ALASKA MENTAL HEALTH TRUST AUTHORITY
FULL BOARD OF TRUSTEES MEETING
May 21, 2026
10:00 a.m.

Hybrid/Zoom Meeting:
Originating at:
Kodiak Marketplace
111 West Rezonof Drive
Kodiak, Alaska 99615

Trustees Present:
Brent Fisher, Chair
Anita Halterman
Kevin Fimon
John Morris

Trust Staff Present:
Mary Wilson
Allison Biastock
Katie Baldwin-Johnson
Shannon Cochran
Valette Keller
Julee Farley
Eric Boyer
Michael Baldwin
Kelda Barstad
Tina Voelker-Ross
Eliza Muse
Samantha Ponts
Heather Phelps

Trust Land Office staff present:
Jusdi Warner
Jeff Green
Sarah Morrison

Department of Law staff present:
Gene Hickey

Also participating:
Patrick Reinhart; Chelsea Burke; Karen Lambert; Steve Flora, Ellamy Tiller, Tania Silva-Johnson; Amber Wellner.

PROCEEDINGS

CALL TO ORDER

CHAIR FISHER called the meeting back to order, and stated that he was delighted to have a community panel here to visit with the trustees and staff. He asked for any announcements. There being none, he asked Mr. Boyer to begin with the community panel.

COMMUNITY PANEL

MR. BOYER stated that it was his pleasure to bring a group of folks from the community who represent different organizations that provide services in a variety of disciplines to the beneficiaries of Kodiak. He continued that it is important when coming to communities around the state of Alaska to hear from local providers and organizations that provide beds and services. He asked Steven Flora to introduce himself and to talk a bit about what he does with Kodiak Area Native Association.

MR. FLORA stated that he is the behavioral health director of Kodiak Area Native Association. There are 36 people in the group, and we do individual outpatient psychotherapy and SUD groups, OP and IOP, intensive outpatient or outpatient. He continued that there are different requirements based upon the level of care the person needs for their substance treatment. There is a peer support team that meets regularly with clients who are waiting to see a clinician. He added that they have BHAs in three of five villages, with two positions that still need to be filled. There is a prevention team that keeps people from needing therapy later. He stated that they have five people that travel to villages and do activities. They see about 400 people a month in the office, and they have nine licensed clinicians, LCWs, LPCs. The psychiatry is contracted, and it is via telehealth. There is a psychiatrist in town that they rely on.

MR. BOYER thanked him, and asked Tania Silva-Johnson to introduce herself.

MS. SILVA-JOHNSON stated that she has been the district-wide school social worker, and this was her fifth year. The new change is that she is now a licensed clinical social worker. She serves all the schools in town and sometimes gets referrals from the rural schools, as well. She works in collaboration with the school teams collaborating to meet the needs of the families. She also runs the McKinny-Vento unhoused youth program, working with the Office of Children's Services. She also works with KANA and KWRCC, as well as Providence, and collaborates in building programs in the schools. She added that it is a role she loves and feels very passionate about.

MR. BOYER thanked her for coming. Next is Ellamy Tiller who works with the Kodiak Women's Resource Center. He added that it is a pleasure to meet people that really have a passion of working with Trust beneficiaries.

MS. TILLER stated that she is the outreach coordinator at the Kodiak Women's Resource & Crisis Center, which is the local domestic violence and sexual assault agency. She added that the word "women" is in the name of the agency because that is the vast majority of the clients. She explained that they work with anyone of any gender experiencing the types of violence, which happens to everyone. She continued that their biggest and primary service is an emergency safe shelter with 26 beds, seven bedrooms, for people fleeing domestic violence or sexual assault, or those trying to not get sucked into those things. She explained that folks stay with them and can bring their kids, and many times, their pets. Folks can stay for a few days and sometimes they

stay for months while waiting for a new apartment to open up. She continued that they also work with folks that may need connection with other services and for emotional support. There are a lot of nonresidential clients. She added that the biggest thing is helping them connect with all the service providers around the community. She stated that, as the outreach coordinator, a lot of her work is community education and prevention work. She works with Ms. Tiller often. There is also a crisis line at the shelter and a teen line, which is a call and text line. She tries to get into the middle and high schools to promote and encourage the kids to reach out. She added that she loves working with all the folks and with everyone in the community because they know that domestic and sexual violence and mental health problems and socioeconomic struggles all intertangle, and folks need help with all of those things.

MR. BOYER asked Ms. Tiller if they had a 24/7 crisis line.

MS. TILLER replied yes.

MR. BOYER added that Ms. Tiller is also a mental health first aid trainer.

