

Advisory Board on Alcoholism and Drug Abuse  
Alaska Mental Health Board

Quarterly Board Meeting Minutes  
Sitka, Alaska  
May 18 – 20, 2022

**Dually Appointed Members Present:**

Monique Andrews  
Robert Dorton

**Dually Appointed Members Absent:**

Diane Fielden – excused

**ABADA Members Present:**

Renee Schofield, Chair  
Lee Breinig  
Anthony Cravalho – Zoom  
Chase Griffith (Day 2 and 3)  
Enlow Walker – Zoom  
Kara Nelson  
Kathleen Totemoff – Zoom

**ABADA Members Absent:**

Philip Licht – excused  
Christine Robbins – excused  
Katholyn Runnels – excused

**AMHB Members Present:**

Brenda Moore, Acting Chair  
William Cook – Zoom  
Karen Malcom-Smith  
Tonie Protzman  
Charlene Tautfest – Zoom  
James Savage  
Kurt Hoenack

**AMHB Members Absent:**

Sharon Clark, Chair – excused  
Tanya Hicks – excused

**Ex-Officio Members:**

Tracy Dompeling – Zoom  
Gennifer Moreau-Johnson – excused  
Carrie Collins  
Duane Mayes – excused – (intermittent)  
Adam Rutherford – excused  
D.C. Albert Wall – excused  
Sharon Fishel – (Day 1 – 2)

**Staff:**

Bev Schoonover, Executive Director  
Teri Tibbett, Advocacy Coordinator  
Jennifer Weisshaupt, Planner II  
Stephanie Hopkins, Health Planner II  
Kevin Holian, Administrative Assistant II  
Val Cooday, Statistical Technician I

Wednesday, May 18, 2022

CALL TO ORDER – 9:00 a.m.

Chair Renee Schofield and Acting Chair Brenda Moore welcomed the Board members to the meeting. The mission statement was read, the lands were acknowledged, and Board members introduced themselves and disclosed conflicts of interest as follows:

**ETHICS DISCLOSURES**

- |                                 |  |
|---------------------------------|--|
| <b><u>Kathleen Totemoff</u></b> | President of Kenai Peninsula Re-Entry Coalition and MAT project director for Ninilchik Traditional Council.  |
| <b><u>Brenda Moore</u></b>      | Member of the Christian Health Associates, which received state grants and also Medicaid reimbursement.  |
| <b><u>Tonie Protzman</u></b>    | Employed by Christian Health Associates, which receives Medicaid and Medicare; executive director for the National Association of Social Workers.  |
| <b><u>James Savage</u></b>      | Co-chair for the Mat-Su Opioid Task Force; vice-president of Mat-Su Alano Club; employed by True North Recovery as director of operations which receives Medicaid funds and state grants.    |
| <b><u>Charlene Tautfest</u></b> | On a health care center board that bills Medicaid.   |
| <b><u>Lee Breinig</u></b>       | Voting shareholder of Sealaska Corporation and Kavilco Incorporated; does training and contract work for Ionia, which receives funding from the Trust and the Division of Behavioral Health. |
| <b><u>Robert Dorton</u></b>     | Employed by Fairbanks Native Association, which bills Medicaid.  |
| <b><u>Kurt Hoenack</u></b>      | Board member of Mat-Su Housing, which takes federal and private grants.  |
| <b><u>Kara Nelson</u></b>       | Works for True North Recovery, which receives Medicaid and state grants; tri-chair of the Re-entry Coalition of the Mat-Su Valley.   |
| <b><u>William Cook</u></b>      | Settled traumatic brain injury cases for people receiving Medicaid or Denali KidCare   |

The other members of the Boards had no conflicts to declare.

COMMUNITY WELCOME

Chair Schofield introduced Woody Widmark, the chairman of the Sitka Tribal Council as well as Steven Eisenbeiz, the mayor of the City of Sitka.

Mr. Widmark thanked the group for coming to Sitka and stated that he had been the chair of Sitka Tribe of Alaska for over 20 years. He is a board member of the Southeast Alaska Regional Health Consortium (SEARHC) and is pleased to see that SEARHC as well as the tribal court is on the agenda. He reported that the City of Sitka and the Sitka Tribe have a memorandum of understanding. He has been meeting with the Sitka mayor twice a year, and the tribal staff and city staff meet monthly. He said Sitka was unique in that the two governments recognize each other and work together.

Steven Eisenbeiz, the mayor of the City and Borough of Sitka, thanked the board for inviting him to the meeting. He acknowledged that some of the issues the board deals with are massive. Drugs and alcohol and mental health issues are in the schools and the communities, and perhaps people in need can be helped to avoid drugs and better cope with daily living. He thinks a lot of progress can be made in the treatment of drug and alcohol addiction and mental health issues.

He hoped that the group has a good time in Sitka as the restaurants and late-night activities are all open and Sitka is a welcoming town.

### **APPROVAL OF THE AGENDA AND PREVIOUS MEETING MINUTES**

Lee Breinig **MOVED** to approve the minutes from the February 2022 meeting as presented, **SECONDED** by Monique Andrews. Hearing no objection, the motion **PASSED**.

Lee Breinig **MOVED** to approve the agenda as presented, **SECONDED** by Tonie Protzman. Hearing no objection, the motion **PASSED**.

### **PUBLIC SAFETY PANEL**

Panel moderator Teri Tibbett introduced the following panel members, and each gave a brief biographical sketch:

- Jeanette Hitt – Probation officer with the Division of Juvenile Justice (DJJ)
- Craig Warren – Chief of the Sitka Fire Department (SFD)
- Judge Jude Pate – Superior Court Judge, First Judicial District in Sitka (SCJ)
- Judge Nancy Douglas – Sitka Tribe for Alaska Healing and Wellness Court (Tribal Judge)
- Robert Baty – Chief, Sitka Police Department (SPD)

***In terms of your professional life, how do you interact with people with mental illness and substance use disorders?***

- SPD – Significantly reducing the number of jail days for mental health reasons has been a meaningful accomplishment in the last few years. A lot of emphasis is placed on getting these people to a place that can help rather than spending time in jail.

- Tribal Judge – The Sitka Tribes of Alaska Healing to Wellness Court is grounded in tribal cultural views and understandings and is a restorative justice program for nonviolent crimes. The Wellness Court works with Judge Pate, the state courts, SEARHC, state prosecutor and public defender, a culture bearer, and court coordinator.
- SCJ – Most of his cases involve some sort of substance abuse and co-occurring mental health issues. The most important thing to be done and the most challenging is making a human connection to create a bond. Sitka does not have an evaluation facility for the Title 47 people and does not have the resources of a larger city.
- SFD – Opiate cases where Narcan is required occurs about three times a year. Mental health problems occur a few times a month, but alcohol cases happen daily.
- DJJ – All of their referrals come from SPD, and they take trauma-informed approaches to the work, doing initial screens and assessments to address mental health issues and substance abuse problems in adolescents. Sometimes when a juvenile is detained and is a risk to safety of self or others, they are moved to the Johnson Youth Center in Juneau.

