

ALASKA MENTAL HEALTH TRUST AUTHORITY

FULL BOARD MEETING

November 20, 2014

8:15 a.m.

Taken at:

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

OFFICIAL MINUTES

Trustees present:

Mike Barton, Chair
Laraine Derr
Larry Norene
Mary Jane Michael
Paula Easley
John McClellan

AMHTA staff present:

Jeff Jessee
Steve Williams
Nancy Burke (via telephone)
Miri Smith-Coolidge
Kevin Buckland
Michael Baldwin
Marilyn McMillan
Carrie Predeger
Carley Lawrence
Amanda Lofgren
Katie Baldwin-Johnson
Luke Lind
Valette Keller
Natasha Pineda
Barbara Dick

TLO staff present:

Marcie Menefee
John Morrison

Also present:

Kate Burkhart; Teri Tibbett; Denise Daniello; Mary Shields; Patrick Reinhart; Ric Nelson; Kathy Craft; Tawny Buck (via telephone); Elizabeth Ripley; Michael Kerosky; Jon Sherwood (via telephone); Lindsay Brothe; Donna Mong; Britteny Howell; Dean Paul; Heidi Frost; Duane Mayes; Faith Myers; Dorrance Collins.

PROCEEDINGS

TRUSTEE DERR calls the meeting to order. She states that Chairman Barton will be along shortly. She adds that Russ Webb is not present this morning. She moves on to the approval of the agenda, asking for any additions or deletions.

TRUSTEE MICHAEL makes a motion to approve the agenda.

TRUSTEE McCLELLAN seconds.

There being no objection, the motion is approved.

TRUSTEE DERR moves to the approval of the minutes of August 5, 2014.

TRUSTEE MICHAEL makes a motion to approve the minutes of August 5, 2014.

There being no objection, the motion is approved.

TRUSTEE MICHAEL makes a motion to accept the minutes of September 3 and 4, 2014.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

TRUSTEE DERR asks for any ethics concerns with any of the items to come before the Trustees today. There being none, she reviews the Guiding Principles. She moves on to the staff report, and recognizes Jeff Jessee.

STAFF REPORT

MR. JESSEE states that there are a number of logistical issues this morning that will mean adjusting the agenda. He moves on to the CEO update stating that, it is not official, but for all practical purposes it is clear that the Governor-Elect is Walker. He adds that the delay has gotten the transition process and team off to a somewhat slow start. He continues that the chairs of the transition teams are meeting early this afternoon. He states that there are 17 transition team subcommittees, and over 250 Alaskans from all over the state have been invited to meet tonight, Saturday and Sunday. He adds that the process is open to the public, and the media will be there. He continues that the only thing known officially is that Jim Whitaker is going to be chief of staff. He talks about the different scenarios of the transition, budget cuts, and prioritization of Beneficiaries' needs. He talks about the issue around Proposition 2 and the Marijuana Initiative.

He states that the next two years will determine the future of how marijuana is dealt with in the state. He continues that if the marijuana industry is able to acquire licenses and then invest in infrastructure, then the chances of that industry being eliminated are pretty slim. He explains the three phases or strands of the marijuana initiative going forward. He states that, probably at the January meeting, staff will bring forward something to review on how an ongoing effort on this subject might fit into the Substance Abuse Prevention and Treatment focus area. He adds that this is to make sure that a level of resource and activity is allocated. He asks for any questions or comments.

TRUSTEE NORENE agrees that if there is going to be regulation on marijuana, it needs to be thought about to have something done, with a focus on the impact on young people. The alcohol and drug abuse focus area should be adequate to look at that.

MR. JESSEE states that marijuana is not as damaging, both individually and societally, as alcohol, but it does produce Beneficiaries. He adds that it is not necessarily an enhancement to the Beneficiaries that have co-occurring disorders. He states that in talking with the residential substance abuse providers for adolescents, they deal with a fair amount of marijuana addiction. He adds that adults have a slightly lower addiction rate.

TRUSTEE EASLEY states that a lot of the Elders in Kodiak had pretty much given up on the long-time alcoholics as far as being able to make a huge difference. She continues that they definitely want their programs focused on prevention to the youth. She adds that the Trust can really make some progress in working on prevention for teenagers.