MS. TILLER stated that she and one of the public health nurses are both instructors, and they are currently in the middle of a class for the PT and OT staff at Providence. She added that they do the same for the community and for other organizations around town. It is a good course, and they try to promote it as hard as they can.

MR. BOYER thanked her for all her hard work, and introduced Amber Wellner, who works for Providence in Kodiak.

MS. WELLNER stated that she is a psychiatric nurse practitioner and explained that her role is to evaluate, assess, diagnose and treat people with mental illness. As a clinic, they provide medication management services as well as psychotherapy and some case management. She explained that the program had shrunk quite a bit over the past few years, but they still have a community support program. It is for people with chronic and severe mental illness to help with any kind of case management things. She stated that she and Dr. Craig are the only in-person psychiatry providers in Kodiak. She added that KANA has a telehealth psychiatrist. She continued that they also do crisis visits and consult with patients in the hospital. She added that they do work with the schools, and Ms. Silva-Johnson will jump in and fix everything at the school.

MS. SILVA-JOHNSON stated that they are consistent and appreciated being told that she fixed everything, but she does not fix. She added that, in the collaborations, we see what is going on at the schools, develop plans, listen to the recommendations, and then we get that out to the whole team.

MS. WELLNER gave an example of medications, getting the release of information and sharing that. If the family is struggling with consistent medication administrations, sometimes the medications will be given at school, and the nurse can help with making sure they are taking their meds.

MR. BOYER asked about some of the needs or gaps that they run into in Kodiak in terms of being able to have that continuum of care, moving people to wellness.

MS. SILVA-JOHNSON replied that the connection to support, the waitlist and all of that are barriers they see. Lack of housing or lack of adequate housing is a huge barrier in this community. She added that they also collaborate on that. She talked about the lack of any kind of shelter for age 14 to 17, substance abuse programs for minors and adults are limited, and there are no cessation programs. Vaping is a huge issue in the school system.

MR. BOYER asked Mr. Flora what he sees as some of the needs or gaps in the services he and the nine clinicians see.

MR. FLORA agreed with the substance treatment and talked about having no residential level. They have to fly people off the island. When a person is sober, sometimes that is a very brief period and that window of sobriety is lost waiting for a bed space on the mainland. Keeping them sober while they wait is difficult. Sometimes they wait for 30 to 90 days, and they give up hope and sort of surrender back to their substance. Then, they have to find escorts to take people to make sure they really get there. He added that a lot of places will not take anyone with any kind of medical issues.

MR. BOYER asked about the ages of the women who come for support and help.

MS. TILLER replied that they offer the teen line services for teenagers, but for folks that want to come and stay in the shelter, typically they have to be 18 or over. She added that, in some cases, they have worked with parents or OCS if a 16- or 17-year-old has permission to stay. They are not foster care, and that is complicated.

MR. BOYER asked about what other needs she sees from her vantage point.

MS. TILLER agreed with everything that has been said. She talked about the after hours, which is typically when people tend to have more crises. She added that they are just advocates, and they do not know how to provide those services.

MR. BOYER asked Ms. Wellner about some of the things they are running into.

MS. WELLNER replied that she had some pie-in-the-sky ideas like a very small inpatient mental health unit; a very small psych ER. She stated that workforce is a big issue, and any kind of support with recruitment and retainment would be helpful. It is a very unique place to try to practice. A lot of times we know the clients and their families, which promotes connections, but it is also an emotional burden. People burn out quickly. She also talked about neuropsychological testing, which is huge, and is not on the island. That has to be referred out, which can take months. Applied behavioral analysis is something helpful for kids with autism, and there is nothing like that here. She added that having Hope Community Resources for people with intellectual disabilities would be amazing to have for people with mental health issues.

MR. BOYER asked about the role law enforcement plays in the services.

MS. WELLNER replied that they would do a welfare check, if asked. They do a really great job. She stated that education is important, and we have talked about having a meeting with them to kind of be on the same page on the issues.

MR. BOYER stated that they have Kodiak Police and Alaska State Troopers based there, and he asked if anyone else would add in to the role of law enforcement.

MR. FLORA replied that KPD is willing to do those welfare checks. He understood that the troopers sent a memo recently that says: "We're not doing welfare checks because to be suicidal is not a crime." He added that it is mixed, and it depends on where the person lives, and which police go to that location.

MR. BOYER stated that he heard some really positive things and some of the needs. He asked if they had anything else that they would like the Trust board to know about health and wellness services on the island.

MS. WELLNER stated that the people that work in mental health are very passionate about what they do. Sometimes the burnout is a bit more, just given the lack of resources. She added that the people that are really invested in what they do really help to make a difference, and this community has that.

