



Summary Report of AMHB/ABADA Board Meeting
May 18-20, 2022 in Sitka, AK

Executive Summary

The Alaska Mental Health Board (AMHB) and the Advisory Board on Alcoholism and Drug Abuse (ABADA) holds a combined board meeting for the purpose of promoting the effective coordination of Alaska's behavioral health services and programs. Sitka was the rural community chosen by the boards to fulfill their statutory duties to meet with Alaskans who live off a road system and was the first in-person rural meeting of AMHB/ABADA since 2019. Throughout the meeting the boards facilitated community discussions with local behavioral health providers, toured behavioral health facilities and hosted a public comment hearing to gather personal testimony from providers and behavioral health consumers.

Sitka

The community of Sitka is located on Baranof Island, in the middle of the Tongass National Forest, the largest temperate rain forest in the world. There are no roads connecting Sitka to other communities, access is by air or water only. Sitka is 95 air miles southwest of Juneau (Alaska's capital), and 862 air miles north of Seattle, Washington.

Sitka's original inhabitants were the Tlingit, thought to have settled the area around 10,000 years ago. Russia occupied Sitka from 1799 to 1867, calling it New Archangel and made it their colonial capital. In 1867 Russia sold the Alaskan territory to the United States. These historical events resulted in a diverse population. Today Sitka is the fifth largest city in Alaska with a population of 8,773 which stretches along a fifteen-mile road system. The Sitka Tribe of Alaska maintains a strong presence, with the mission to preserve culture and improve the lives of its citizens (Source: [Sitka Tribe of Alaska](#))

Sitka is served by an array of social services. The following entities and providers participated in the board meeting either through a panel, presentations, or by hosting a site visit:

- Alaska Division of Juvenile Justice
- Sitka Fire Department
- Sitka Court System
- Sitka Tribe of Alaska
- Sitka Police Department
- Southeast Alaska Regional Health Consortium (SEARHC)
- Center for Community Early Learning Program
- Sitka Counseling and Prevention Services
- Youth Advocates of Sitka
- Pacific High School
- Sitkans Against Family Violence Shelter
- Sitka Jail

Preparation

Planning for the visit began in February 2022 after board members expressed the desire to meet in Sitka, a meeting which had been delayed due to the COVID-19 pandemic. The meeting planner sought to involve both State of Alaska-funded entities as well as ways to highlight Sitka's strong cultural heritage, making sure



to include the Sitka Tribe of Alaska. The meeting was advertised via hardcopy flyers posted in the Sitka community and through email channels and social media. In addition, the meeting was listed on local community calendars. The local newspaper and radio station were sent press releases and the AMHB/ABADA Executive Director participated in a radio interview the morning of May 19th.

Schedule of Events

May 17	Board staff arrive in Sitka
May 18	Board meeting with state and local presenters and community reception
May 19	Board meeting with state and local presenters, community site visits, public comment
May 20	Board meeting with local and state presenters, cultural site visit

Public Board Meetings and Community Reception

The board meeting was held at the Westmark Sitka Hotel and offered virtually through Zoom. On average, 3-5 members of the community were in attendance. On the evening of May 18, the boards hosted a small community reception where they met with several members of the public as well as the Commissioner and staff from the Alaska Department of Labor.

What We Learned: Community Leaders and Providers Provide Insight on Local Substance Misuse and Mental Health Concerns

The chairman of the Sitka Tribal Council and mayor of Sitka opened the meeting. The chairman expressed appreciation that the board agenda included the tribe, tribal health, and certain key individuals from the community. He shared that the City of Sitka and the Sitka Tribe of Alaska have a memorandum of understanding and that city and tribal staff meet monthly to discuss matters affecting the community. The Sitka mayor acknowledged that drugs, alcohol and mental health issues are in schools and communities and that he believes people can be helped to avoid drugs and better cope. The mayor expressed support for mental health crisis response teams.

During a panel on public safety, the Sitka Fire Department chief communicated that based on the calls they receive, alcohol is the primary substance of concern in Sitka. The fire department responds to daily calls involving alcohol intoxication or alcohol-related injuries, but only responds to opioid overdose where naloxone is required, approximately three times a year. The fire department responds to mental health calls a few times a month, sometimes to the same person in one day, and expressed that it is often the same patients going back and forth between the community and the hospital emergency department. Judge Jude Pate added that methamphetamine is also a problem in Sitka.

Sitka Counseling and Prevention Services reported that at least 30 percent of clients in residential treatment 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. Staff from the Southeast Alaska Regional Health Consortium (SEARHC) stated that the pandemic erased progress that had been made in prevention, intervention, and ongoing recovery for individuals with an opioid use disorder. SEARHC staff stated that every fentanyl test

strip used to analyze substances that have come into the community in the last six months has tested positive. Sitka Counseling and Prevention Services staff stated that regarding mental health in Sitka, the needs are endless, but especially the need for substance use disorder services. The clinical staff at SEARHC has doubled, and program offerings have tripled. In conjunction with the University of Washington, clients of SEARHC have access to perinatal psychiatry specialists, and seven of their behavioral health clinicians provide perinatal-specific behavioral health and SUD services.