TRUSTEE DERR asks about Proposition 3 and how that will impact the Trust in terms of grants and the future of Beneficiaries.

MR. JESSEE replies that an increase in the minimum wage is a good thing, but there is a concern that as the wage is raised the number of jobs available decreases. He states, if that happens, it is a bad thing for the Beneficiaries.

TRUSTEE MICHAEL asks if there is a limitation on the amount that can be made.

MR. JESSEE replies, yes, for Social Security. He asks Ms. Lofgren to reply further.

MS. LOFGREN states that there is a substantial gainful allowance of approximately \$1170.

A short discussion ensues.

TRUSTEE DERR asks for any other questions in regard to the staff report. There being none, she moves to the Executive Committee report.

EXECUTIVE COMMITTEE REPORT

TRUSTEE DERR reports that the Executive Committee met October 22, 2014, and reviewed the audit for the fiscal year ended June 30. She states that the Trust received an unqualified or clean audit opinion on the financials for the fiscal year. She continues that the audit report also

included a review of internal control of financial reporting and compliance, which was also clean. She adds that there were no material weaknesses or significant deficiencies that came to the auditors' attention. She states that the Trust closed FY14 with a net position of \$585.6 million; an increase of \$58.2 million over the prior year. She asks for any comments. There being none, she moves on to the Resource Management Committee report.

RESOURCE MANAGEMENT COMMITTEE REPORT

TRUSTEE NORENE states that there are some consultations to bring forward, and he asks Ms. Menefee to continue.

MS. MENEFEЕ states that the Resource Management Committee met on October 22, 2014, and has consultations that the RMC has brought forward to the Board. She continues that the first issue is a coal lease to Usibelli in the Healy area.

TRUSTEE NORENE makes a motion that the Resource Management Committee recommends that the Alaska Mental Health Trust Board of Trustees concur with the negotiated lease with Usibelli Coal Mining for mining of coal.

There being no objection, the motion is approved.

MS. MENEFEЕ states that the second motion is related to a Canadian company, Freegold Ventures. She continues that the project is referred to as the Cleary Summit Project and is related to the use of Trust land for ski runs adjacent to the private land that Ski, Inc. owns. She adds that it is a very popular area in Fairbanks. She explains what Freegold is doing and the potential revenue.

TRUSTEE NORENE makes a motion that the Resource Management Committee recommends that the Alaska Mental Health Trust Board of Trustees concur with the addition of 1173 acres to the existing lease with Freegold Ventures.

There being no objection, the motion is approved.

TRUSTEE NORENE asks for any additional updates.

MS. MENEFEЕ states that the TLO has reached a preliminary settlement with the parties related to the Kenai Loop Gas Field, and a term sheet of agreement was signed with the company, AIX. She continues that the terms of the settlement are confidential. She states that the second is the status for the land exchange with the Forest Service. She continues that the forest supervisor's office forwarded a draft feasibility analysis to Region 10, which is a big deal. She adds that it is a tremendous statement of their continued support inside of Alaska. She states that the Region 10 review should take less than six months and then the Forest Service exchange process, which includes appraisals of the NEPA process, public meetings, should begin.

TRUSTEE NORENE concludes the report.

TRUSTEE DERR moves to the Finance Committee Report.

FINANCE COMMITTEE REPORT

TRUSTEE DERR states that there are four items that came from the Finance Committee for approval by the Board of Trustees. She continues that the first is to continue the suspension of the quarterly transfer. She asks Mr. Buckland for the Cash Management Report.

CASH MANAGEMENT REPORT

MR. BUCKLAND states that there have been no major changes since last month, and the figures have been updated to October 31. He goes through the report quickly, explaining as he goes along.

TRUSTEE DERR asks for any questions in regard to the Cash Management Report. There being none, she moves on to the discussion of the payments to the Permanent Fund. She recognizes and welcomes Chair Barton.

