: the reentry coalition with a reentry house;, and Crisis Now and the mobile integrated health team. The program director is also funded by the Trust. Other initiatives focused on are drug prevention, gardening, recycling, strengthening cultural unity; a large health equity push, particularly for Filipino health care access; and a focus on assessment and action. They assess what the community wants and create plans with community partners or within the staff to try to address those needs.

MS. CLARK stated that Community Connections is a unique nonprofit for Southeast in the array of services they offer from birth to elderly services. They offer infant learning services, birth to three, and they provide children's mental health services; developmental disability services for children and adults; and they serve seniors, elders, and veterans to help them to stay in their own homes for as long as possible. They serve beneficiaries through all of the array of services. They serve 11 communities on Prince of Wales, Ketchikan. The infant learning services travel to Metlakatla to serve the very young children.

MS. GAINES stated that WISH is a domestic violence/sexual assault organization in Ketchikan with three branches of services. There is a 32-bed shelter operated 24/7 in Ketchikan, staffed by trained advocates. Free legal services are provided with an attorney and paralegal who provide family law and protective order services for free to participants in the shelter, and community, as well. A crisis hotline is operated 24/7 out of the shelter. There is a community-services-based program housed in the old shelter building with a lot of outreach, a prevention program, parenting education groups, and case management. Free mental health, low-barrier counseling which can be home-based, in the community building, or in the shelter is provided. There is also a housing program in the community services sector that helps participants with assistance in getting vouchers and navigating the complicated systems to obtain housing. The third area is the

child advocacy center, Eleanor's Place, and the sexual assault response team, which are both housed with WISH. She continued that the SART team responds to reports of sexual assault and provides immediate crisis intervention and long-term services, as well.

MS. FERGUSON thanked and acknowledged each panelist for the work they do serving the Trust beneficiaries and thanked those who traveled for making the journey. She stated that the first question was: What barriers and disparities exist in Southeast Alaska, in this region, that hinder access to behavioral health, developmental disability, intellectual developmental disability services?

MS. CLARK talked about how Community Connections focuses on reaching children very young, and that they are unique in having an infant learning program and children's mental health program. She continued that they have received flat funding for the Infant Learning Program for ten years, which makes it very difficult. She advocated for and encouraged the trustees to help advocate with the Legislature for additional funding for the infant learning services.

MS. YATES stated that Ketchikan Wellness Coalition completed an online safety survey with over 100 students at Ketchikan High School. Before that, over 150 adults were surveyed at a local festival asking about what online safety looked like. All adults said that home was safe. The high school youth results were jarring in that they thought about, planned, or attempted suicide, and attributed the suicidal attempts to online-related instances. There was a change in dynamics of what the youth face, and they are trying to do a big training in the community on how parents and adult community members can address these needs within the community. Another survey was the food security survey with the results for Ketchikan being that 49 percent of the population feels food insecure. The two contributing factors include a lack of transportation and a lack of knowing how to cook.

MS. GAINES talked about a barrier in staffing the mental health positions, part of which was connected to the availability of housing in Ketchikan. A great deal of providers that live here move through the different agencies. A position is filled, the person moves, and then that spot is empty, and the available positions are not filled. At WISH, many qualified candidates reach out, are interested in coming to Ketchikan to work, but they cannot find housing or affordable housing. There are more people in need of the services than providers to provide for them.

MR. BRENDIBLE noticed that, since the pandemic, the services for behavioral health has been altered throughout the state. Getting those positions restaffed is very difficult, and requires a lot of shuffling. Many foster homes throughout the community were lost, and getting people interested in the foster homes, therapeutic treatment homes, tribal foster homes, has been extremely difficult. She stated that Metlakatla has no crisis centers. If someone was in crisis with something major they have to be thrown in jail, which happens more than it should. Another issue coming to Ketchikan as the referral center for Southeast is not being able to get good services in Gateway and other entities that struggle with the level-of-care issues. He was there to advocate and recognize bringing awareness, and then just getting the foster homes to push that back is critical.