What We Learned: Successes in the Community Regarding Substance Misuse and Mental Health

Public Safety

The Sitka Police Department reported recent success in significantly reducing the number of mental health-related jail days for individuals. There has been a lot of emphasis on getting individuals to an appropriate setting rather than holding them in jail and that support came from a working group which included a judge who helped clarify a lot of misunderstandings between different providers.



Figure 1: Public Safety Panel from left to right: Chief Robert Baty, Judge Nancy Douglas, Judge Jude Pate, Chief Craig Warren, Jeanette Hitt.

The Sitka Tribe of Alaska recently enrolled their first participant in the Healing to Wellness Court which is grounded in tribal cultural views and understanding and is a restorative justice program for nonviolent crimes. The court works with Judges Douglas and Pate, the state courts, SEARHC, state prosecutor and public defender, Chuck Miller, the culture and community liaison with the tribe, and a court coordinator.

Collaboration Amongst Behavioral Health Providers

Youth Advocates of Sitka stated that Sitka’s behavioral health providers have open communication with one another and collaborate on treatment plans and when working with families. The Center for Community (a home health care provider) is working with Sitka Counseling on a Circle of Security Parenting Program which



Figure 2: Behavioral Health Panel from left to right: Lisa Hodges, Marita Bailey, Amy Zanuzoski, Lila Vest

reflects on parenting skills and strengthening the relationship with the child. They serve at-risk children – those that are less than 50 percent delayed in development whether from biological or environmental risk factors. Sitka Counseling echoed this sentiment, stating that the partnerships behavioral health providers have with one another are the backbone for supporting their clients. Despite being short staffed, Sitka Counseling reported they can provide most services within 14 days.

Expanding Youth and Adult Services

In July of 2021, the SEARHC board approved a significant expansion of behavioral health services, and they now have several providers who specialize in working with children and families. There is a partnership with Mt. Edgecumbe High School which serves 25 to 30 students each year as well as with the Sitka Pioneer Home which treats elders at the home. SEARHC offers an adolescent recovery residential program, which recently increased capacity from 12 beds to 24. They also opened housing for adults who need outpatient substance use disorder treatment.

Youth Advocates of Sitka has a teen center called The Cloud that has youth activities including a healthy relationship curriculum. They also have Hanson House and an apartment with five rooms to house youth ages 16 to 23 that is designed to improve life skills. Sitka Counseling and Prevention also offers a 3.1 Clinically Managed Low-Intensity Residential substance misuse treatment facility that supports adult clients transitioning back into the community.

Strength of Culture in Schools and Community

Sitka excels with connecting children to culture and teaching about subsistence within schools. In a panel on the connection between food and mental health, Lexi Fish Hackett spoke about the extremely successful Fish to Schools program and significance of diet on mental health. 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 a nutritional advantage, but to also instill the love of fish in the community. Every Wednesday is local fish Wednesdays in the Sitka schools, and all the fish is donated by local fishers and seafood processors.



Figure 3: Food as Medicine Panelists, Pauline Duncan and Bob Sam.

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 talk about cooking, and the food science classes are involved as well.

Community members Bob Sam and Pauline Duncan echoed the value of healthy eating and teaching a subsistence lifestyle. Ms. Duncan believes that children need to be started on subsistence foods at a very young age.

Ms. Hackett shared that in addition to Omega 3 fatty acids being beneficial for neurodegenerative disorders, B vitamins play an important role, 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.



Figure 4: Chuck Miller, Culture and Community Liaison, Sitka Tribe of Alaska, sharing a story with board members at Sitka National Historical Park.

On the final day of the meeting, board members visited the Sitka National Historical Park, where Chuck Miller, culture and community liaison for the Sitka Tribe of Alaska, generously shared some history of his people, the importance of culture and knowing who you are, and how he has used storytelling to assist individuals through their recovery journey. This resonated with the words of Judge Douglas on the first day of the board meeting, “Having elders and culture bearers present when we develop programs and when we’re working towards guiding somebody to heal, there is no better healing tool than who we are as Native people.”

What We Learned: Unmet Needs and Areas Needing Improved Regarding Substance Misuse and Mental Health

Title 47 Evaluation Facility

Echoed amongst all the public safety panelists was the need for Sitka to have an evaluation holding facility for Title 47 involuntary commitments, and that there are currently long wait times before people can be evaluated. There is a local group that meets quarterly made up of the court system, police department, medical staff from SEARHC, and Sitka Counseling. A panelist stated it would help to have the group discuss and resolve issues between different agencies, and to truly address care coordination for this population especially during transition between facilities.