TRUSTEE DERR makes a motion that the Finance Committee recommends \$350,000 FY15 designated grant to RurAL CAP, Alaska Community Action Program, for start-up of the newly acquired Safe Harbor housing programs and capacity development activities.

There being no objection, the motion is approved.

TRUSTEE DERR makes a motion that the Finance Committee recommends to change \$200,000 of FY14 Housing Focus Area Authority Grant funds to FY15 MHTAAR funds.

There being no objection, the motion is approved.

TRUSTEE DERR makes a motion that the Finance Committee recommends a \$250,000 FY15 MHTAAR grant to the Division of Senior and Disability Services for the HCBS program assistance and pilot.

There being no objection, the motion is approved.

MS. PINEDA states that there is a request to approve the focus area allocation for the polling area. She explains that the polling strategy is a partner project with Recover Alaska partners. She continues that it is an opportunity to better understand the motivations behind people's beliefs around a variety of issues related to substance abuse.

TRUSTEE EASLEY makes a motion to approve a focus area allocation for a contract for Polling: Knowledge, Attitudes, Beliefs, and Behaviors, not to exceed \$350,000: \$150,000 will be from the FY15 Substance Abuse Prevention and Treatment Focus Area Authority Funds; \$100,000 from FY16 Substance Abuse Prevention and Treatment Focus Area Authority Funds; and \$100,000 from DHSS, Division of Behavioral Health.

TRUSTEE McCLELLAN seconds.

A discussion ensues.

TRUSTEE EASLEY amends the motion to be contingent upon receipt of \$100,000 from DHSS.

TRUSTEE McCLELLAN states that the second is in agreement.

There being no objection, the motion is approved, as amended.

TRUSTEE DERR concludes the Finance Committee report.

CHAIR BARTON thanks Trustee Derr. He asks, given that oil is \$75, if that will have any effect on operations in terms of the payout or anything else.

MR. BUCKLAND replies that the bulk of the payout is based off the net asset value of the investments which are invested broadly at the Permanent Fund, and at the Treasury Division. He explains that it is more contingent upon how the overall economy is operating, as opposed to one particular sector.

CHAIR BARTON moves on to the Ad Hoc Committee.

AD HOC COMMITTEE

MR. JESSEE states that Kevin Buckland will lead that discussion.

MR. BUCKLAND begins with some background about the implementation of PRI policy that was adopted by the Board, which was included in the AMPS. He states that, during the meeting, additional changes were made and the document was updated. He asks for any questions.

TRUSTEE McCLELLAN asks if the Trust Land Office was involved in making the changes.

MR. BUCKLAND replies yes.

A short discussion ensues.

MR. JESSEE suggests looking at it and bringing it back up in January.

CHAIR BARTON asks if there are any objections to tabling this until the January meeting.

MR. WILLIAMS asks for clarification on whether a meeting needs to be coordinated for the review.

CHAIR BARTON suggests that the Trustees do it on their own, and if there are questions, a meeting can be put together.

TRUSTEE McCLELLAN states that he would like to have the TLO signed off and agreeing to the final version by the time it is brought back to the Board.

CHAIR BARTON suggests that if upon the final review there are any issues, to let all the Trustees know and not wait until the January meeting.

A short discussion ensues.

CHAIR BARTON calls a break.

(Break.)

CHAIR BARTON states that, according to the bylaws, the Chair is responsible for making the Trust committee assignments. He continues that he has decided that all seven Trustees will be on each of the three committees. He adds that it is the desire of the Trustees to serve on a different committee than presently assigned; second, it gives every Trustee a vote on each committee; third, it makes it easier for the committee to get a quorum. He states that this is how they will operate in the coming year, and if any problems are identified with operating that way, those will be resolved in a fashion that seems appropriate.

CHAIR DERR asks about committee chairmanships.

CHAIR BARTON replies that committee chairs will remain as they are, and the committee chairs will run the committee meetings. He moves on to the Planning Committee report, and recognizes Trustee Easley.

PLANNING COMMITTEE REPORT

TRUSTEE EASLEY states that she was pleased that every single Trustee was in attendance at the last meeting, and adds that she will cook another prime rib dinner for the next meeting to keep that attendance up. She continues that Heidi Weiland, the Trust contractor on the Behavioral Health Systems Assessment, did a project update. She adds that Michael Baldwin has given the System Provider Survey.