MS. YATES added that an actual barrier in crisis is the current closure of Akeela and the services provided for all of these populations. She stated that the homeless population is also struggling. The low-barrier shelter closed down their evening services, and people are being

forced to camp out in Ketchikan. That is a tough situation.

MS. FERGUSON thanked each for sharing the challenges, disparities, and doubts; and she hoped the trustees and Chair were getting a sense of these tough issues that the Trust beneficiaries are impacted with on a daily basis, and how even meeting the basic needs would help propel people into wellness and improve lives. She moved to the next question: Each of you represent an agency, but are also key members of the Southeast, and she asked what they see that is working well in Southeast related to behavioral health, intellectual developmental disabilities and services.

MS. CLARK replied that at Community Connections they give their array services with no wrong door. Families could receive services through the Infant Learning Program, and if services were still needed as they grow older, they get them. The developmental disability services are right there. Statewide, oftentimes, children sit on the waiting list, but they can be enrolled if there are challenging behaviors; so services do flow. She promoted that model because it really works. It is a smooth transition; a smooth referral source; one agency. She added that they are also an umbrella agency in the form of the array of services: three large departments in services with one executive director, one administrative staff. But if they were in Anchorage, Fairbanks, or Juneau, they would be the equivalent of four nonprofits. She stated that their model works, and when one program struggles, another program supports them. She continued that the infant learning services was financially struggling, but through the other services there were reserves, and that helps each other. Not cutting services or staff is their philosophy. She added that another thing they do is to try to promote from within, and they built a scholarship program for staff which helps them if they want to go back to school. People do grow within the organization; they get promoted; and we have longevity.

MS. GAINES noticed that what works really well in her region is that all of the agencies that provide the services really collaborate well together. There is no competitive nature with the different organizations. There are many meetings, task forces, and areas where they all come together so that services are not duplicated. If that could continue to be beefed up with more people, that would be great.

MR. BRENDIBLE stated that it is a difficult question to know what the barriers are and what works well. He was asked that a few years ago in Metlakatla and had to do a lot of research and talked to a lot of larger agencies. He did a community survey and looked at all the violent services in the community. Out of a community of 1400, there were over 400 respondents, and that was incredible. A lot of people in the community were interested in that assessment and what it meant. The buzz was overwhelming from the high-liners to people really struggling every day. He continued that the services in Ketchikan and Metlakatla really depend on them. It seems to be a good time for behavioral health issues and social justice, with discussions on what is working and what is not working.

MS. YATES commended KTC for providing great continuum of care across all aspects from behavioral health, substance abuse, medical and early education components for some of the youth advocacy elements. They also address diabetes-related issues, food-security components, and a lot of things that are coming up in her surveys. They have programs that were already rolling out. She added that she was excited to see how easy it was, through their organization, to continue care across the whole family. Her children go through KTC, and are getting great wraparound care. As a probation officer, when she referred individuals with substance abuse

disorders, they were also screened for behavioral health, and they received care for that. They would be referred to MAT treatment, and all three of those departments shared information who would share it back to her as the probation officer. She stated appreciation for that structure, which worked really well; and it could be duplicated within the community in a highly successful way. She continued to the Wellness Coalition, which went well because the reentry program was highly successful. The reentry program coordinator was just awarded outstanding professional of the year in substance abuse and chronic alcoholism. What she was hopeful to see come into play is the Wellness Coalition partnered with residential youth care. They sent six community members to Iceland and another six to Anchorage in hopes of implementing the Icelandic Youth Prevention Model in Ketchikan, which is very promising. They already had a lot of things existing and in place that can be highlighted and expanded to really support the youth of the community, and also the families. The Icelandic Youth Prevention Model is a family-focus model, and would greatly affect all beneficiaries.