***What are some of the barriers in Sitka that you see for addressing the issues and hitting these topics?***

- SPD – The lack of a mental health facility is the biggest barrier. Not having one is problematic for the population, the people who are in need, and the providers.
- Tribal Judge – With no residential treatment facilities in Sitka, agencies need to work together to figure out how to provide a facility to create a place for people to heal. Also, a methadone treatment center for heroin addiction is needed.
- SCJ – A cultural barrier exists in the current adversarial court system that does not lend itself to creating a meaningful human connection. A Title 47 holding facility is needed, and perhaps one can be included in the new hospital that is being built.
- SFD – The biggest barrier is the long wait times before people are evaluated to be able to start moving them toward what they need.
- DJJ – Make sure that access to services is affordable and available to everyone. Follow through to make sure that people are getting their services effectively. After discharge from a facility, kids need a step-down plan.

***What are your suggestions for solutions? If you could wave a magic wand, or in a more realistic sense, if you could see some action happen, what would that be for solving the problem?***

- SPD – Need to start looking at providing smaller facilities in regional areas instead of one large facility in a city. The state should be partnering with SEARHC to provide a facility. For a small city with limited resources, a multi-disciplinary team approach is idealistic and probably is not a solution.
- Tribal Judge – Need to work collaboratively with SEARHC and with Sitka Tribes to create a healing center to help with alcoholism and mental illness.
- SCJ – One of the solutions is the Healing to Wellness Court. Try to get the person evaluated as soon after arrest as possible and make it easier to get someone evaluated while in custody.

- SFD – A detox facility and sleep-off facility are needed. Need to partner with SEARHC to have some dedicated space in their new facility and have mental health clinicians available 24/7.
- DJJ – Always looking for less restrictive options for kids. There should be a local emergency shelter for kids. Many times kids need step-down services instead of just dropping them back into the community. Need to overcome the stigmas involved with substance abuse or mental health issues.

***What is the main type of alcohol that is being abused?***

- SFD – It is usually the least expensive hard alcohol.
- SPD – Anything that is available.

***Is it alcohol that is the problem or alcohol-related substances like mouthwash or hand sanitizer?***

- SFD – Other than the youth, it's alcohol. Some of the youth are using mouthwash and hand sanitizer.
- SPD – Sitka does not have a problem with mouthwash and other products that contain alcohol. The person who has a chronic alcohol problem will get the cheapest alcohol available.

***Is it correct to say that evaluations are a barrier when people are going to the ER and when someone has been arrested and going through the judicial process?***

- SCJ – Yes. The Title 47 mental health evaluation is delayed because there is not an evaluation facility in Sitka. After someone has been arrested, there are barriers to evaluation at that point also.

***Are people required to be held at the ER until they can get a Title 47 evaluation and be placed in the community or released to go home or with someone that can keep them safe?***

- SCJ – Yes, if they meet the Title 47 criteria, they will be held until they reach an evaluation facility, sometimes seven or eight days later.
- DJJ – When juveniles are in need of a mental health assessment and they are transferred to the Johnson Youth Center, the evaluation will take place there.

***Are there clinicians at the hospital that can provide the evaluations?***

- SCJ – No. They don't have the certification, the personnel, or a holding facility.

***Are there local clinicians that are able to take referrals in order to do that evaluation?***

- SCJ – There are licensed clinicians, but they cannot perform the evaluations with the facilities and structure that is in Sitka.

- DJJ – Sitka Counseling will go to the hospital and do risk assessments.

***Have you been able to utilize telehealth in any of the situations where the barriers and lack of services are a concern?***

- SFD – This question would best be answered by the hospital, and SEARHC representatives are on the agenda for tomorrow.
- SCJ – Telehealth is not permitted by regulation for performing in-custody drug and alcohol assessments.

***How is anyone using telehealth in the community or how could anyone foresee telehealth solving some of the issues that have been relayed to us today?***

- SCJ – The Title 47 evaluation cannot happen by telehealth. It can be used as an additional tool, but it cannot be used for in-custody drug and alcohol evaluations.

***What are some ideas for increasing partnerships between law enforcement, treatment providers, and re-entry coalitions to help people access care and maintain their recoveries once they go back to their communities?***

- SPD – It would be a big help to have Title 47 working groups in order to discuss and resolve issues between different agencies.
- SCJ – There is a group that meets quarterly made up of the court system, police department, medical staff from SEARHC, Sitka Counseling, and Clinic 2 from the hospital. Title 47 statutes do not address the introduction and connection with services for people coming out of Title 47 facilities.

***How can we as a state partner with Sitka and all of you to have those resources until you get them physically here? How is your recovery community in Sitka? Are they involved in any way with peer support to be involved in both the justice system as well as their treatment, whether that's SUD or mental health? What are the qualifications to be in the Healing to Wellness Court?***

- SCJ – The criteria are that someone has been certified to have a certain level of substance abuse issues and has a criminal charge, and the multidisciplinary team agrees to admit that person to the program. Sitka Counseling is going to be giving up the PES contract which will be a bit hit to Title 47, but they will still be a part of providing services in Sitka.
- Tribal Judge – The program requires a one-year commitment, and that commitment will contribute to the success of the program. The tribal elders attend the Friday meetings to work with the team in healing the person, and the tribal community services officer does home visits.
- DJJ – There should be a graduated response to minor consuming cases as there was long ago, so the kids are not in such bad shape by the time they get to DJJ. DJJ recognizes the

problems the kids are having and takes measures to divert the cases, to hold them in abeyance or take less informal measures to help them.

- Bobby Dorton – A lot of success in Fairbanks has been through peer support services, and he encouraged the members to reach out to Sitka prevention to ask about that. Peer support is when someone who has a lived experience with incarceration, mental health, or substance abuse themselves work with people with those issues.

***Is there a wellness coalition in Sitka? Is there a substance abuse task force? Have you engaged the business community through the Chamber of Commerce?***

- SFD – The fire department has not worked with the Chamber of Commerce. SFD usually deals with people who are having a crisis at the time.
- SPD – The city has a health and social needs committee, which has addressed homelessness recently.
- Tribal Judge – Sitka Tribes of Alaska has a health committee that meets once a month.