MR. BALDWIN states that the last big chunk of Medicaid data was sent so the contractors can start to crunch numbers there. He continues that they met with and attended the Tribal Health Consortium's Behavioral Health Aide meeting and did some engagement with the health aides. He adds that it was a good meeting, and we have been getting some feedback and some surveying. He states that we were also invited to be part of the Division of Behavioral Health's Change Agent Conference and had an opportunity for some provider surveying with the grantees and providers there. He goes through some of the results of the survey, and answers questions.

TRUSTEE EASLEY states that Melissa from Mat-Su Health Foundation spoke and reported on their findings. She continues that they found that there were a lot of times they were not able to handle Mental Health Trust Beneficiaries and would have to be sent out for higher levels of care. She adds that on here the majority of them can be handled in their local communities, which is also surprising.

A short discussion ensues.

TRUSTEE EASLEY states that Michael Bailey from the Alaska Association on Developmental Disability, and Lizette Stiehr, talked about the impact on MMIS and the problems of converting to the new computer billing system requirements.

MS. BURKHART states that Margaret Brodie provided an update on the lawsuit at the Change Agent Conference. The mediation failed because the decision-makers from Xerox were not available. She continues that the first hearing is in January. She adds that Xerox is funding the cost of 30 additional staff at Health-Care Services because Health-Care Services is checking and signing off on every fix. She gives a bit more information on the meeting, and states that at least three providers are actively consulting with counsel on the possibility of a lawsuit.

TRUSTEE EASLEY asks Carrie Predeger for an update on the Grantee Authority Grant summaries.

MS. PREDEGER states that the document on page 128 of the packet is a summary of all of the Authority Grant projects that were closed in FY13. She continues that there were 103 Authority Grant projects for a total of \$6,443,351. She adds that 77 percent of that funding fell into either the focus area or the General Authority Grant category. She goes through the highlights.

TRUSTEE EASLEY thanks Ms. Predeger, and states that is a good representation of the results-based accountability.

A short question-and-answer ensues.

TRUSTEE EASLEY concludes the Planning Committee report and states that the next meeting will be in January.

CHAIR BARTON asks staff if a date has been decided on.

MR. WILLIAMS replies that they are looking into the availability of the Permanent Fund and where that falls in relation to the January board meeting. He adds that staff will get back to the Trustees with the date.

CHAIR BARTON recognizes Elizabeth Ripley.

MS. RIPLEY states that she is executive director of the Mat-Su Health Foundation and appreciates the opportunity to be here. She gives a brief background about the Mat-Su Health Foundation. She states that they strive in their work as a regional funder to work closely with the Alaska Mental Health Trust Authority, and are grateful for all the work done looking out for the Beneficiaries that impact the health of all of Alaska. She begins with a short video about the health foundation.

(Video being played.)

MS. RIPLEY goes over the background and then introduces their board members. She then states that their focus is on growing and offering the right services to a fast-growing population;

recruiting doctors; providing adequate charity care and public education programs regarding health. She continues that the hospital is profitable primarily because it is in the fastest-growing population base in the state and is reclaiming market share as it adds new services and procedures. She talks about the values; the first being that as the executive director she was required to live in Mat-Su and become a part of the community. She continues, giving a complete background of Mat-Su and the challenges being faced. She states that there is a sheet in the packet about their behavioral health environmental scan, which has been going on for all of 2014. She continues that the first report of the scan will be published on Monday and will be available on their Web site. She goes through the report. She gives an overview of how they grant and how they will grant within the focus areas. She goes through the tiers of grant making. She highlights how they plan to make a difference. She concludes her presentation and asks for any questions.

CHAIR BARTON thanks Ms. Ripley, and states that next on the agenda is Mike Kerosky for Anchorage Youth Indicators, Trends and Comparisons.

