

ALASKA MENTAL HEALTH TRUST AUTHORITY

FULL BOARD MEETING

January 30, 2014

11:30 a.m.

Taken at:

Alaska Permanent Fund Corporation
Hugh Malone Board Room
801 West Tenth Street
Juneau, Alaska 99801

OFFICIAL MINUTES

Trustees present:

Mike Barton, Chair
Laraine Derr
Larry Norene
Russ Webb
Paula Easley
Mary Jane Michael

Trust staff present:

Jeff Jessee
Steve Williams
Kevin Buckland
Katie Baldwin-Johnson
Nancy Burke (via telephone)
Bill Herman
Mike Baldwin (via telephone)
Miri Smith-Coolidge
Kate Burkhart
Amanda Lofgren (via telephone)
Natasha Pineda
Carley Lawrence
Kathy Craft
Luke Lind (via telephone)

TLO staff present:

John Morrison

Others participating:

Sheila Soule; Teresa Holt (via telephone); Teri Tibbett; Denise Daniello; Carol Comolli; Zachary Hozid; Marie Darlin; Tom Chard; Susan Ohmer (via telephone); Commissioner William Streur; Craig Christenson; Sue Brogan; Stan DeVries; Donna Mong; Rick Iannolino (via telephone); Ardyce Turner (via telephone); Faith Myers (via telephone); Julie Neyhart; Dov Gartenberg; Janna Brewster; Jeanette Lacey Dunn; David Levy; Jeanne Gerhardt Cyrus (via telephone); Anna Attaa (via telephone); Ed Linsell; Jamie Holliday; Elizabeth Joseph (via telephone); Mary Fitzgerald.

PROCEEDINGS

CHAIR BARTON reconvenes the meeting and begins the Thursday agenda. He starts with an update of the Governor's Council on Disabilities and Special Education, and recognizes Teresa Holt.

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

MS. HOLT begins her update, stating that the Council met in Juneau last week and met up with all the legislators. She continues that there was a good response on the Employment First bill, which is House Bill 211. She continues that there was also a positive response to the Restraint Seclusion bill in schools, which is House Bill 210. She states that the Council has worked on the issue of removing the exit exam in order to receive a diploma, and adds that this concept is in Senate Bill 111, House Bill 220, and in House Bill 278, which is the Governor's Education bill. She moves into the Complex Behavior Collaborative which provides a pool of behavioral intervention experts who will go out to a community and work with either the providers and the family and the schools, in some instances, to keep that person in their current placement. She continues that the services develop an intervention plan, provide training, follow-up on that plan, collect data, and do a results-based evaluation. She states that 42 participants have entered into the program; 17 youth and 25 adults. She continues that 15 were discharged, and all but three have maintained their community placement. She adds that as of June there were still 27 participants in the program, and 26 of them have maintained their community placement. She notes that there are communities all over the state that are being served and talks about a few of them. She states that there has been an overall reduction in behaviors that present a danger to themselves or others, and dangers that also put participants at risk of losing their placement. She talks about the cost savings for the 11 folks who completed the program. She states that they are asking for a \$450,000 increment into the budget for ongoing GF/MH funding, and hopes that the data shows that the program is working and that there are cost savings.

A short discussion ensues.

CHAIR BARTON asks for any questions.

TRUSTEE EASLEY asks if the Key Campaign will be discontinued.

MS. HOLT replies that this just means that another way will have to be found to help out.

MS. BURKHART states that she is with the Alaska Mental Health Board and that Ms. Tibbett's position is funded as the joint advocacy coordinator. She explains that Ms. Tibbett will coordinate those activities, assignments that pertain to all the Beneficiary groups, and, in addition, coordinates the advocacy for the Mental Health Board and Advisory Board on Alcohol and Drug Abuse. She continues that the Key Campaign has been focused on individuals with developmental disabilities and has always been coordinated by the Governor's Council, and is not within the scope of Ms. Tibbett's employment.

TRUSTEE EASLEY thanks Ms. Burkhart.

CHAIR BARTON asks for any other questions. There being none, he thanks Ms. Holt and moves to the working lunch. He states that there will be a presentation during lunch.

(Lunch break.)

TRUSTEE EASLEY states that Teri Tibbett is coordinating the FASD partnership and will bring the Trustees up to date on what has been accomplished.