## EX OFFICIO UPDATES

### **Division of Juvenile Justice – Director Tracy Dompeling**

- Tracy Dompeling reported that they have been looking at specialized programming for intensive youth substance abuse. A lot of their staff has been certified in substance abuse counseling, and they have established a neurobehavioral unit for lower functioning youth that are at Bethel Youth Facility. They have worked a lot with the Oregon Youth Authority, which has helped with training for staff at both Bethel and Fairbanks Youth Facilities.
- They are also looking at improving their services on the secure treatment unit for violent offenders, and they were helped with that by attending a meeting in Gaines, Texas of the capital offender's group. McLaughlin Youth Center is working on getting the secure treatment unit up and running.
- The University of Alaska Anchorage Justice Information Center is doing a validation study for youth risk assessment to ascertain if this tool is working for their population to predict re-offense. Everything so far indicates that the tool accurately measures that. The Division will be working on some of the recommendations of that moving forward.
- The Fairbanks Youth Facility received capital project funding for FY '22 for a remodel, a project long overdue. It will happen in two phases, and the first will be the detention unit. This facility is the backup for neurobehavior youth, and they are looking forward to installing some different types of environmental aspects that Oregon Youth Authority had that worked well for kids with trauma and different types of mental illness.
- Heidi Redick is retiring after 30 years in the Division. The new deputy director of operations will be Kira Bishop, a 21-year employee of the Division who has facility and probation experience, and she will be a great asset to the Division.

- Ms. Dompeling is leaving the Division next month to take a position with Bartlett Regional Hospital as chief behavioral health officer. Shannon Dilley will be the acting director until a new director is chosen.

### **Division of Vocational Rehabilitation – Director Duane Mayes**

- A strategic think tank meeting is scheduled for Thursday and Friday with the commissioner, assistant commissioner, and deputy commissioners.
- The Alaska Work Matters Task Force meets quarterly and has prepared 26 pages of recommendations regarding Alaskans with disabilities to bring to relevant commissioners, Education, Labor, and Health and Social Services, and the Governor.
- The MAAST program, Mature Alaskans Seeking Skills Training program, is moving from the Division of Employment and Training to the Division of Vocational Rehabilitation.
- There are a lot of at-risk youth exiting out of the educational system within the foster care world with nowhere to go, and many of them have a diagnosed disability. The At-Risk Youth Initiative spurred the creation of three new positions and created a unit in the Department of Labor to address these problems.

### **Department of Education and Early Development – Sharon Fishel**

- Ms. Fishel has been with the Department 19 1/2 years. She worked in special education but has worked in school health and safety for the past 12 years.
- Priority 5 of Alaska’s Education Challenge is to improve the safety and well-being of students through school partnerships with families, communities, and tribes, and that is what her team focuses on.
- The three main recommendations are to improve reading scores, cultivate safety and well-being, and support responsible and reflective learners.
- For safety and well-being, the first recommendation is transforming school climate; second, building trauma-engaged schools; and third, increasing access to student health through counselors, nurses, and school social workers.
- Adverse Childhood Experiences (ACEs) come in different forms: household, community, and environmental. All have a detrimental effect on mental health. The majority of children in Alaska have experienced at least one ACE.
- The booklet *Transforming Schools: A Framework for Trauma-Engaged Practice in Alaska* was distributed and discussed. This booklet gained national recognition, and the American Institutes of Research listed this booklet as a case study.
- The Positive Behavior Interventions and Supports program is being restarted to expose school teams to a behavioral framework that will support growth in positive behavior and school culture. They are starting with 17 schools, all in the lowest 5 percent performing schools.
- To bring everything together, they use a multi-tiered system and responses to intervention, such as academic interventions and behavior interventions while doing trauma-engaged practices and using trauma-engaged values.



- Project AWARE is in its second year assisting to improve mental health by growing mental health literacy, reducing mental health stigma, strengthening early identification and intervention for students' mental health conditions as well as providing more robust services for students who are experiencing severe mental health issues. There are eight counselors or clinicians or social workers placed in nine schools.
- The department also has an Alaska Trauma Recovery demonstration grant, a five-year \$5 million grant to expand delivery of mental health services to students who have experienced trauma and are struggling in school. Eight schools in Fairbanks are benefiting from this grant.
- The Behavioral Health in Schools Collaboration project involves the Alaska Mental Health Trust Authority and the Stellar Group that interviewed 31 of Alaska's school districts regarding mental health concerns, supportive school climates, mental health resources, impacts, barriers, and challenges.
- The Suicide Prevention Council gives the department \$400,000 a year to do suicide prevention programming.
- The Alaska Alternative Schools Coalition is working to reduce students' relational poverty.
- An online E-Learning program serves more than 31,000 school employees at no cost, and the curriculum now includes 13 trauma courses. Anyone can take these courses, and Sharon Fishel provided a list of courses she thought would interest this group.
- COVID response in schools includes weekly school health trainings and updates on mitigation strategies.
- Ms. Fishel urged everyone to thank a teacher noting that during the last two years they had to switch from in person to online and back several times.

### **Alaska Housing Finance Corporation – Carrie Collins**

- AHFC serves approximate 13,000 individuals every night, which is about 7,500 families. Of those, 1,100 are either homeless or have disabilities or other special needs.
- AHFC administers vouchers in partnership with the Department of Health and Social Services, Division of Behavioral Health for disabled families transitioning from homelessness or institutional settings. Currently they have 225 vouchers, and recently were awarded 194 additional vouchers for households experiencing homelessness.
- Through the COVID pandemic, AHFC administered the Rental Relief Program for the state assisting 66,000 individuals with rental relief and utility assistance.
- A new stabilization program, with fewer barriers than other federally restricted programs, provides about three months of funding and then 12 months of rental assistance.
- Some of the unit inspections for public housing are being accomplished electronically rather than having individuals go into the units, which was necessary during COVID. There is also a new electronic briefing program that will be operable in a month or two, so people receiving a new voucher do not have to come into an AHFC office to learn about their voucher.

## BOARD MEMBER INTRODUCTIONS

Board members introduced themselves and shared their reasons for being on the board.

## BOARD BUSINESS

### *AMHB / ABADA Roles and Responsibilities – Denali Daniels*

Denali Daniels introduced herself and described her background and experience and gave a presentation on ABADA roles and responsibilities.

There are three types of boards: for-profit, nonprofit, and public.

- There are many types of nonprofits, including charitable, civic, labor, agricultural, business leagues, Chambers of Commerce, and real estate boards.
  - Common nonprofit board functions include carrying out the mission; supervising the executive; having fiduciary and legal responsibilities; and fundraising.
- Public boards can be licensing, regulatory, adjudicatory, quasi-independent state agencies, advisory, fiduciary, federal, and interstate compacts.
- ABADA is an advisory public board and its duties include the following:
  - planning
  - advocate with and for Alaskans with mental health and substance misuse concerns
  - advocate to and advise policymakers
  - recommendations to DBH on SAMHSA MH/SUD block grant
  - and recommendations to AMHTA.
- The statutes require AMHB to prepare and maintain a comprehensive plan of treatment and rehabilitation services and require ABADA to prepare and maintain a comprehensive plan of services for the prevention and treatment of alcohol, drug, and other substance abuse for beneficiaries.
- The statutes also require AMHB to advocate the needs of persons with mental disorders and advise the Governor, the AMHTA, and other state agencies in matters affecting persons with mental disorders. As to alcoholism or drug abuse, ABADA is required to advise the legislature, the Governor, and state agencies regarding special problems affecting mental health, educational research and public informational activities, social problems that affect rehabilitation, legal processes that affect the treatment and rehabilitation, development of programs of prevention, treatment, and rehabilitation, and evaluation of effectiveness of programs in the state.
- Both AMHB and ABADA are required to provide to the Alaska Mental Health Trust Authority, for its review and consideration, recommendations concerning the Comprehensive Integrated Mental Health Program for beneficiaries and the use of money in the Mental Health Trust settlement income account. AMHB is also required to submit periodic reports regarding its planning, evaluation, advocacy, and other activities.