MS. SILVA-JOHNSON stated that the high turnover rate creates a lot of challenges with other agency partners because of constantly having to revisit things. The other thing is that they do not do enough summative evaluations after programs are completed. That is essential because they do not always know if the intention landed with the correct participants or if it had the intended outcome. She added that there could be some guidance in doing some of that support. She stated that they have worked with KANA, Providence and the Coast Guard to do Safe Talk in the school district. This is a very successful suicide prevention/intervention program. Since 2024, they trained almost 200 people, not including the Coast Guard base because they do their own trainings, but they help train at the school district. The goal is to train all of the students and staff, and to then branch out to bus drivers, etc., to have them all trained.

MS. TILLER stated that Kodiak is like the rest of Alaska where there are a lot of things that are really hard. Being an island makes that even harder. And the folks in the villages is a whole other level of separation. What she appreciates most living and working in the community is how well all of the agencies collaborate and work together. Kodiak is a special place.

MR. BOYER stated that was an awesome note to end this portion of the panel, and he passed it back to Chair Fisher.

CHAIR FISHER asked the trustees for any questions.

TRUSTEE HALTERMAN asked how well males were being served in the sexual assault/domestic violence shelter, and if there was a room dedicated for potential male patients in need of services.

MS. TILLER replied that they do not have a special space for them, and they can just come in. She added that the rooms are private enough to serve both populations without problems.

TRUSTEE HALTERMAN asked if they were able to tap into school-based services within the school district to provide counseling support for students in need, and if they are taking advantage of technology within the school districts.

MS. SILVA-JOHNSON replied that they have a contract with Providence, and they have a school-based clinician right now, and one potentially for next year. They also collaborate with KANA clinicians and recently have them do their session while at school in a private space provided. There is a lot of collaboration. She continued that, in the past they had students charged with sexual assault and wanted to link them to some kind of support. There was no one on the island at the time, and they were able to find someone off island. She also worked with their public defender, as well. They were able to coordinate that during the school day so they could be seen virtually. That was also a Providence clinician.

TRUSTEE HALTERMAN asked if any of them were tapping into the University's training cooperative and finding them helpful in providing behavioral health trainings.

MR. FLORA replied that UAA Family Center is coming June 2nd and 3rd. They will be teaching two courses on trauma in families and substance use in families. It will focus on the family, not necessarily the client. There are also two courses they are teaching about Alaska Native culture and plants. They do that for free.

MR. FIMON stated that he was happy about the collaboration and asked what the trustees can do to help, and what this visit spurred.

MR. FLORA replied that this gets down to KANA's personal needs. They have waiting rooms that are in hallways. People are walking past a client waiting to see the clinician to a meeting, and they know the person. That is not private. He stated that there is space in the buildings to use, to renovate, to be placed in a private waiting room. That is something that would make it more conducive, personal, and private for the client. He added that it is the little things. Some people leave their homes because they cannot access the home and need a ramp to get them in to allow them to live there as long as they can. There are a lot of little things they need. He continued that there was an RFP out that they are going to reply to for peer support. Peer support reduces waitlists because it is an endorsed position by the State of Alaska. They have gone from 90 people on a waitlist to 40 because half of those people are seeing peer support specialists. They have had five people so far say that their peer support specialist was so good that they did not want to wait for the counselor anymore.

MS. SILVA-JOHNSON talked about the ideas she had for mini grants, as well as larger projects, because they do so much collaborative work. There are a lot of intergenerational families living under one roof. A gap presenting a lot in the community is not always getting the voices of the demographic, which is critical. The community is quite ethnically diverse, and there is a disproportionately high failure rate among the Alaska Natives even though they are not the highest demographic in the schools. They are one of the lower demographics. Understanding that need and partnering with tribes and corporations, as well, is critical.

MS. TILLER stated that one of the things she noticed was that the kind of support from the government from the State is shrinking and diminishing on every side for all the things they do. Any kind of advocacy to keep letting them know this is really important and needs resources and support. Money is needed. She asked the trustees to keep doing their jobs, and to make sure that folks are aware that these problems are real and impact the communities, families, and all of the people. There are solutions, problems that can be addressed, and we need the people to address them.

MS. WELLNER stated that this is embarrassing, like going to a job interview without researching the organization first. She did look a little into what the Trust does, but does not fully understand it. She would like to understand exactly what it is that the Trust does. She agreed with the advocating, and having long-term solutions, infrastructure and workforce, rather than quick fixes that she has seen. She did not know if there had been any real solutions that were proposed that were actually doable.