MS. CLARK talked about seniors or elders in the community. For over 20 years, Southeast has had a longstanding coalition of agencies that support and serve seniors. They talk about those services and how to build on them and support each other. Within the senior population, Southeast has limited supported living apartment scenarios. Services are either received at home, or they go to the Pioneer Home or long-term care. It is very different than in Anchorage or the Valley. She continued that Prince of Wales has the largest population of veterans per capita living there in the entire United States. SAIL serves some of them, as does Community Connections. She is proud to serve their veterans to keep them in their own homes as long as possible. The limiting factor is not enough caregivers. Community Connections has a strong caregiving group with many of them being Filipinos. Ketchikan has a strong Filipino community, and many of them work at the Pioneer Home or in long-term care, and then also work part-time as a second job. They are great caregivers, especially around the elder population. She would like to build on that and start a visa program to bring more people from different countries and the Philippines could be one of those. Let's open the visa opportunities and bring those people over. She added that she needs help on that one.

MS. FERGUSON thanked everyone for sharing and highlighting the amazing work the agencies are doing to serve the Trust beneficiaries. The next question was about dreaming big. With no limitations, in what ways could the Trust improve serving and working with the Trust beneficiaries, whether with individuals experiencing mental health crisis or substance use disorders, any array of those challenges.

MS. YATES stated that the initial framework put in place with the mobile integrated health team is wonderful, but having a stabilization center would be the next step, and it is a realistic dream. The bigger dream would be to have the SeaLevel Center fully funded. She would also love to see First City Homeless Services secure their new location and receive the funding to purchase their building and complete construction at a location that makes more sense for the community where they could really thrive and serve that population.

MS. GAINES thought that solving the exit of Akeela from the community is a major area that would be great to solve. That mental health crisis initial response they provided was a foundation for the second-level services provided by other organizations. There are community members that without the immediate stabilization of their mental health crisis, it is hard to do other things and to be successful at maintaining those secondary levels of care for some community members. She added that getting people to come and continue to grow the

community in Ketchikan would be her “dream big.”

MS. BRENDIBLE went along with increasing the number of foster homes, the stabilization or crisis center. He stated that their referral system is really struggling. Stabilization centers would be an accessible way to help reduce the number of adults needing a higher level of care that they are not getting, and to reduce the number of children getting high levels of care and staying there.

MS. CLARK stated that there was a lot of talk around the state about crisis stabilization, and she wanted to focus on crisis stabilization for youth. Community Connections just received a Federal grant that passed through the State of Alaska called Children’s Mental Health Initiative for the next three years. She continued that they are looking at trying to stabilize those youth and to keep them in the community. She shared a success story about a youth in institutional care in Texas for over two years, and then pointed out that Community Connections has the highest rate of reunification or adoption in the state of Alaska. She stated that she wants to do more with her great staff.

MS. FERGUSON thanked each of the panelists for sharing those amazing stories of the successes and opportunities for improvement to continue to serve Trust beneficiaries. This gives a better sense of the barriers, disparities, challenges, things that work well, those basic success stories and what forward-thinking looks like for Southeast. She passed it back to Chair Halterman and the trustees for any comments or questions.

CHAIR HALTERMAN recognized Trustee Morris.

TRUSTEE MORRIS thanked all for the wide-ranging discussion. He stated that he checked the Internet about the Iceland prevention model, and the results were impressive for tobacco, marijuana and alcohol. Some of the principles were to measure the situation, decide on an intervention, apply it, and then measure those results in the first year. He asked where they were in terms of implementing the Iceland model, and if they measure the problems.

MS. YATES replied that in Iceland it was a community solution with the hope to lower high-risk behaviors; in particular, substance misuse. They saw significant reductions in replacing or filling youths’ time with higher activities, granting more access to those activities, and then inviting the parents into that process. They implemented curfew, created ease in transportation to activities, increased activities at locations that were accessible to the entire community. She stated that they were in the beginning stages of the process, and we just completed the tour of the clinic program which was a data collection component with a turnaround for three months. They reached out to the Ketchikan Gateway Borough Transit Authority, and with our support they are launching on June 1st free bus rides for anyone 13 and under to remove some of the barriers of transportation. Previously, a ride was given to the library or the rec center on the bus for free; and now they can go everywhere within the community. She continued that they are starting a summer program, a culture PM which will include a Filipino dance. There are a lot of existing activities within the community with increased access and reduced fees to join them. She added that paying for the data collection is a hefty cost, but currently we have the funding to do that, and that is the plan.