MS TIBBETT states that she is the advocacy coordinator for the Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse. She adds that she manages the joint advocacy effort partnering with the Trust and partner boards, and is also the coordinator of the Alaska FASD partnership. She explains that this is a statewide volunteer organization of individuals and organizations that work together to look at the issues surrounding FASD and some of the solutions, some of the barriers, and a variety of action steps. She states that the Alaska FASD partnership worked closely with Senator Meyer's office to help pass FASD as a mitigating factor, SB 151, a few years ago, as well as helping develop the language for that legislation. She continues that on the steering committee is Judge Mike Jeffery, a superior court judge from Barrow, and a group of people who represent different organizations around the state, as well as people with FASD. She states that there are monthly steering committee meetings to look at what is happening around the state and try to stay coordinated with all the partners around the state. She adds that they not only focus on what is wrong with the people who experience the disability, but also focus on some of the solutions that are happening. She continues that one of the roles of the partnership is to try to find out what is going on and making sure that other people know what is going on statewide. She states that FASD is a spectrum of disabilities that is caused by prenatal alcohol exposure and stands for fetal alcohol spectrum disorder, and the spectrum is FAS, fetal alcohol syndrome. She continues that FAS is the most debilitating on the spectrum and accounts for about 10 percent of the people on the spectrum. She alerts everyone to the FASD partnership brochure and goes through some of the partnerships, work groups and family support resources. She moves on to the proposal to reduce

fetal alcohol spectrum disorders in Alaska, and goes through some of the strategies and practices. She asks for any questions.

MR. HERMAN asks about drilling down into the data to get some ideas about the efficacy of some of the strategies, and what would be next.

MS. TIBBETT replies that they would like to prioritize and get more targeted. She states that there are many experts involved that could suggest the priorities, where to go first and so on.

MR. JOHNSON states that they are coordinating a meeting on February 13 and have a committee of folks that will be pulling together to talk about data related to the substance abuse focus area. She adds that it would make sense to wrap all this into that discussion.

MS. TIBBETT agrees.

TRUSTEE WEBB states that he is intrigued by the facial photographic screening tool, and asks whether Washington State implemented programs then to sift caregivers working with the children that are identified through the screening process.

MS. TIBBETT replies that the State of Alaska has adopted a strategy out of the University of Washington for diagnosis which was designed by the same people who designed the facial screening tool. She continues that it involves a multi-disciplinary team of people which includes a medical doctor, sometimes a nurse practitioner, a speech pathologist, a speech therapist, an occupational therapist, a whole team of people, and a parent navigator. She adds that it is very expensive and time-consuming to get them all together, but it results in a secure diagnosis.

A discussion ensues on the subject.

MS. TIBBETT states that there are things going on and solutions out there, and it does not have to be invented here in Alaska.

CHAIR BARTON thanks Ms. Tibbett, and calls a short break.

(Break.)

CHAIR BARTON calls the meeting back to order, and recognizes Denise Daniello.

ALASKA COMMISSION ON AGING

MS. DANIELLO states that she is the executive director for the Alaska Commission on Aging and introduces Marie Darlin, an ACA Commissioner and chair of the legislative advocacy committee; then, Zachary Hozid, the coordinator for the volunteer home-delivered meal program at the Juneau Senior Center; and Carol Comolli, the site manager for the Juneau Senior Center. She continues that they will talk about a couple of the advocacy priorities for this session. She begins with the ADRD State Plan, stating that they have been working on the needs assessment

activities for about 18 months or so. She continues that there is a need to have a state plan devoted to people with Alzheimer's disease and related dementia and their caregivers in order to raise more awareness for this condition in Alaska; to enhance services for people with dementia and their family caregivers; and develop some indicators to track performance measures. She adds that the survey was completed December 31, 2013, and hopes to see the data in March or April. She states that last June there was a very successful meeting to review all the findings from all the needs assessment activities and then to start developing some recommendations that would go into the state plan. She states that the Trust contracted with Agnew::Beck to help with developing this state plan, and a steering committee has been identified. She continues that Trustee Easley has graciously accepted the offer to participate, as well as Amanda Lofgren, the Trust program officer. She adds that the plan is to meet the third week in February and after a few more meetings should have the recommendations for the plan finalized in order to roll it out at the Power of Aging in Alaska Symposium scheduled for May 1. She states that Marie Darlin will explain that event.