- The bylaws are created by the Boards and are the rules of engagement on implementing the statutory requirements. They set out the officers and their duties and also provide that the boards hold joint meetings quarterly, abide by the Open Meetings Act, can hold executive sessions, and follow Robert’s Rules of Order.
- The Executive Committee is the chair, chair-elect, secretary, and at-large officer. They meet monthly and, among other things, are authorized to act on behalf of the Board between meetings when necessary.
- The Advocacy Committee is made up of three members from both AMHB and ABADA, and it recommends actions to the Executive Committee and the Boards and develops strategies for legislative activities.
- The Nominating Committee consists of the at-large members of each board plus two other board members appointed by the chair and meets prior to the October meeting to develop the slate for the Executive Committee.
- The executive director is responsible for staffing, planning, organizing, coordinating, and directing all activities necessary to assure fulfillment of the power, duties, and purpose of the board. Bev Schoonover is executive director of ABADA, AMHB, and Statewide Suicide Prevention Council (SSPC). The SSPC is a great need in the state, and Bev feels more time needs to be spent overseeing the council. She shared the challenges of only one executive director overseeing all three entities and the need for future planning to ensure all three get the attention they need.

## **RECESS**

Hearing no objection, the meeting recessed at 4:33 p.m.

Thursday, May 19, 2022

CALL TO ORDER – 9:00 a.m.

Acting Chair Brenda Moore welcomed Board members to the meeting and introductions were made.

## STATE OF ALASKA UPDATES

### **Department of Health and Social Services – Commissioner Adam Crum**

- The crisis stabilization bill passed, which will allow mobile health crisis teams to help individuals. It was a long process with over 20 hearings and many documents created but was almost unanimous in both bodies.
- As of July 1st, the Department of Health and Social Services will be divided into two departments. The Department of Health will have the Public Health, Public Assistance,

and Medicaid divisions. The Department of Family and Community Services will house the facility-based services, the Division of Juvenile Justice, Alaska Psychiatric Institute, Pioneer Home, and Office of Children's Services.

- The Department of Family and Community Services will continue to work to decrease family trauma and keep families together without being pulled into the Medicaid conversation.
- Assistant and deputy commissioners have been hired for each department who will manage grants and contracts and other financial matters.
- The divisional leadership, the Department of Law, and others will meet in Juneau soon to finalize data-sharing agreements. Many smaller tasks are also being accomplished in the interim such as changing travel cards to reflect new department numbers.
- There is a transition liaison for each department. Christine Marasign will serve the Department of Health, and Chrissy Vogeley will be in the Department of Family and Community Services.
- Governor Dunleavy will name the new commissioner for the Department of Family and Community Services, and Commissioner Crum will continue at the Department of Health.
- For updates on the reorganization, go to <https://www.reorg.DHSS.Alaska.gov>.

### **Division of Public Health – Director Heidi Hedberg**

Heidi Hedberg thanked the board for the invitation to provide an update on the opioid settlement. She has been attending monthly meetings of Governor's Advisory Council on Opioid Remediation and reported that there are multiple opioid settlements, but two are in bankruptcy court, Purdue Pharma and Mallinckrodt. These require a different process in order to receive funding.

The settlement agreement for distributors Cardinal McKesson and AmerisourceBergen and the manufacturer Johnson & Johnson was agreed upon. Nine sub-political regions, each with a population of more than 10,000, will be receiving funds from the settlement. Alaska's sub-political regions are scheduled to receive settlement funds in June and July.

The settlement for the state is on a different timeline. The 13 members of the Governor's Advisory Council on Opioid Remediation are from local and state governments. The council was formed to provide recommendations on how to leverage the anticipated funds to address gaps in the system. The June and July meetings will be devoted to digesting the information gathered in the last six months and finalizing recommendations, which will then be incorporated into a report for the August meeting. In September the report will be open to a 30-day public comment period, and it is anticipated that the completed report will be forwarded to the Governor in November.

The settlement agreement is about 500 pages and provides for 17 annual payments. The recommendations for expenditures include medication-assisted treatment, screening treatment for pregnancy and postpartum women and then treatment for those infants and women, peer mentoring, treatment for incarcerated persons, prevention programs, and treatment for opioid use disorder.

Kara Nelson suggested that a person with lived experience serve on the council. Ms. Hedberg agreed and said that each council meeting either opens or closes with testimony from someone with life experience. Lee Breinig asked how someone with lived experience would provide testimony. Ms. Hedberg stated that he should e-mail Theresa Welton who will be speaking shortly.

### **Office of Substance Misuse and Addiction Prevention (OSMAP) – Theresa Welton**

OSMAP’s mission is to promote and protect the health and well-being of Alaskans. OSMAP concentrates on opioids, cannabis education and awareness, and prenatal alcohol exposure and fetal alcohol spectrum.

Alaskans have been working on issues related to prenatal alcohol exposure for nearly 40 years, and in 2017 the Governor’s Council on Disabilities and Special Education convened a workgroup to develop a strategic plan for FASD. OSMAP has become partners with organizations that are addressing FASD, such as All Alaska Pediatric Partnership and Alaska Psychological Association. Public partners include Holistic Defense Project of the Public Defender Agency and FASD Parent Navigation services of the Division of Public Health.

For cannabis awareness and education, OSMAP is funding some after-school programs because all of the young people in Alaska should have protective factors like safe, fun places to be outside of school with support from adults who care about them. After-school programs are proven to provide critical protective factors for youth.

The Youth Risk Behavior Study data from 2019 shows that roughly half of Alaskan youth report at least one external support, and those youth with additional supports report less marijuana use. OSMAP is funding programs in over 50 villages and cities across Alaska.

Substance use does not happen in isolation for Alaskan youth. For instance, the data show that three out of four youth who report current use of marijuana were also using alcohol, vapes, cigarettes, or prescription drugs.

Overdose death rates continue to increase in Alaska as well as the nation. Fentanyl is involved in almost three-quarters of opioid overdose deaths, and it is found in methamphetamines, heroin, and in pressed pills that are being illicitly manufactured. Recently, working with the UA Alaska Training Cooperative, over 500 people attended Mental Health First Aid training, and 125 were certified as officers of Mental Health First Aid.