TRUSTEE FIMON asked Mr. Brendible to speak to the levels of support received from tribal or Native corporations, or what existed through Metlakatla.

MR. BRENDIBLE deferred to the tribal executives and added that he was not sure about the amount of coordination or understanding they had with other Native corporations throughout the state.

TRUSTEE MORAN asked what a crisis intervention review would look like.

MS. CLARK replied that they were looking internally within children's mental health, an extension of the therapeutic foster care. It was a great example of partnerships in the community because they work closely with RYC, PeaceHealth. The intent is to prevent the youth from going to the emergency room, and they do not have it all figured out yet because they were brand new at this model.

CHAIR HALTERMAN stated that the behavioral health provider shortage was statewide, and it may be a more significant hurdle to overcome in your community. She asked whether technology and telemedicine opened up avenues to receive services that may otherwise not be available in the community.

MS. GAINES replied that they were able to provide virtual mental health therapy, but they ran into unreliable access and the participant needs to be able to participate. The families served do not have easy access to a private, confidential space with a laptop or even internet to have those sessions. She added that participants that do, use it successfully and regularly.

MR. BRENDIBLE replied that it expanded services and that had helped. He stated that he is a strong advocate for virtual services.

CHAIR HALTERMAN asked if there was a need for technology support for equipment to lend to folks that do not have access, and if there was something the Trust could do.

MS. CLARK replied that telehealth was tried during and after the pandemic, and all the therapists were able to do it, but it was not successful. That mode of therapy does not work for youth; and they serve very young children. She stated that speech therapists and physical therapists with infant learning services would lend an iPad to families so that the family would learn the skills to promote their child's development and speed. The Trust had given money for equipment. Most places on Prince of Wales cannot get Internet connection.

MS. YATES replied that both the ER and the Ketchikan Correctional Center utilize telehealth for their emergency assessments. Akeela also utilized all telehealth therapists inside the facility for a decent period of time. She could see implementation within the mobile integrated health team where these devices could be brought to clients who may not be able to leave their homes or come to a location.

MS. FERGUSON stated that Southeast is very rural and asked for some context to the experiences for Trust beneficiaries accessing high levels of services.

MR. BRENDIBLE replied that if someone had a crisis in Metlakatla they would first try finding a loving family member to do a safety plan, someone that could stay with them through the night until the emotional wave was over. The other resource is the police station: Cold hold cell, little toilets, cement bed with a little blanket, which is inhumane. If they need a higher level of care,

they ferry them. The ferry does not run on Tuesday and Wednesday. If it happened Monday night and it was January, they would be in jail for 48 hours. Clients/patients have stated that the whole process took away their humanity and dignity, and that by the time they went through the referral process here they were worn out. The process is draining and frustrating.

MS. YATES talked about someone struggling with substance abuse and the closure of their only residential treatment program. She noted that Rainforest Recovery located in Juneau was closing and Kar House closed, which were the only two adult Southeast Alaska treatment facilities. She talked about the downfalls of leaving the community when trying to seek substance treatment. The process to get someone to treatment is very difficult and involves multiple agencies, multiple pieces of coordination, and a large cost of getting them to travel. She warned that they are looking at some major crises.

CEO WILLIAMS stated that the description of jail as being the last resort in Metlakatla, what it looked like was very well done. The other thing they hear, which is equally as traumatic, is getting out of Metlakatla and then getting to Juneau, and that weather is a big factor in that. He asked for a timeline of when things line up versus when things were challenged by weather and someone needs to leave Metlakatla.

MR. BRENDIBLE replied that if it all lined up, someone was greatly disabled and meets the criteria for serious mental illness, and they were not able to take care of themselves and were a risk to themselves or others, they would voluntarily take that individual to Ketchikan. They tour the screening facility at PeaceHealth, and then will be referred to Bartlett, or they could get their needs met at PeaceHealth. He described a recent case where someone had a serious mental illness and was manic and causing themselves a lot of distress and was aware of the stress they were causing. Staff did not have any faith that bringing them to Ketchikan would help and that maybe they would be turned away. They met with leadership to go over the situation and their concerns. The family had concerns over getting help, and a family safety plan was made. It just continues that too often they have to rely on families and not professionals.