MR. KEROSKY thanks the Trustees, and states that two years ago the Trust generously provided the funding for this study. He gives a context for the report, and adds that there is a full report in the packet. He highlights some of the report, especially the results that pertain particularly to Trust constituents. He states that two years ago there were two questions: Are Anchorage kids any different than the national average when it comes to risky behaviors and strengths behaviors? Is there any way to tell where all this effort put into the last 18 years from the strength-based point of view really makes any difference? He continues that in completing the study, a number of limitations were found: In Alaska, there is a rule that a student has to have parental consent, which limits the number and frequency of surveys; most of the youth indicators or instruments were targeting negative behaviors; and there was a limitation on the pool of data. He does a quick summary of data and continues his slide presentation, explaining as he goes along. He states that the following are using these research results: Anchorage Youth Development Coalition director, Deborah Williams; Melanie Sutton from Anchorage School District -- both for funding. He concludes his presentation and asks for any questions. There being none, he again thanks the Trustees.

MS. SMITH-COOLIDGE states that all of these meeting materials are on the Web site.

CHAIR BARTON recesses for lunch, and will reconvene at 1:15.

(Lunch break.)

CHAIR BARTON states that at the last Board meeting a number of Trustees had questions about the Medicaid waiver program. He recognizes Amanda Lofgren.

MS. LOFGREN thanks Mr. Jesse for a good job in his staff report highlighting how integrated and how integral Medicaid is with the work done at the Trust with all of the focus areas and grant-making work. She adds that there have been a lot of changes. She states that in the packet, on page 131, are the documents from the planning meeting on the State plan and the services in SDS. She states that Jon Sherwood will give the history of Medicaid.

MR. SHERWOOD states that Medicaid is a component of the Social Security Act, which was enacted in 1935, and focused on providing support to people with old age, poverty, unemployed, and the widows and orphans or the single-parent families of America. He continues that Social Security provides payment to citizens in these circumstances. He continues that it has evolved to also making grants to states to operate the Medicaid program. He adds that, in 1965, Medicare and Medicaid passed into law and became Titles 18 and 19 of the Social Security Act. He states that in 1972, Alaska's Medicaid program began; it is a contract with the federal government. In 1981, states were given the ability to waive certain Medicaid rules to offer human community services for people eligible for Medicaid in institutional settings. He adds that those home- and community-based service waivers are 1915(c) of the Social Security Act and are usually the waivers talked about. He states that the Americans with Disabilities Act put a requirement on states to provide services in the most integrated, least restrictive setting. He continues that in 1993 the general waiver authority, 1115 demonstration waivers, under the Social Security Act waived a number of program requirements. He adds that the 1115 waivers can be used to do very small changes, as long as there is a demonstration purpose that can be proved to be cost-neutral to the federal government. He continues that Alaska applied for and was approved for its first home- and community-based waivers in 1993. He adds that there are currently four of them: Alaskans Living Independently, or the ALI waiver, which serves individuals age 21 and older, that need a nursing facility level of care; individuals with developmental disabilities, the IDD waiver, which serves individuals of all ages that meet a level of care for intermediate care facilities; APDD, adults with physical and developmental disabilities waiver, which is a structure used to provide rehabilitative services targeted for people with developmental disabilities who happen to qualify under a nursing facility level of care; CPMC waiver, which is children with complex medical disabilities, which is nursing facility level of care through age 21. He talks about the Olmstead decision, which satisfied that states have to provide community-based services to individuals in lieu of institutional services, which he explains. He adds that Alaska does not have an Olmstead plan. He explains the role of Medicaid in the health-care system and Alaska's programming. He moves on, stating that there are three mechanisms for management: defining the pool of who is eligible is one of the ways of managing the Medicaid program and the Medicaid budget; required services versus optional services; the rates providers are reimbursed at, how much is paid for is going to impact how much it costs to operate the program. He goes through some of the required services, and then talks about some of the optional services. He states that Medicaid is an entitlement program and talks about eligibility. He continues that Medicaid works relative to Medicare, which is the primary payer. He adds that Medicaid picks up the long-term supports.

A short question-and-answer period ensues.

MR. SHERWOOD moves on and talks about some state plan options which give more flexibility and allow for focusing a little more on outcomes.