The City of Fairbanks and Anchorage Fire Departments were awarded continuation grants to continue their integration of behavioral health into the emergency response to those who are at high risk of overdose. Fairbanks paired with The Bridge and has diverted over 80 percent of crisis calls from the police and/or emergency. Mental health services doubled in the last quarter and successful mental health engagements increased by 30 percent.

OSMAP supports the OpenBeds platform that provides real-time availability for inpatient beds, assessment, medication-assisted treatment options, and social resources. There are 56 treatment providers enrolled with many more referring agencies to connect people to treatment.

They will be updating the State of Alaska Opioid Action Plan that expires at the end of this year, and it will be designed to be more of a polysubstance use action plan to include not just opioids but also methamphetamines, benzodiazepines, and alcohol. They will be doing that with Community Cafes, which are based on talking circles and aligned with the World Cafe Model. Project Hope is a program with more than 100 partners across the state that distribute Narcan kits and other supplies and materials, such as test strips, posters, booklets, and stickers.

To combat overdose surges in certain geographic areas, they are implementing an overdose surge plan and creating the Prescription Drug Overdose Advisory Committee to give strategic direction on integration of naloxone and other overdose death prevention supplies. There is also a national initiative for an overdose response strategy to share data and analysis to better predict when overdose surges might occur.

Lee Breinig commented that the increased focus on stopping overprescribing of pain medications led to increased overdose deaths mainly due to fentanyl, and he asked what was being done to work with federal partners to approach the problem in a way other than a militant crackdown. Ms. Welton replied that they do have a pain clinic closure plan to help support those patients who depend on opioids for chronic pain, but she pointed out that OSMAP is not Public Safety and they do not do police work. They provide awareness and education and alternative sources for people to meet their pain management issues.

#### **Division of Behavioral Health (DBH) – Farina Brown**

DBH has been working through the process of renewing the 1115 waiver, which is set to expire in December 2023. It is a five-year waiver, and the renewal application is due December 30th of this year. Stakeholder meetings are scheduled regarding the new services that were included in the waiver to help assess what new services should be rolled into the new 1115 waiver. A midpoint evaluation will be available on the CMS website after June 30th.

Data reports have been sent to different stakeholder groups, and Ms. Brown will make those available to this group. They are reviewing the current data to try to see where system gaps are continuing to occur. That is difficult because of the pandemic which caused agencies to stop and rethink strategically about how to not only keep their doors open but also to expand their services based on the behavioral health crisis that ensued from the pandemic.

#### **Alaska Mental Health Trust Authority – Eric Boyer**

House Bill 172 regarding crisis residential centers has passed and been sent to the Governor's desk. That passage will help with workforce not only in the health care industry but also in law enforcement and emergency medical service providers.

The 24/7 mobile crisis teams in Fairbanks are saving the City of Fairbanks personnel from responding to those behavioral health calls and going to the emergency department several times each day. Also helping is the policy change that will allow law enforcement and health care officials to take someone to a less restrictive 23-hour stabilization care facility.

One of the primary vehicles used in workforce development is the SHARP program, which provides student loan repayment through the Division of Public Health. In a partnership with Alaska Psychiatric Institute (API), the student loans of six practitioners in the hospital will be paid if they stay through the period of a three-year contract.

## BEHAVIORAL HEALTH CONTINUUM OF CARE COMMUNITY PANEL

Panel moderator Bev Schoonover introduced the following panel members, and each gave a brief biographical sketch:

- Theresa Shelley – Behavioral Health Program Manager, SEARHC (TS)
- Lisa Hodges – Developmental Specialist, Center for Community Early Learning Program (LH)
- Marita Bailey – Clinical Director, Sitka Counseling and Prevention (MB)
- Amy Zanuzoski – Executive Director, Sitka Counseling and Prevention Services (AZ)
- Lila Vest – Clinical Director, Youth Advocates of Sitka (LV)

***What is working well in Sitka for behavioral health services and supports? Alternatively, what are the barriers for Sitka residents who need health and substance misuse services?***

- LV – Everyone on this panel has open communication with each other, and we collaborate on treatment plans and working with families.
- LH – We are working with Sitka Counseling on a Circle of Security Parenting Program which reflects on parenting skills and strengthening the relationship with the child so they have a secure base from early childhood. They are able to serve at-risk children, those that are less than 50 percent delayed in development whether from biological or environmental risk factors.
- TS – In conjunction with the University of Washington, they have access to perinatal psychiatry specialists, and seven of their behavioral health clinicians provide perinatal-specific behavioral health and SUD services. They also have an adolescent recovery program, have recently increased capacity from 12 beds to a 24-bed facility, and will take admissions from all over Alaska. The Mt. Edgecumbe High School program serves 25 to 30 students each year by clinicians and support staff, and the Pioneer Homes program treats elders in their own environments.
- MB – The partnerships and collaborative relationships are a backbone for better support for their clients. They offer clinical intervention services for the 0 to 3 populations in

partner with Center for Community and the early learning program. They also have highly trained staff that are developing specialty and expertise areas in the continuum of care.

- AZ – Despite being short staffed, they have been able to provide services or access within 14 days.

***Please talk about barriers, things your agency or the community needs as a whole for behavioral health services.***

- TS – Housing is a huge issue. It is not unusual for mental health or SUD crises to develop in the homeless population, and there is not a secure place for them to go. In July 2019 right before the pandemic, the board gave approval to open a housing program that was coupled with the outpatient SUD program that has provided up to ten beds for use during outpatient treatment.
- AZ – One of the challenges is informing the public how to access mental health and substance abuse services. Also, Youth Risk Behavior Surveys are not available as in larger communities, so information on what services are needed is not readily available, which is necessary in order to focus their efforts appropriately.
- MB – Access to psychiatric hospitalization for both youth and adults has been a huge challenge. Sometimes the patient has to wait in the hospital up to a month for transfer to an appropriate facility. Allowing licensed professional counselors to bill Medicaid would be a huge benefit. Sometimes a client begins services with an LPC and then is disrupted when they have to change providers. They also need access to local psychologists who are capable of billing Medicaid. Access to a local 3.5 level of care for residential SUD services would be helpful. All referrals now for level 3.5 is out of town.
- LH – Focusing on infant / parent mental health early on can prevent issues later. Many families are feeling isolated because of the pandemic, and the families with babies born during the pandemic, especially at the beginning, are feeling isolated and need help with parenting during this stressful time.
- MB – They have had to maintain a wait list for children, especially the SED population because they could be in services for two years or longer, and there are fewer treatment slots available for that time frame.
- TS – In July of last year, their board approved a significant expansion of behavioral health services, and they have several providers who specialize in working with children and families. Medicaid authorizes only ten service units at a time, and they would support increasing that to 30.
- LV – Availability of trained staff is a national problem, but in Sitka it is significant because of the housing shortage.