MS. DARLIN states that the symposium in Anchorage will be at the Captain Cook, and adds that some small grants have been received from some of the sponsors. She continues that this is for the seniors and would like to be able to have someone from every single rural area attend. She states that one of the goals is to have people think about the fact that seniors vote, and do whenever they can. She continues that seniors have to realize that this is a path to having their voices heard. She adds that everything is still in the planning stage.

TRUSTEE MICHAEL asks how many people are anticipated to attend.

MS. DARLIN replies that they are not sure, but are basing it around 200.

MS. DANIELLO adds that with the growth in the senior population, there are a number of people thinking about retirement or have recently retired. She states that this is a potential brain drain from the communities, from the business sector, the nonprofit world, and ways are needed to engage boomers and retirees back into the community. She continues that this will be an important focus for the symposium. She adds that there is also talk of video conferencing to the hub communities to branch out the information and have people attend through video conferencing, which would be an important way to increase the impact. She moves on to the presentation, stating that it will focus on budget impacts for programs serving senior Trust Beneficiaries and other older Alaskans that may be at risk. She begins with the budget impacts at the federal level, explaining as she goes along, and then moves to the Governor's proposed budget for FY15. She then explains the need for additional funding and goes through the programs, the advocacy priorities and requests. She turns the mic over to Carol and Zachary who will share some stories from the Juneau Senior Center.

MS. COMOLLI states that it is good to get a chance to advocate for some of these programs. She introduces Zachary Hozid who coordinates the volunteers who deliver the meals to the seniors. She adds that he is academically interested in the issue, and has written a paper for graduate class on the subject. He has taken a structured look at all the issues.

MR. HOZID states that he studied Meals on Wheels and specifically looked at how the program contributes to community development and the social benefits of the program. He continues that he included the experiences and observations he had during the two years he worked in the program which included: delivering meals from time to time; being the main contact for volunteers, especially when there were issues with clients; being the main contact for the clients. He adds that he saw the trend of seniors left more alone ending up being isolated, which reduces socialization and is also connected to mental capacity. He continues that if a senior needs food, he probably needs other services as well. He adds that Meals on Wheels can act as a sort of gateway to other services. He gives some examples of the interaction and involvement that has occurred. He adds that the program enhances the community development and gets the seniors more connected to the community as a whole, which empowers the seniors. He continues that it also provides support for families, giving them peace of mind.

MS. DANIELLO states that these are basic, simple services that have a profound impact on the quality of life for that senior, as well as providing support for the family caregiver.

TRUSTEE EASLEY asks how many people have meals delivered.

MR. HOZID replies that there about 90 people in Juneau at the moment.

TRUSTEE EASLEY asks how the food is kept hot.

MR. HOZID replies that delivery is broken down by route, and a volunteer will pick up meals for a certain route which may have 5 to 20 people on it, and usually have all delivered in about an hour and a half. He adds more volunteers are always needed, especially when the program grows.

MS. DANIELLO states that the U.S. Administration on Aging conducted a survey of people who receive these core services and found that 85 percent of them said that these services made a difference in them being able to live at home and to retain their independence. She continues that they will be gearing up the advocacy efforts for these priorities for the legislative session, and will also be working with AARP on a resolution to spotlight the importance of family caregivers in Alaska. She goes through the policy priorities for this legislative session, for working with the Legislature and the administration, and concludes her report.

CHAIR BARTON asks for any questions.

TRUSTEE EASLEY mentions that there has been discussion in some meetings referring to the needs of senior citizens, and states that some of the legislators are getting close to the age.

CHAIR BARTON thanks Ms. Daniello, Mr. Hozid, and Ms. Comolli, and recognizes Kate Burkhart for an update on the Alaska Mental Health Board and the Advisory Board of Alcoholism and Drug Abuse.

MS. BURKHART states that she is here with Tom Chard, the executive director of the Alaska Behavioral Health Association. She states that the focus today will be on Behavioral Health treatment programs funded through the grant components in the budget. She continues that the presentation will be the background that leads to the conclusion of the inflationary erosion to the foundation.