MS. LOFGREN states that the Medicaid Reform Advisory Group has identified several different innovative strategies, and the 1915(k) was one of the identified strategies presented.

MR. SHERWOOD moves on, explaining 1915(i) option which is home- and community-based services options, and explains the difference between options and waivers.

TRUSTEE MICHAEL asks about the RSS, Recipient Support Services.

MS. BURKHART replies that Director Wall stated that the situation that gave rise to the assumption that RSS services were no longer reimbursable has been resolved and those claims are being processed. She adds that there will be efforts to redefine what services are considered recipient support services, and the Division will engage in that process with the Alaska Behavioral Health Association.

A discussion ensues.

MS. LOFGREN apologizes for not introducing Jon Sherwood. She states that he had worked for the Commissioner in the Department of Health and Social Services for a long time, and has since moved over to the Division of Senior and Disability Services as deputy director.

CHAIR BARTON states that this is very educational and that every conceivable question was answered. He thanks Ms. Lofgren and Mr. Sherwood for an informative presentation.

MR. SHERWOOD thanks the Trustees for the opportunity, and also Nancy Burke for doing much of the work in putting this all together.

CHAIR BARTON moves along to the Governor's Council on Disabilities and Special Education.

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

MR. REINHART states that he is the new director of the Governor's Council on Disabilities and Special Education, and Ric Nelson is the chair. He continues that the Council operates on a five-year plan and this is the end of the five-year cycle. He adds that they will be going to a new planning cycle this year and points out the areas that were covered in the planning. He states that, to a certain degree, the Council is required by federal law to support a self-advocacy organization, which is Peer Power Alaska. He continues that they are involved in the Self-Advocacy Key Campaign, PIP, Partnership in Policymaking. He adds that it is run by the Center for Human Development, training people to be advocates. He continues his presentation, explaining the slides as he goes along. In Employment First, he states that the next step is to get a group of the Commissioners that are identified in this bill together to talk about what some of the next steps are. He continues, that has been delayed with the election change. He talks about the Trust Beneficiary Employment and Engagement area, which is a huge collaboration area, and the Alaska Safety Empowerment Network. He states that some of the 2014 legislative outcomes are: an update on the Anchorage Taxicab and Limousine Service Ordinances; Complex Behavior Collaborative; House Bill 21, the Employment First Bill; HB 361, Applied Behavioral Analyst Licensing; HB 210, the Safe Student Act; HB 278, the Comprehensive Education Bill, the repeal of the high school qualifying exam. He explains each. He states that it was a very productive year; everything on the agenda got done. He talks about the difficulty in developing the 2015 legislative priorities and discussion. He states that there have been a lot of discussions with the Deaf community on helping them get their messaging together on the Denali Deaf Center. He continues that they have a facility that they do not own. They would like to buy it and build it out. He states that another issue is putting a disability designation on IDs and training of peace

officers to recognize people with nonapparent disabilities. He states that another thing they are interested in is the reuse of durable medical equipment and assistive technology. He adds that this may be a regulatory issue in terms of getting opportunities for recycling of expensive equipment. He continues that if the State bought it with Medicaid, there should be a way to reuse it.

MR. NELSON states, on the CMC ruling and guidance on home- and community-based services, CMS came out with a new rule about the new waiver. He continues that the State needs to come up with a transitional plan by March 17, 2015. Some of the items that need to be in the plan are: emphasis on quality of life; person-centered planning; the definition of home-and community-based settings; conflict-free care coordination in case management; and added protections for recipients in provider-controlled or operated residential settings. He adds that the care coordination is required outside of the agency that provides the services.

MR. REINHART states that the draft plan is expected to be out in January.

MR. NELSON states that the State has to provide a 30-day public comment period for this transition. He continues that the Council is getting information on how these changes will impact the recipients. He asks for any questions.

CHAIR BARTON thanks Mr. Nelson and Mr. Reinhart. He states that the Board will recess until 3:33.

(Break.)

CHAIR BARTON begins with the Alaska Commission on Aging, and recognizes Denise Daniello.

ALASKA COMMISSION ON AGING

MS. DANIELLO states that she is the executive director for the Alaska Commission on Aging.