***Do you think Sitka needs more mental health crisis services, and what would that look like? What would really assist the population you serve if those were available here?***

- MB – A Crisis Now model of services would be valuable. A combination of mobile crisis response as well as stabilization beds in a stand-alone facility would be vital in helping



someone stay local. Many times they lose individuals in the transition from the psychiatric unit back to the community.

- TS – Transportation costs to the regional hospital in Juneau have increased. Whatever they can do to increase access to crisis services in the community also needs to include a very strong SUD component.
- AZ – They have a Title 47 workgroup meeting quarterly with SEARHC, judges, and police trying to integrate care so clients do not get lost on their way home. Part of the problem is staffing, especially when someone is new, and the training period is long.
- LH – She is working on families with young children therapeutic court, which tries to get the judge involved to oversee the cases where children get taken into care by the state. A project coordinator would support the family in getting SUD, psychotherapy, and child care right away and then work toward getting the children back or with another family.
- LV – The need for crisis stabilization beds in Sitka is huge. While waiting for up to 30 days for the next steps, many times patients are sent to the Lower 48, and it is costly and inconvenient getting them back. Youth Advocates of Sitka runs Hansen House, a residential treatment program for ages 10 to 18. The goal is to keep youth in Alaska.

***What are the key takeaways you want our advisory boards to know and understand about Sitka and the work that you do?***

- MB – Mental health needs are endless, especially the need for SUD services. The clinical staff at SEARHC has doubled, and program offerings have tripled. For instance, in 2019 ten group services a week were offered, and now they are offering 25 groups a week including weekends. Housing is probably the primary barrier, second is staff shortages.
- AZ – Their efforts trying to prevent having the need for mental health and substance abuse services later on in life include a variety of activities, including an inventor club in the middle school trying to engage the youth, National Drug Take-Back Day twice a year, offering Narcan kits, Red Ribbon Week, a Walk for Recovery in September, Girls on the Run, and Boys Run community. Also, their 3.1 residential facility is important because it's where the clients are able to transition back to the community.
- LV – Youth Advocates of Sitka have a teen center called The Cloud that has activities including a healthy relationship curriculum. They have a house and an apartment with five rooms to house youth ages 16 to 23 that provides a personal navigator to help with skills they may not have learned before. The need for therapeutic foster care parents is ongoing, with the number of referrals far outnumbering the homes available.
- LH – She would love to see Alaska learn more about infant/parent mental health.
- TS – There is an additional requirement to report sexual abuse of minors to law enforcement, even if it is not a current event, if the person is still a minor. The law enforcement agencies in Southeast are not trained in sexual assault conversations, and that can be disempowering and traumatizing for the individual.

***Could you talk about direct service providers, and do you have plans to hire more?***

- AZ – Peer support and lived experience are invaluable.

- LH – The knowledge and power and connection that they could have with the youth, specifically in the residential setting, would be invaluable.

***Regarding the opioid and fentanyl problem here, could you talk about the number of overdoses and the trafficking of fentanyl from the Marine Highway?***

- MB – Anecdotally, at least 30 percent of clients in the residential treatment program have a primary opioid use disorder. Certain times of the year the percentage is much higher, and other times of the year it is not the primary substance that is treated in house.
- TS – They have been focusing on the opioid epidemic with help from the tribal opioid grants with SAMHSA. Five years of data showed progress in prevention, intervention, and ongoing recovery, but the pandemic erased that progress and shows that they have gone backwards. Every fentanyl test strip used to analyze substances that have come into the community in the last six months have tested positive. Fentanyl is deadly, and it takes a very small amount to result in an overdose.

***Have the EPSDT exams for Medicaid worked well in recent years to identify and get infants and toddlers into treatment?***

- LH – The doctors usually do some sort of screening with the Ages & Stages tool, and if there is an identified problem, they can be referred to us.

***Are there things that you're doing with the Chamber or with employers that we should hear about?***

- TS – The stigma when someone is active in their addiction is that they are homeless or causing public disturbances, but most of these people are employed and in their lives. During the pandemic, recovery meetings did not happen except for virtual meetings, and Internet access is a big problem in the region.

## BOARD BUSINESS, Continued

### *Site Visit Report Out*

**Pacific High School:**

- The community garden project has expanded into another field, and they have funding for a greenhouse.
- They will be growing food for the school lunch program.
- Lots of enthusiasm from staff and some of the students we met.
- Students were very informative and shared a lot with us.
- They were like a big family – it was great.
- They have a lot of outdoor recreation.

- The students seemed really engaged and felt included and seemed like a good fit.
- They embrace restorative practices and circle work.
- This is a school of choice – the kids were not sent here.

Raven’s Way:

- They have five phases of treatment in 70 days.
- They practice cultural traditional activities.
- They wear a special robe for their graduation.
- The kids are really immersed in their recovery.
- Looks like a solid program overall.
- They have adapted the program to the 1115 waiver.

Sitkans Against Family Violence (SAFV) Shelter:

- They have a great setup, but there is not a lot of collaboration.
- Clean and nice, and there is a playground in the back.

Sitka Jail:

- Very nice and very informative employee. Interesting tour.
- Medical care is scarce at the jail.
- It is a challenge to get people into treatment.

Sitka Counseling Adult Substance Use Disorder Residential:

- It was a lovely tour.
- The employees are passionate about what they do.
- They are lacking in peer support.
- Staffing is an issue.
- There are barriers in identifying peers in the community.
- Felt like they had a pretty good separation between clinical and lived experience roles.
- Recently hired two peers.

SEARHC Adult Substance Use Disorder Lodging:

- It’s a nice place; it’s clean, but definitely lacking in peer support.
- The program seems to be operating well.
- They could do better to advertise themselves.
- They will be opening a methadone clinic.

**PUBLIC TESTIMONY**

Public testimony was heard, and a full transcript was prepared.

**RECESS**

The business meeting recessed at 4:18 p.m., and public testimony recessed at 6:51 p.m.

Friday, May 20, 2022

## CALL TO ORDER – 8:30 a.m.

Chairs Schofield and Moore welcomed Board members to the meeting.

## LEGISLATIVE SESSION UPDATES

The Advocacy Committee met every other Monday throughout the legislative session, and the legislative session ended on May 18th. Following is a summary of the bills related to behavioral health that passed.

HB 106 requires local or state law enforcement to transmit a missing person's report for entry into the Alaska Public Safety Information Network and the National Crime Information Center no later than two hours after receiving the initial report for individuals under 21 years of age rather than under 18.

HB 168 requires DHSS to establish an electronic application process for all public assistance programs but still allows paper applications for those without Internet access. Programs affected include public assistance, general relief, child care assistance, child care grants, affordable heating, food stamps, temporary assistance, and cash assistance programs.