CEO WILLIAMS asked if people in the mental health crisis end up accessing services in Seattle.

MS. YATES replied, yes, that there was a youth survey a couple of months ago, and multiple parents testified about preferring to seek care in Washington for quality care. There is a struggle finding adequate care in Alaska.

MS. CLARK stated that what Mr. Brendible described in Metlakatla was the same scenario on Prince of Wales. It is very difficult.

MR. BRENDIBLE clarified that children are not put in jail. Children in crisis are put with an emergency foster for the night. If that cannot be found, then a stable environment is looked for until they can get a higher level of care.

MS. FERGUSON stated Gunalcheesh to all of the panelists. She thanked them for traveling and being there, and especially for the work they do to improve the lives of the beneficiaries. She hoped that these would be ongoing conversations that we get to have as partners in serving the beneficiaries. It was a pleasure to hear the success stories, and it was helpful to hear the challenges and gaps in ways that we can come alongside to fill those gaps for the community members here.

CEO WILLIAMS thanked them for their time and sharing.

(Applause.)

CHAIR HALTERMAN thanked them for all they do and that it really does matter. She stated appreciation for everything they do in the community, and for being here today. The conversation was appreciated, and she looked forward to future dialogues. She stated that they would take a brief break because they were going to recess for an opportunity for a site visit.

(Break.)

(Trustees site visit to Community Connections.)

CHAIR HALTERMAN called the trustees to order and stated that, next on the agenda was a trustee training. She recognized Matthew Stinson online for an ethics training.

TRUSTEE TRAINING

MR. STINSON stated that he is an Assistant Attorney General at the Department of Law, and is also the State Ethics Attorney. He stated that when talking about the Executive Branch Ethics Act, the people that applies to are public officers. Within the definition of a public officer would include a public employee; but also included are members of the boards and commissions, including the trustees. Under the Ethics Act, there are a number of different potential violations or areas of concern, many of which concentrate under the misuse of the official position statute, AS 39.52.120, which has a list of a variety of ways in which somebody can potentially violate the Ethics Act. Some examples of violation would be to use one's official position either for personal gain or to give an unwarranted benefit or treatment to another person. He went through a few examples of unwarranted benefit or treatment. Another misuse would be using your position in order to secure other employment or contracts. Also, the position could not be used to accept or solicit outside compensation. Another misuse was using State resources to benefit a personal or financial interest. Also, trustees cannot take or withhold an official action on matters in which they have a personal or financial interest. Under the Ethics Act, the concern is to prevent substantial and material conflicts of interest. He explained this fully with examples. He continued that the basic premise of the Ethics Act is trying to avoid substantial material conflicts of interest. He talked about the definition of immediate family member and detailed exactly who was an immediate family under the Ethics Act. He also detailed personal interest and financial interests and shared examples. He then moved to the section of the Ethics Act talking about gifts. A public officer cannot accept or solicit a gift if the gift was intended to influence the action or judgment in the official duties. The definition of gift is broad: money, services, loans, travel, entertainment, hospitality, lunch, et cetera. Across the board, all gifts from lobbyists to public officers are presumed to be improper. There is a narrow exception based upon some of the prior published opinions where someone becomes a public officer and a close friend or a family member was a lobbyist and they routinely get each other birthday or Christmas gifts for each other's families. He continued that there are different statutes that exist that define the categories of lobbyists with some cross-references to different categories of lobbyists in one part of the Ethics Act. He added that when in doubt, reach out to ask a question or communicate with your designated ethics supervisor or the DoL. He stated that if a gift was received worth more than \$150 to you or an immediate family member, it needs to be reported. He added that when in doubt, disclose. Any gift received from another government, regardless of value, must be