MS. SHIELDS states that she is Mary Shields and is chair of the Alaska Commission on Aging.

MS. DANIELLO states that the purpose of this presentation is to provide an update on a joint project, which is Alaska's road map to address Alzheimer's disease and related dementia. She continues that the plan is ready to be finalized, and then moved forward to implementation. She gives a quick overview of the road map process, and provides some background information about Alzheimer's disease and related dementia. She lists the names of people on the core team who developed the road map, and thanks the Trust for being a strong partner in this development. She states that the road map has three main purposes: to increase public awareness about Alzheimer's disease; increase understanding; and to understand the current impact of Alzheimer's disease; to have a comprehensive way of addressing this disease, and have a set of performance measures to measure the results. She gives a short history of the process and states that the plan is to finalize it in the middle of December. She recognizes Duane Mayes, the director of Senior and Disability Services and also one of the commissioners on the Commission on Aging. She adds that he is a strong partner in developing the road map. She continues her

presentation, explaining as she goes along. She moves on to the goals of the road map, and states that each goal has a series of recommendations. The first goal is to promote more public awareness, prevention and early diagnosis of Alzheimer's disease and related dementia. She states that this has three recommendations, and within each of these recommendations are a series of strategies. She continues that this is probably a five- to ten-year planning and implementation process. The strategies for this goal are: promoting more understanding about Alzheimer's disease; promoting a better understanding about ways to reduce risk and improve cognitive health; and the importance of increasing memory screening to increase early diagnosis. The second goal is to improve access to appropriate housing services and supports for individuals with ADRD at all stages of the disease. She states that Goal 3 is to optimize quality, safety and efficiency for people with ADRD, which includes a set of strategies to increase safety. The fourth goal deals with developing a long-term care workforce that is trained in dementia care; fifth is improving quality of life for the family caregivers; and last has to do with expanding the ability to research and monitor ADRD prevalence, cost of care and prevention, and to further the understanding of the personal and financial impact of Alzheimer's disease in Alaska for a better picture of the cost of care per person. She states that the road map is a living document that will be continuously updated as the implementation process moves forward. She continues that they have begun working on implementation by identifying and recruiting organizations to help with leading that implementation effort to prioritize the strategies and develop performance measures that will be in line with the Department's performance measures. She thanks the Trust for being a partner in this effort.

CHAIR BARTON asks Ms. Shields for any comments.

MS. SHIELDS states that there is a Commission meeting in December at the Anchorage Senior Activity Center which is going to involve a senior forum. She looks forward to seeing as many of the Trustees as possible to participate and be involved and get a feel for what is done at the meetings. She thanks all.

CHAIR BARTON moves on to the Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse, recognizing Kate Burkhart.

ALASKA MENTAL HEALTH BOARD AND THE ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE

MS. BURKHART states that Teri Tibbet, the advocacy coordinator for the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse, is also here. She continues that the presentation topic is advocacy. She adds that Teri's position is in collaboration because it is funded by the joint advocacy funding that the boards receive. She states that the statewide advocacy constituency forums were organized by Teri, in conjunction with staff from the Alaska Mental Health Trust Authority and the Alaska Behavioral Health Association, as well as the Commission on Aging and The Governor's Council on Disabilities and Special Education, and also the Peer Support Consortium. She continues that they occurred in Fairbanks, Anchorage, Mat-Su, and Juneau. She asks Teri to talk about the format.

MS. TIBBETT states that it was a two-day forum. She continues that the first day some training on how to tell your personal story to a legislator in three minutes or under was done; how to

focus on the highlights and how to focus on what is wanted. She adds that a lot of role-playing and practicing was done. She states that also talked about was how to navigate the public process. She continues that the self-advocates were asked to meet with their legislators during the interim in their home district. She adds that 105 advocates were newly trained in 2013 and 2014.

MS. BURKHART states that she attended the forum in Fairbanks and one unexpected benefit was having managers from the local providers in the room hearing directly from Beneficiaries about what was and was not working. She continues that the ability to advocate with the treatment or individualized case plan team is equally important.