MR. CHARD states that when the legislators cut just a little bit, it is not just a little bit that gets cut; it is all of the things that are leveraged from that -- the blended and braided funding. He continues that the intended result is that the resources will be used to the greatest advantage, but the unintended result is that any cuts are actually magnified.

MS. BURKHART states that grant funds from the Division of Behavioral Health support services throughout the entire spectrum of the behavioral health system; so everything from prevention and early intervention to the acute care, like the designated evaluation and treatment program. She continues talking about the different program types that are funded through these grants, and gives some examples of the services that are supported by them.

MR. CHARD states that because the competition is not provider-to-provider, but broken down into a program level, it allows someone to come in and provide the services for a more profitable program and drop off some of the loss leaders. He continues, that puts the comprehensive community providers in a very difficult financial situation because they cannot balance their programs as they have in the past.

CHAIR BARTON asks for questions.

TRUSTEE MICHAEL asks for comments on some of the root causes of why some mental health organizations are failing.

A short discussion ensues as Mr. Chard comments and explains.

TRUSTEE WEBB asks to talk a bit more about the erosion described.

The discussion continues.

MR. CHARD introduces Susan Ohmer, a provider with a well-run program, to speak on conditions in her program.

MS. OHMER states that Petersburg Mental Health started in 1993 with only her as the provider on the island. She continues that they built it up to five clinicians, plus a weekend clinician who would come in and provide clinical services, up until this past November. She adds that they do whatever works, which has worked for 20 years, and now are at the limit of being able to be creative. She states that they eliminated an administrative position, as well as a clinician position.

MR. CHARD states that what is interesting is that the first to either be let go or through attrition are the more expensive folks that are typically the higher credentialed folks. He adds, that scenario results in the communities being less capable of handling higher acute individuals. He thanks Ms. Ohmer for her contribution. He continues the presentation.

A discussion ensues on why Medicaid rate reimbursements are higher than Medicare.

MS. BURKHART moves on to the behavioral health system, the people served, and the amount spent to serve them and how the funding is broken down. She continues with a breakdown of the types of programs that are funded by the Behavioral Health treatment grants and services, which includes the supported employment programs. She continues her slide presentation moving to the FY15 budget.

MR. CHARD talks about the extent of the erosion to the program, stating that 15 percent of the revenue was lost, which is a consequence of flat funding.

A short discussion ensues.

MS. BURKHART continues the slide presentation with comments from Mr. Chard. She states that the funding issue impairs an organization's ability to innovate, to explore new opportunities, and the direct result is the fact that the outcome-supported people served are suffering.

CHAIR BARTON asks for any other questions. There being none, he thanks Ms. Burkhart and Mr. Chard, and recesses the meeting.

(Break.)

CHAIR BARTON reconvenes the meeting, and introduces Commissioner Streur.

COMMISSIONER STREUR thanks all, and states that everything that is being done is about missions and measures. He states that in the budget presentation, each division talks about what their part is and how much of their budget is dedicated toward one of the three goals in the Department. He continues with the issue around Medicaid, primarily Medicaid reform and Medicaid expansion. He adds that the Governor has elected not to do Medicaid expansion because he believes it is not sustainable. He states that medical inflation cannot be stopped because healthcare is a demand system. He continues that the Governor believes that unless the State takes the steps necessary to find and implement systemic changes to the Medicaid program, Alaska will find itself in an untenable situation. He states that one of the things proposed in the coming year is to begin to look at a more robust rebate program for generic medications which would help continue the work toward the goal of first-line generic medication. He adds that the Governor has called for the Medicaid Reform Advisory Group to do a deep dive into Medicaid and talks about that for a bit. He continues that every meeting needs to be open and have testimony from special-interest groups to get the best coming forward. He adds that the final report has to be on the Governor's desk by November 15, 2014. He moves on, talking about reporting and dashboards. He states that Melissa Stone retired, and Barb Henjum is in for 90

days, and asks that the Trust stay with the Department as it begins to try to turn behavioral health and get the focus needed to be sure that it is the right care, the right time, to the right people. He adds that staff has been extremely cooperative in helping with this situation. He states that suicide prevention continues to be an effort and an interest. He encourages all to go to the Web site and look at the banner for Safe Surrender and look at the two videos on there that were produced internally. He states that the Play Everyday Program is about health and is about getting kids out and playing. He adds that the program continues to grow, and there are now 140 schools participating. He asks everyone to get their flu shots and moves on to the budget. He states that the budget is \$2.666 billion and goes through it, beginning with the \$15 million Medicaid increment. He adds that the only way to get increments is through organizations like the Trust. He moves to the Affordable Care Act, stating that they are not seeing any significant increases in Medicaid enrollment through the flat files coming over from the Federal Government. He asks for Trust support, and asks that the Trustees continue to push together in the same directions. He thanks all.