HB 172 improves access to crisis stabilization services for Alaskans experiencing a mental health or substance use emergency. It offers public safety officers and mental health professionals additional tools for addressing behavioral health crises, including the option to place people who are a danger to themselves or others in a temporary hold at a crisis stabilization or crisis residential center.

HB 265 requires the state to allow telehealth services via Medicaid for services such as behavioral health demonstration waiver services, behavioral health and dental aides, and chemical dependency counselors.

HB 291 extended the Council on Domestic Violence and Sexual Assault for another six years. It also added a member to the council for the chief executive officer or designee of the Alaska Mental Health Trust Authority.

HB 325 updates domestic violence statutes, definitions, and consequences for acts related to online use of images to harass, impersonate, humiliate, or cause harm.

HB 363 creates the Office of Broadband; creates a broadband parity adjustment fund; and establishes a Statewide Broadband Advisory Board, which would include one seat for a member of the healthcare community. The office would prioritize service expansion in unserved and underserved areas to make sure there is parity between urban and rural areas.

SB 9, Alcohol Beverage Control Board. Among other things, this bill mandates statewide keg registration, training for servers for every permitted alcohol event in Alaska, and establishes guidelines or regulations about Internet sales of alcohol.

SB 34 establishes opportunities for locally driven education through state tribal compact schools that can provide additional avenues for addressing local education challenges. This is a pilot program and is not statewide.

SB 45 raises the age to purchase tobacco products to 21 and adds a 35 percent tax on e-cigarettes.

Executive Order 121 divided the Department of Health and Social Services into two departments and will move forward July 1, 2022.

The operating budget and the capital budget were blended into one bill. The following budget increases were passed by the legislature and sent to the Governor who has line-item veto power, so these amounts may or may not be final.

Operating items:

- \$859,500 was added for grants to community mental health and substance use treatment providers for outpatient and residential treatment and other behavioral health services.
- \$750,000 was added to MET Funds for prevention efforts that target Alaskans with substance use disorders, their families, providers of services, and communities.
- \$32 million was added for personal care assistants who provide direct care for Alaskan seniors and people with disabilities.
- A position was added for a Public Health Specialist to support dementia programs in DOH.
- \$3.48 million was added in incentives for retention efforts to address staff burnout and turnover in OCS.
- \$476,000 was added for a nurse and mental health clinician for the new booking area at Hiland Mountain Correction Center to more appropriately serve women entering custody.
- \$968,400 was added as one-time retention bonuses for Office of Public Advocacy staff.
- \$1,381,500 was added as one-time retention bonuses for public defender staff who provide legal support to Alaska's most vulnerable citizens.
- \$3.5 million was added as a one-time increase for community-based domestic violence sexual assault programs statewide for 24-hour emergency shelters, advocacy services, child advocacy centers, legal services for victims, and mental health care for young victims and witnesses of DV/SA.
- \$2.5 million was added for pre-kindergarten grants as a temporary increase for early programs in Alaska.

### Capital items:

- \$8 million was added to Providence Medical Center for crisis stabilization services.
- \$960,000 to Volunteers of America Alaska for school-based mental health services.
- \$8 million was added to the Division of Public Assistance to create online applications and electronic notices to replace paper notices for public assistance applicants.
- \$23 million was added to the Division of Public Assistance to support continuation of improving the eligibility system replacement project that integrates components of the various programs into a single sign-on user experience.
- Over \$30 million was added to Alaska Housing Finance Corporation for low-income Alaskans with special needs, a housing assistance program for victims of domestic violence, and for recruiting and retaining essential professionals in Alaska's small communities by providing gap funding to increase rental units.
- \$3.7 million was added to United Human Services of Southeast Alaska for a social services hub for vulnerable citizens in Juneau.
- \$318,400 was added for purchasing rides and vehicles for eligible clients and agencies throughout rural and small urban Alaska.

### Mental health items that passed (recommended by the Mental Health Trust Trustees):

- \$500,000 for assistive technology
- \$600,000 for essential program equipment
- \$1.15 million for home modifications and upgrades to retain housing
- \$500,000 for deferred maintenance and accessibility improvements
- \$8.1 million for the homeless assistance program
- \$3.45 million for special needs housing grants
- \$1.3 million for coordinated transportation.

## CULTURAL SITE VISIT

Board members engaged in a cultural site visit to Sitka National Historic Park where they received a guided tour with storytelling and drum playing by Chuck Miller.

## FOOD AS MEDICINE – FOOD'S CONNECTION TO MENTAL HEALTH AND WELL-BEING – Community Panel

- Lexi Hackett – representative of the Fish to Schools program. She was raised in a commercial fishing family in Sitka. She is a registered dietician, has a master's degree in nutrition, and believes there is more to food than just molecules and how it is utilized by the body.

Fish to Schools started in Sitka in 2009 to get some of the local catch into the school system so kids can not only have that nutritional advantage but also instill the love of fish in the coastal community. Every Wednesday is local fish Wednesdays in the Sitka schools, and all the fish is donated by local fishers and seafood processors.

In addition, the Stream to Plate curriculum brings in community members from the fishing industry to do hands-on lessons with the kids. Commercial fishers have taught the different methods of fishing, Native people talked about subsistence and traditional gathering and fishing methods, chefs talked about cooking, and the food science classes are involved as well.

When the kids are eating their Wednesday fish lunches, they are telling fishing stories and are proud of where they live and the food that comes from nature. So it's not just nutritional, it's social and cultural, and brings a connection to the source of food for the kids.

Fish is a beneficial crucial nutrient for mental health. The Omega 3 fats are anti-inflammatory and good for the heart and brain. SEARHC offers donated subsistence foods as long as there is enough donated for everyone on the floor. They also serve local fish about twice a week.

In addition to Omega 3 fatty acids being beneficial for neurodegenerative disorders, B vitamins play an important role too, especially after any type of substance abuse when B vitamins have been depleted. The healthy fats and high protein also help to stabilize the blood glucose levels.

- Vivian Mork – teacher of language culture, history, and traditional foods and medicine. Affiliated with Planet Alaska. The Hike, Harvest, and Heal program helps people get out and take advantage of some of the best foods with the highest nutrition content in the world.

There has been a lot of work toward integrating traditional Alaska Native health and wellness into the behavioral health systems in different ways. There are continuing education credits for traditional health-based practices provided by UAA.

Meda DeWitt and Natalie Norberg worked on the booklet *Traditional Health & Wellness Guide*, available at <https://dhss.alaska.gov/ocs/Documents/CulturalResourcesGuide.pdf>. It teaches case workers and others how to incorporate traditional healing and foods into the services they are providing and putting it into a case plan for the parents.

- Bob Sam – serves on the Sitka Tribe of Alaska Tribal Council. He is a founding member of a plant commission called Kayaani. He grew up in Sitka in the Territory of Alaska, and his grandmother taught him about gathering and using healing plants.