MS. TIBBETT states that in the training there were not only Beneficiaries, but also providers and administrators participating. She goes through, explaining the slides and participants from the different forums that were held.

MS. BURKHART moved on to the work during the legislative session, stating that the activities include the weekly legislative teleconferences that are made possible in part through a lot of prep work that the Trust supports and conducts the week before. She continues that Ms. Tibbett chairs the legislative teleconferences, and the Beneficiaries are the audience. She adds that the point is to ensure that Beneficiaries understand what is going on and also understand how they can best influence the process.

MS. TIBBETT explains that the money from Family Voice is used to bring people in who either experience a disability or a family member of a person who experiences a disability. She states that they chose to focus on youth in transition and people who are impacted by FASD. She continues going through the slide presentation. She adds that the groups involved are the Alaska Native Justice Center, the Alaska Youth Advocates, the Alaska Youth and Family Network, Empower, and Facing Foster Care in Alaska. She talks about the Get Out and Register Campaign which was getting registrars in disability facilities statewide to register people to vote. She states that once it got going, there was a great response.

MS. BURKHART states that a big part of this was voting assistance and understanding that disabilities should not be a barrier to exercising your right to vote. She adds that there are mandatory services available to help people vote; not at the polls, but for early voting and absentee voting. She continues, highlighting how Teri, as the advocacy coordinator, supported work around the criminal justice reform legislation over the last few sessions and then also Empowering Hope.

MS. TIBBETT states that one of the most successful projects is FASD. She continues that table tents were placed on restaurant tables statewide on FASD Awareness Day that offers a free nonalcoholic beverage to pregnant women.

MS. BURKHART concludes their presentation.

CHAIR BARTON thanks both Ms. Burkhart and Ms. Tibbett, and asks for any questions. There being none, he calls a break.

(Break.)

PUBLIC COMMENT

CHAIR BARTON opens the public comment period and goes through the public comment guidelines in the bylaws. He recognizes Faith Myers.

MS. MYERS states that Dorrance Collins will also be testifying. She continues that they are asking the Trust Authority to set up and sponsor a committee meeting whose goal is to improve Trust Authority Beneficiaries rights and quality of care. She adds that she and Mr. Collins would like to co-chair this committee. She states that the Trust Authority Beneficiaries number into the thousands. She continues that they are being mistreated as follows: Notification of rights. Trust Beneficiaries are not in a clear way notified of their rights and assistance in the protection of these rights. Beneficiaries are rarely informed that the State is required to investigate their complaints. Trust Beneficiaries do not have a fair standardized grievance procedure and appeal process.

MR. COLLINS states that a 396-page book produced by the State of Maine Department of Behavioral Health and Developmental Services which contains rights and regulations concerning clients receiving treatment, as well as assistance in the protection of rights, notification of rights, et cetera. He continues that it also contains 13 pages on the patient grievance procedure and appeal process. He adds that this information is made available to every patient in Maine. He also states that the State of Georgia, Division of Mental Health information contains requirements for notification of patient rights, assistance in the protection of rights, and a 14-page grievance and appeal process law. He states that Alaska has a three-paragraph patient grievance law, and according to the Attorney General, the law only applies to four facilities. He shares a four-page behavioral health grant grievance rules that is given to providers, but the grievance rules are not given to clients, which are Trust Beneficiaries. He states that a booklet from Disability Law Center concerning mental health rights in Alaska states: If a patient or Trust Beneficiary wants to file a complaint, just contact the provider. He continues, that is not enough.

MS. MYERS states that they are asking the Trust to help set up a committee meeting on improving rights and quality of care for Trust Beneficiaries, and they will call on Monday to start the planning process.

MR. COLLINS mentions that Behavioral Health has agreed and wants to sit in on that meeting. He thanks all.

CHAIR BARTON thanks both Ms. Myers and Mr. Collins. He asks if anyone else would like to testify. Hearing none, public comment period is closed. He asks for a motion to adjourn.

TRUSTEE NORENE makes a motion to adjourn the meeting.

CHAIR BARTON adjourns the meeting.

(AMHTA Full Board meeting adjourned at 4:50 p.m.)