CHAIR BARTON thanks the Commissioner, and asks for any questions or comments.

TRUSTEE EASLEY asks about the date for the \$5 billion projection.

COMMISSIONER STREUR replies within ten years, by the end of the next decade.

TRUSTEE EASLEY asks about the Patient-Centered Medical Home and why there is a pilot when some of the doctors are already doing it.

MR. CHRISTENSON replies that the pilot will help work through some of the sticky issues like payment reform. He adds that is really a challenge and one of the bigger things that is being looked at.

A short question-and-answer discussion ensues.

CHAIR BARTON recognizes Trustee Webb.

TRUSTEE WEBB asks about the Medicaid Reform Advisory Group and one of the initial charges of building predictability in budgeting. He urges that as the Commissioner gets into discussion with the group, to ask them to look at stability and predictability and budgeting with Medicaid, not just in terms of the Medicaid budget, but what the potential impact of the Medicaid budget is.

COMMISSIONER STREUR states that he agrees with Trustee Webb, and adds that one of the challenges in preparing the recommendation to the Governor was identifying income levels of the people, and, try as he might, he was unable to get any good income data.

CHAIR BARTON asks for any other questions, and recognizes Mr. Jessee.

MR. JESSEE states that he talked to Senator Coghill's aide about SB 62, and one of the things being created is a treatment and re-entry fund. He continues that this would be a grant program that would be administered by the Department of Corrections, and currently they do not do grants. He states that the concern raised was that there is a department that does grants in this area for treatment, support for people coming out of Corrections, and why get the Department of Corrections focused on these types of grant programs.

COMMISSIONER STREUR replies that later committees will have some opportunities to try to get that turned around.

CHAIR BARTON thanks Commissioner Streur, and states that the Trustees stand ready to help in any way they can. He recesses the meeting.

(Break.)

CHAIR BARTON reconvenes and states that Public Comment is next.

PUBLIC COMMENT

CHAIR BARTON states that the purpose of the public comment period is to allow persons the opportunity to provide information to the Trust Authority. He adds that the comment period will not be considered a hearing and cannot be used for that purpose. He continues to state the rules, and adds that there will be a three-minute limit. He begins and recognizes Karen Bitzer.

MR. HERMAN states that is not Karen Bitzer.

MS. BROGAN states that she is Sue Brogan, and is the vice president of income and health for United Way of Anchorage. She states appreciation for the Trust's continued support and partnership with Alaska 211, and gives a short update. She adds that she would be happy to answer any questions, and appreciates the time and opportunity for the update.

CHAIR BARTON states appreciation for all the hard work done in developing this program, and adds that it is a great utility to folks around the state. He asks for any comments or questions.

TRUSTEE WEBB states that there is an increase in call volume in all of the seven areas, and adds that is great utilization across the state.

CHAIR BARTON recognizes Stan DeVries

MR. DEVRIES states that he is a Trust Beneficiary and one of the success stories. He continues that he is called the Caveman and lived under the Mental Health Trust Land in a cave. He adds that it is a beautiful place, and he is making a movie called "Homeless 101," which is a story about him. He states that he has a hope of buying a piece of Trust land in Juneau because he has a job driving a truck. He leaves a copy of his proposal.

CHAIR BARTON thanks Mr. DeVries, and recognizes Donna Mong.

MS. MONG states that she is the new executive director of the Alaska Peer Support Consortium, and appreciates the chance to be here to interact with all. She states that the Consortium is in the midst of planning the training summit, and appreciates the Trust support for this year. She continues with a short update, and thanks all.

TRUSTEE EASLEY asks if she is in Anchorage or Juneau.

MS. MONG replies Anchorage.

CHAIR BARTON thanks Ms. Mong, and recognizes Rick Iannolino.