MS. TILLER added that it is a big and complex issue.

TRUSTEE FIMON stated appreciation for the feedback and the answers.

MS. BALDWIN-JOHNSON asked if Kodiak had any local entity complete a recent community-wide needs assessment. She looked at the data profile of the community, and behavioral health is one of the top issues identified, as well as heart disease, diabetes, and things like that. She was curious about the recent needs assessment. The second question is that residential treatment has been identified as a significant gap in the community: Has anyone done a sort of a feasibility look at what it would be to stand up and launch those services, and is there an operator that could potentially do that.

MS. WELLNER replied that a community needs assessment was done recently, and prevention of mental health issues was one of the big ones.

MR. FLORA added that one of their BHAs, now an MSW, did a special needs assessment for her graduate program that she is going to repeat in the villages frequently. She will fly to those villages and look at each village as its own entity. He continued that Providence does a thorough needs assessment that goes to lots of people, and those statistics are available.

TRUSTEE HALTERMAN stated that she would be interested in getting that needs assessment and seeing it as well. She asked if any of them had pursued any of the Rural Health Transformation funding.

MR. FLORA replied that their VP, Karissa Stoecker, is actually working with them right now. He thought they were in the second year.

CHAIR FISHER asked if they had any challenges with sharing information, particularly patient information, in collaboration with and taking care of patients.

MR. FLORA replied that Susan at Brother Francis Shelter has statistics of those that are Native, how many are other, which is not personal health information that they would like to share.

CHAIR FISHER thanked them and stated that this was very helpful to him. Based on some of the questions from the trustees and staff, it sounds like they will do something and work with you in moving this forward. He asked if there were any life skills courses taught in the schools or any places.

MS. SILVA-JOHNSON replied just for the students and with the SES programs. She added that she sees this as a big gap.

CHAIR FISHER thanked them for a very insightful panel. He appreciated them sharing

everything they did.

MR. BOYER thanked the panel.

CHAIR FISHER stated that next on the agenda was Community Reflections.

COMMUNITY REFLECTIONS

CEO WILSON stated that a few moments were set aside in the agenda for feedback from folks that attended the trips on Tuesday. She continued that she had never been to Kodiak or any of the villages, and it was much appreciated. She asked the trustees about their reactions to the visits.

TRUSTEE HALTERMAN found the trip to Old Harbor very helpful and appreciated the form where folks were brought together to talk in the community to hear about their issues. She stated that it pressed hard on her about the substance abuse problems and how these little communities are suffering without access to services. Unfortunately, if they are associated with a tribal organization, the lack of accessibility just increases. There is a clear need of something different to reach out to those communities. It was beneficial with some good conversations about pursuing possible grant opportunities. She talked about community members talking about a safe home in Old Harbor that is available for people that need someplace to go. There are no questions asked; no financing for it; but a community member providing that support for the community. They are tight-knit, small communities; 45 students in all of Old Harbor. It is a pretty powerful place to be. She saw some very connected people where everyone knows everyone in that community. It was a good opportunity for trustees to share with them what we do and then hear from them about their needs in that community. It was an extraordinarily beneficial conversation with the folks in Old Harbor. She valued the trip.

TRUSTEE MORRIS stated that he was with Trustee Halterman in Old Harbor, and it was a fantastic trip. This is a beautiful country with beautiful people. In these visits there are commonalities and then there are some rarities. The commonalities are issues common throughout Alaska: the challenges with alcohol, and the challenges of hope. He continued that one of the great joys of the site visit is to go out and meet the people for whom the place is special and who are special.

TRUSTEE FIMON stated that he loves to go do the rural outreach and was sorry he missed the trips on Tuesday. He talked about his meeting a 91-year-old gentleman from Old Harbor in the hotel this morning. He had a one-hour conversation and sometimes it is not where you meet the person, it is just that you meet the person and find out a bit of the foundation of their thoughts and experiences. He added that he is super supportive of having these outreach trips, which result in helping make decisions of where to implement ideas and resources.

CHAIR FISHER stated that one of the things that is really clear is a village is not a village is not a village. They are not the same. They have different reasons for existing and different reasons why they exist. The population ethnicity is different in each one. He continued that he went to Port Lions, which was a very different experience than the one he had at Toksook Bay. They were both on the coast, both around water, but they looked very different, and that made one a much more thriving community than the other. Their needs are different. Port Lions was a beautiful community, a great people and very welcoming. There was some great discussion with people, including a temporary behavioral health worker that shared some insights.

MS. BALDWIN-JOHNSON thought that Port Lions was a lovely community which has a resiliency in the community and a sense of wellness. It was a highlight to meet Dawn Nelson, who was a wonderful guide for the community.