disclosed. There is a provision where it would be disclosed to the Governor's Office, and they would decide what should happen with that gift and how it is allocated. He moved to the misuse of information section of the Ethics Act, AS 39.52.140, which applies to current public officers, and is also an enduring obligation. Even after someone leaves State service, they are still required to not disclose confidential information gained by the course of their official duties if it could in any way result in a benefit to the officer. There are sometimes additional things outside the Ethics Act about the use of confidential information. Confidential, by law, is a document that is marked confidential or otherwise privileged information: people's medical information, attorney/client privilege information, or a particular process, pertinent information, things that are confidential by law. He then moved to the not publicly disseminated definitions and explained in detail. He stated that that matter in the Ethics Act has a pretty broad definition that includes a case of preceding an application, a contract, a termination, proposal, et cetera, a resolution, amendment. A matter is like an identifiable thing like a street project, a contract, or proposal in State service. It includes the general formulation of policy, things that were abstracted. He continued through the exceptions, and then a catch-all in most of the causative action under the Ethics Act. It stated that somebody cannot be normally helping another person who was covered by the Act in order to violate the Act. So, knowingly helping someone else violate the Act is its own Ethics Act violation. He continued that there is also a shield in the Ethics Act because it relies a lot on people self-reporting and, in order to incentivize that communication, there is a provision to seek advice from the office with the full disclosure of the material facts. Then following that advice will be protection from Ethics Act complaints that can potentially go in front of the personnel board. That protection does not apply to the Governor, Lieutenant Governor, or the Attorney General because those get referred to the personnel who require independent counsel. He noted that there is a provision in the Ethics Act that someone could get phone advice or oral advice in certain situations where it was time sensitive, and they can rely on that advice while waiting for a formal opinion. Ethics Act complaints can be filed by any member of the public, the only requirements being that complaints must be in writing, must be signed under oath, and must contain a clear statement of the details of the alleged violation. It must have all three elements, or it will be considered incomplete and, most likely, be dismissed. All of the information is confidential unless the person in the complaint decides to waive confidentiality and make it public, for whatever reason. The confidentiality can also be broken if there was a formal proceeding serving an accusation on a person in a complaint. He stated that they could reach out to him by phone, e-mail, matt.stinson@alaska.gov, or his paralegal, Jen Williams, who does a lot of helping to organize the training, designated ethics supervisors, and also they reach out to the designated ethics supervisor.

CHAIR HALTERMAN thanked Mr. Stinson and stated appreciation for the training. She continued that they were at the point where they amended the agenda to enter into Executive Session to discuss CEO performance. She asked for a motion.

MOTION: In accordance with the Open Meetings Act, a motion was made that the Alaska Mental Health Trust Authority Full Board of Trustees convene into Executive Session for the purpose of discussing confidential information pertaining to the annual performance evaluation of the Trust Authority's Chief Executive Officer. This motion is made pursuant to the Open Meetings Act AS 44.62.310(b) and AS 44.62.310(C) (2). Under applicable law, this discussion should take place in Executive Session unless the Chief Executive Officer requests a public discussion. During the Executive Session, the Board of Trustees may also discuss information related to the Chief Executive Officer that is required to be kept confidential pursuant to AS 44.62.310(c)(3), and that is

auxiliary to the Chief Executive Officer Annual Performance Evaluation. The motion was made by TRUSTEE FSHER; seconded by TRUSTEE MORRIS.

There being no objection, the MOTION was APPROVED.

CHAIR HALTERMAN stated that they would be taking Wendy Horton, Steve Williams, and the Board of Trustees into Executive Session.

(Executive Session from 4:45 p.m. until 5:05 p.m.)

TRUSTEE FISHER stated, for the record, that he and his fellow trustees were returning to the Full Board of Trustees meeting from the Executive Session. We did not make any decisions during the Executive Session.

CHAIR HALTERMAN entertained a motion for adjournment.

MOTION: A motion to adjourn the meeting was made by TRUSTEE BOYLES; seconded by TRUSTEE MORRIS.

There being no objection, the MOTION was APPROVED.

CHAIR HALTERMAN adjourned the meeting.

(Alaska Mental Health Trust Authority Board of Trustees meeting adjourned at 5:05 p.m.)