MR. IANNOLINO states that he was the Juneau FASD diagnostic clinic coordinator for ten years and is still working in the field. He states the need to develop a system in Alaska of FASD-informed practice and program, beginning with learning programs and throughout the life-span of a person; and also providers aware of the problem in terms of being trauma-informed.

TRUSTEE EASLEY asks if Mr. Iannolino would send a copy of his remarks to the Trust, because it did not come through very well.

CHAIR BARTON thanks Mr. Iannolino, and recognizes Ardyce Turner.

MS. TURNER states that she is calling from Bethel and has been very involved with the FASD issue with the health corporation for over 17 years. She continues that they are living off the road system and the only way to go to Anchorage is by air. She urges the Trustees to support individuals with FASD who have unmet needs out in the Bush. She states that approval for funding to help the people who live up north is needed. She asks that she also be considered as an advocate.

CHAIR BARTON thanks Ms. Turner.

TRUSTEE EASLEY asks for a copy of her testimony.

CHAIR BARTON asks Ms. Turner to send a copy of her remarks to the Trust.

MS. TURNER agrees, and thanks all.

CHAIR BARTON recognizes Faith Myers.

MS. MYERS states that she has also submitted written testimony, and states that the current psychiatric patient grievance law does not protect patients in crisis. She asks that the Board support the passage of House Bill 214 sponsored by Representative Pete Higgins, co-sponsored by Representative Geran Tarr and Representative Lynn Gattis. Thank you.

CHAIR BARTON thanks Faith, and recognizes Julie Neyhart.

MS. NEYHART states that she represents NAMI Juneau, and adds that Dov will speak.

MR. GARTENBERG states that he is the executive director of NAMI Juneau. He thanks the Trust for continued support of the affiliate in Juneau, and also for the encouragement for the re-emergence of a state organization, NAMI Alaska. He states that NAMI is a peer-driven organization, and works with providers to provide peer educators and facilitators for support groups and education programs on mental illness. He thanks all for the time and support.

TRUSTEE WEBB acknowledges a conflict of interest, stating that he and Ms. Neyhart shared an office in 1975. He adds that she is also a former director of what was then the Division of Mental Health and Developmental Disabilities, which would now be the Division of Behavioral Health.

CHAIR BARTON recognizes Janna Brewster, and discloses that he worked with her husband.

MS. BREWSTER states that she is the medical provider and manager of Front Street Clinic. She continues that last year SEARHC decided to withdraw funding for supporting the clinic and did agree to allow the clinic six or seven months of time to put together a board of directors and seek funding to continue the services at Front Street. She gives a short update on the services. She asks for support as they try to continue services.

CHAIR BARTON thanks Janna, stating that the clinic does a remarkable job for the community. He recognizes Jeanette Lacey Dunn.

MS. DUNN states that she is a social work case manager at Bartlett Hospital and also serves on the board of directors on the Front Street Clinic. She states that at Bartlett she works primarily with complex patients, and that a majority of her clients have a history of trauma experiences. She continues that she is trying to make sure that Juneau has access to services that are going to be supporting trauma and chemical dependency. She adds that there is a difficulty obtaining disability eligibility for the clients.

TRUSTEE WEBB asks, with the difficulty of obtaining disability eligibility for folks, is it that virtually none of them are Medicaid-eligible.

MS. DUNN replies yes. She adds that services will not be provided because the clients do not have insurance.

TRUSTEE MICHAEL asks if there is something in particular wanted.

MS. DUNN replies that funding for the Front Street Clinic would be very helpful.

TRUSTEE MICHAEL asks if an application has been submitted.

MS. DUNN replies no, but would be happy to do that.

MR. JESSEE suggests going on-line and doing a letter of interest, and then doing a full application. He states that staff will look at that business plan and see if there is a path to sustainability and might then be a good investment.

CHAIR BARTON thanks Jeannette, and recognizes David Levy.

MR. LEVY states that he is with the Alaska Mobility Coalition and takes the opportunity to thank the Trust for its support of AMC activities and community transportation around the state. He continues with a short update. He states that they will be in Juneau next month to advocate for public transportation issues around the state, and are again supporting the Governor's request for \$1 million in State match. He asks for any questions.

CHAIR BARTON asks for any questions. There being none, he thanks Mr. Levy, and recognizes Anna Attaa.