In the public schools he was served nontraditional foods and started gaining weight. In 1980 he ended up in the hospital where he met an elderly lady who invited him to a culture camp in Haines. After that he went back to his own food and lost weight and became healthy again.

- Pauline Duncan – retired from teaching first grade students over 20 years ago, and much of her teaching she accomplished through storytelling. She and her family depend on subsistence foods for almost all of their nutrition. They are outside in the sunshine or rain and wind gathering and visiting. Among other things, they catch or collect and process red ribbon seaweed, gumboots, cockles, berries, and fish, and teach classes on sea otter fur skin and seal skin wreath making.

Ms. Duncan read some stories to the group, including one about different kinds of berries, others about how the herring spawn, how Raven brought fire, and a counting verse about ten herring. She believes that children need to be started on subsistence foods at a very young age. Ms. Duncan has all the photographs and text for several booklets about subsistence food that are out of print, and she offered it to any of the group who would want to get it printed. She ended her presentation with a brief history of accomplished Alaska Native women.

## BOARD BUSINESS, Continued

### *Committee Updates:*

#### *Statewide Suicide Prevention Council*

Acting Chair Moore reported that the annual SSPC legislative report is in the meeting packet. The Council will be meeting next Tuesday, and she invited any interested persons to attend.

#### *Unfinished Business*

Karen Malcom Smith asked about advocating for Medicaid for the bridge. Bev Schoonover said she would revisit that with the Trust to see if that was possible.

Acting Chair Moore asked if a course of action had been determined for the ombudsman report for API. Bev Schoonover said that the Alaska ombudsman did an evaluation of API about two years ago regarding the staff's reporting of safety issues and patients' rights. The ombudsman wrote that report and recently released a follow-up report. Many of the identified problems had already been addressed by the governing board when the follow-up report came out. It was decided to form an ad hoc committee to look into patient rights, patient grievance procedures, and patient safety.

Bobby Dorton asked about the regional suicide deaths and wondered why the three suicides in Tok did not show up on the graph. Monique Andrews commented that Tok has a small population, so



to preserve anonymity, the Tok numbers were probably grouped with a larger region, perhaps Fairbanks or Delta Junction.

Kathleen Totemoff asked if there would be an opportunity to work with API and other providers who work with beneficiaries 24/7 to incorporate some of these diet concepts presented today and for their programs to support mental health and physical well-being. Lee Breinig agrees with the connection between diet and mental health and suggested that an ad hoc committee be formed to address diet and other more holistic ways of managing mental health and subsistence use policy. Chair Schofield requested that she be reminded to address this topic and perhaps form an ad hoc committee at that time.

Tonie Protzman mentioned that occupational licensing requires continuing education credits for licensed professionals, and she is encouraging to have suicide prevention education in that curriculum.

Karen Malcom Smith asked if there were statistics for youth suicide. Bev Schoonover said that the Suicide Prevention Council report contained some statistics for youth suicides by age. Also, DBH has applied for the Garrett Lee Smith prevention grant that is focused on youth suicide. Monique Andrews added that suicides for people aged 10 to 24 are rising nationally.

### **New Business**

Lee Breinig **MOVED** that the following resolution be adopted:

WHEREAS, through Terri Tibbett’s knowledge and wisdom of government, the legislative process; and

WHEREAS, in her tireless efforts to advance the mission of the joint boards; and

WHEREAS, with her personal connections, her social capital; and

WHEREAS, in her efforts never failing to step up to amplify the voice of the voiceless; and

WHEREAS, to her goodwill, charity, positivity; and

WHEREAS, this may potentially be her last board meeting; and

WHEREAS, her enthusiasm, dedication, and mercurial spirit in the joint service to the joint boards and to Alaskans;

THEREFORE, BE IT RESOLVED that the joint Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Board shall recognize and honor Teri Tibbett and her incredible contributions throughout her career to the State of Alaska and, with a

heartfelt yet bittersweet knowledge of her departure into retirement, also acknowledge that her absence shall not go unnoticed.

The resolution was unanimously approved.

Comments regarding Teri from all the members included:

- She is so upbeat, light, and nonjudgmental.
- There is never a wrong question for her.
- I've learned so much from her. She taught me so much.
- So much of her work has contributed to the betterment of all Alaskans.
- It was a wonderful experience to be on this board and to work with her.
- Her passion and energy are infectious.
- She is so easy to work with and doesn't take sides.
- She is so welcoming and always willing to listen.

Chase Griffith suggested presenting testimony and data on cannabis products, pain management, and some methadone and cannabis clinics. Chair Schofield said the Executive Committee will decide that.

### **Set Date and Location for Next Meeting**

Lee Breinig **MOVED** that the next meeting be held in Fairbanks sometime in October, **SECONDED** by Chase Griffith. Hearing no objection, the motion **PASSED**.

## FINAL COMMENTS

Board members offered their final comments of the meeting summarized as follows:

- After two years on Zoom, it was great to meet in person.
- Welcome to the new board members.
- It's very impactful to meet and make decisions and have the unity of the group.
- Thank you to the Tlingit people for allowing this meeting on their lands.
- Appreciate everyone's patience as the new members are learning.
- It's amazing how much work gets done and how much camaraderie there is on these boards.
- Really going to miss Teri. Congratulations on your retirement, and good luck in the future.
- Good meeting. Many good presentations.
- The site visits were phenomenal.
- Looking forward to working with the board in the future.
- Feels humbled sitting both as a provider and as someone with lived experience.
- It's been an awesome experience to see how different communities provide their services and the challenges that they face.
- It's an honor to be with like-minded people sharing something special.
- Appreciate being able to have more interaction about integration of nutritional therapy.

- Amazed by the work that these volunteers are doing.
- We are all working to create a better world, and it's possible and doable.
- Thank you all for coming to the meetings.

### **ADJOURNMENT**

Lee Breinig **MOVED** to adjourn, **SECONDED** by Kara Nelson. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 3:52 p.m.

## MOTIONS

Lee Breinig **MOVED** to approve the minutes from the February 2022 meeting as presented, **SECONDED** by Monique Andrews. Hearing no objection, the motion **PASSED**. Page 3.

Lee Breinig **MOVED** to approve the agenda as presented, **SECONDED** by Tonie Protzman. Hearing no objection, the motion **PASSED**. Page 3.

Lee Breinig **MOVED** that the following resolution be adopted: Page 24.

Lee Breinig **MOVED** that the next meeting be held in Fairbanks sometime in October, **SECONDED** by Chase Griffith. Hearing no objection, the motion **PASSED**. Page 25.

Lee Breinig **MOVED** to adjourn, **SECONDED** by Kara Nelson. Hearing no objection, the motion **PASSED**, and the meeting adjourned at 3:52 p.m. Page 26.