CHAIR FISHER added that Port Lions is a relocate community off of Afognak after the earthquake. It is about a 60/40 community; 60 percent Native and 40 percent other. They are not temporary people, had been there 30-40 years, and they want to continue being there.

MS. BIASTOCK stated appreciation for the comments. She went to Old Harbor and added that it was an honor to be with the community members. The behavioral health aide was a fantastic host. Everyone was very welcoming, and she got a really good sense of how services are provided and the needs of the community. She asked how we can maximize the experiences to help us think about how we can be the most impactful.

CHAIR FISHER thanked everyone for the feedback, and called a lunch break.

(Lunch break.)

CHAIR FISHER called the meeting back from lunch and moved to the Legislative Audit Update. He asked for a motion to go into Executive Session.

LEGISLATIVE AUDIT UPDATE

MOTION: A motion was made that the Alaska Mental Health Trust Authority Board of Trustees enter into Executive Session, pursuant to the Alaska Open Meetings Act, AS 44.62.310(c), in order to discuss the audit being performed by the Division of Legislative, for LB&A to provide an update to the Board of Trustees. The discussion will include matters, which, by law, municipal charter, or ordinance, are required to be confidential. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

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

(Executive Session from 12:26 p.m. until 1:04 p.m.)

TRUSTEE HALTERMAN stated, for the record, that she and her fellow trustees are returning from meeting in Executive Session. During the Executive Session, the trustees only discussed the items identified in the motion to move us into Executive Session. The trustees did not take any action while in Executive Session.

TRUSTEE COMMENTS

CHAIR FISHER stated that the last item on the agenda was the Trustee Comments.

TRUSTEE MORRIS stated that it was a fantastic meeting, as well as the visits, for him. He appreciated all the work that both the staff and the hosts in Kodiak and the villages put into it. He continued that it was a particularly good meeting for him because of discussing a couple foundational, evolutionary changes to make in the Trust, the most important of which is obtaining the foundational information of what every beneficiary's need is in Alaska. The Trust is uniquely positioned to conduct such surveys and gather such information. He looked forward

to them becoming the thought leaders on all things related to beneficiaries in Alaska.

TRUSTEE HALTERMAN stated that one of the things she was walking away from is something that has been bothering her for many years. It is the fact that they have school-based therapy services available for many of the beneficiaries, but they do not fully tap into the infrastructure through the school district. She would like to see the Trust lean in with the partners to see how that needle can be moved. The rural communities are stating that they do not have access for all of the beneficiaries that are in the communities. Yet there is an untapped resource that could potentially be used to explore and develop further and tap into some reimbursement methodologies and support those students within the school districts. She continued that she would like to see some kind of cooperative effort between the Trust, the Department of Health and the school district partners to see if we can get onboard about providing better supportive counseling services that are now lacking in these communities. She stated appreciation for all of the staff's work in making this happen. It was a great trip, and the reception was fantastic.

TRUSTEE FIMON stated that he always enjoys the interaction with all the folks that come forth. The panel discussion and the testimony brought forth information that will help in making his trustee decisions. He continued that it was on the trustees to lay out what the expectations may be and lead to try and make the changes that are necessary. He feels that they have turned a little corner this year with how the staff has worked and how the information has come. He thinks that is paramount. He was super thankful for the amazing staff and for the information and how the meetings are conducted. He wanted people to know that they were there to help them and here is what they need to help us help you.

CHAIR FISHER stated that this was a very good meeting and a good visit to the Kodiak community. It was the most collaborative community he has seen with regard to the different health systems and services that are available here than he has seen in the other places he visited. He talked about the need to look at Cook Family Foundation again and other organizations that may be able to provide that kind of service throughout the rural community in Alaska and how to support that. He complimented the staff on putting things through and making the meetings shorter and smoother. We get all the answers that we need from a trustee standpoint to vote or not vote for a particular grant.

COO BALDWIN-JOHNSON appreciated the positive feedback on the motions and stated that they try to balance that at a committee level to go deeply into the requests. They are mindful of the time and efficiency to move in the direction where the board meetings are for decision-making and the committees are used the ways they are intended to be used.

CEO WILSON stated that they were all learning together to make it the best process it can possibly be. The main thing is everyone has a chance to look at the information, and the trustees always do their homework, which is much appreciated.

CHAIR FISHER stated that the venues selected and the meals and everything were great.
He asked for any other comments from the trustees. There being none, he asked for a motion for adjournment.

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

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

(Alaska Mental Health Trust Authority Full Board of Trustees meeting adjourned 1:32 p.m.)