MS. ATTAA states that she would like to talk about FASD. She continues that she is on the national FASD board and the Governor's Council on Disabilities and Special Education boards. She asks if the Trustees want to help them start an FASD in Anchorage.

TRUSTEE MICHAEL asks if she could help.

MS. ATTAA replies sure.

TRUSTEE MICHAEL states that she thinks they want to start an organization that represents or includes people that have FAS.

MS. ATTAA replies yes, that is what she is asking.

TRUSTEE MICHAEL states that she understands the request, and thanks Anna for all her volunteer work over the years in helping people with disabilities speak out for themselves.

MS. ATTAA states that it is important, and thanks Trustee Michael.

CHAIR BARTON thanks both Anna and Trustee Michael. He recognizes Ed Linsell.

MR. LINSELL states that he is the dentist at the Front Street Clinic, and is also an MSW counsel. He passes around pictures of the dentures that have been made for some of the clients. He continues that these people come in and are not employed because they have no teeth or that their teeth are unacceptable. He adds that this is the closest physical example of some of the work done at Front Street which goes directly into their self-esteem. He asks for support for aspects of Front Street, and thanks all.

CHAIR BARTON thanks Ed, and recognizes Trustee Easley.

TRUSTEE EASLEY states that he does a wonderful job and a wonderful service and is appreciated. She thanks him.

CHAIR BARTON recognizes Jamie Holliday.

MS. HOLLIDAY states that she is a patient at Front Street Clinic and has received dentures. She continues that after she received her dentures she went out and got a job. She adds that Ed is amazing, and Janna has done wonders. She states that Front Street Clinic should not close, and asks the Trustees for help.

CHAIR BARTON thanks Jamie, and asks if anyone on-line would like to testify. He recognizes Jeanne Gerhardt-Cyrus.

MS. GERHARDT-CYRUS states that she is a parent, a trainer in FASD, part of the steering group for the FASD partnership, is on the Governor's Council, was a team coordinator, and is also on the steering committee that is working on developing a work group to address FASD. She urgently requests that the Trust look at services and accommodations that are needed for individuals with an FASD. She continues that she is a coordinator for developmental disabilities, which is extremely challenging. She states that there is no service home, and services and support are needed from birth on. She states the need for parental support. She adds that she would be happy to provide more information.

CHAIR BARTON thanks Jeanne, and recognizes Elizabeth Joseph.

MS. JOSEPH states that she is a parent of an adopted nine-year-old boy with FASD. She continues that she lives in a rural community and has no services at all. She adds that she works with her son every day, and would like to see more services for the rural areas.

CHAIR BARTON thanks Ms. Joseph, and asks the next person to identify herself.

MS. FITZGERALD states that her name is Mary Fitzgerald and is the clinician at the Front Street Clinic, and talks a bit more on the trauma and how their working model is so successful. She asks for some support so that that bridge can be in place, and that there will be a strong structure that will last throughout time. She appreciates the help and thanks all.

CHAIR BARTON asks for anyone else who wishes to testify. There being no one, he declares the public comment period closed. He asks for a motion.

TRUSTEE WEBB asks any people affiliated with the Front Street Clinic for some more information on how they operate.

TRUSTEE DERR states that this business model was brought forward when they came before us and received money.

MS. BREWSTER states that she was not aware of that with Front Street Clinic.

MR. WILLIAMS explains that it was through SEARHC. He continues that the grant got closed, and the Front Street Clinic is in this sort of limbo.

MS. BURKE states that a grant was provided to SEARHC to assist them in relocating the clinic, and then as the sequestration cuts came through, SEARHC went through a process to decide to close the clinic. She adds that grant has currently not been utilized.

A short discussion explaining the situation ensues.

MR. LIND states that the word from SEARHC is that the final expended amount was \$3,630, and the money not expended will be lapsing back. He adds that the amount will be \$71,370.

The discussion on operating expenses ensues.

MS. DUNN explains the process of transitioning out from SEARHC.

The discussion continues.

CHAIR BARTON states that the Front Street Clinic is a remarkable story. He asks for a motion to adjourn.

TRUSTEE DERR makes a motion to adjourn the meeting.

There being no objection, the meeting is adjourned.

(Full Board Meeting adjourned at 5:00 p.m.)