Inpatient Behavioral Health Services

Multiple panelists suggested there be dedicated space in the new hospital being built in Sitka, where mental health clinicians could be available 24/7. Sitka used to have an inpatient ward at the hospital and Bill Brady Residential Healing Center which many members of the community felt were invaluable. Panelists suggested that the state, tribe and tribal health, work collaboratively to create a healing center to help those both with

alcohol addiction and mental illness. One panelist stated that health care leaders should consider how supporting smaller facilities in communities might better serve individuals than one large facility.

Sitka Counseling and Prevention Services agreed, stating that access to psychiatric hospitalization for both youth and adults has been a challenge. Sometimes patients wait in the hospital up to a month for transfer to an appropriate facility. They also recommended that Sitkans need access to local psychologists who are capable of billing Medicaid.

Crisis Mobile Response and Crisis Residential Services

Providers stated that a combination of mobile crisis response as well as stabilization beds in a stand-alone facility would be vital in helping individuals stay within the community. Many times, providers lose contact with individuals as they are discharged from psychiatric units located elsewhere. In addition, costs of transportation to the regional hospital in Juneau have increased. Increasing access to crisis services in the community with a very strong substance use disorder component would be beneficial. Another provider echoed the above and stated while waiting for up to 30 days for the next steps, many patients are sent to the states in the lower 48, and it is costly and inconvenient getting them back.

Housing

SEARHC stated that housing is a significant issue. Other providers agreed that housing overall is probably the primary barrier, with the second being staff shortages. The housing shortage in Sitka also affects the ability for trained staff to relocate there. To help alleviate this problem, SEARHC is currently constructing housing for their staff in Sitka.



Figure 5: Future SEARHC Staff Housing

Substance Use Treatment

One panelist stated the need for a methadone treatment center as well as a place where individuals can safely detox and sleep-off substances. Access to a local 3.5 Clinically Managed High-Intensity Residential Service for substance misuse treatment was also recommended.

Early Intervention and Youth Services

Providers suggested there is a need for early focus on infant and parent mental health. Many families with babies born during the pandemic, especially at the beginning, are feeling isolated and need help with parenting. Sitka Counseling and Prevention Services maintains a waitlist for children, especially those with

serious emotional disorders, because there are fewer treatment slots that have the capacity of time to address their degree of need.

The Division of Juvenile Justice panelist identified a need for a local emergency shelter for kids. They suggested step-down services for youth transitioning back into the Sitka community from residential treatment. DJJ also suggested there should be more upfront response to minor consuming cases.

Sitka Counseling and Prevention Services mentioned the need for therapeutic treatment foster parents is ongoing, with the number of referrals far outnumbering the homes available.

Stigma

Finally, panelists felt there is a need in Sitka to overcome the stigma involved with substance abuse or mental health issues. There is a stigma when someone is active in their addiction that they are homeless or causing public disturbances, but most of these people are employed and people encounter one another every day without knowing it.

Community Site Visits

The boards visited six community agencies:

- Pacific High School
- Raven's Way/Yéil Jeeyáx (Southeast Alaska Regional Health Consortium)
- Adult SUD Lodging (Southeast Alaska Regional Health Consortium)
- Residential Treatment Housing (Sitka Counseling and Prevention Services)
- Sitkans Against Family Violence Shelter
- Sitka Jail



Figure 6: Board Members touring adult SUD lodging SEARHC Campus



Board members reported feedback from each of the visits. In terms of areas of improvement, both adult residential programs could be enhanced by identifying peers in the community and hiring additional peer support specialists for services. Improving access to medical care and other support and treatment services would benefit individuals held at the Sitka Jail. The domestic violence shelter could use support from other community providers to help with the unhoused population which is significantly larger than the traditional definition of homeless (many individuals are in unstable housing such as couchsurfing).

Public Comment

An opportunity for public comment was held at Harrigan Centennial Hall for both in person and virtual comment. The board heard comments for half an hour from a total of 4 community members and 1 individual calling in from Anchorage.

Comments from the Sitka community included:

- The need for people with psychiatric conditions to have their needs met in a hospital rather than a jail cell and an inquiry whether there is a movement to adjust the IMD exclusion rule that limits beds in hospitals for psychiatric patients.
- How to build a system that is sustainable when so many resources are not. The need to decide what services will be provided no matter what happens, and not adding other services until the core services are performing as desired.
- Difficulty of peace keeping in villages that have little to no law enforcement, and the complications when alcohol and drugs are added. A suggestion that tribes consider the many grants that cities and non-profits cannot apply for to obtain additional law enforcement support.
- Comment that elders are having their pain medication stolen by their grandchildren who are selling them and the importance of involving the community in planning because they know who is dealing drugs and where.
- Introduction of Leo's Hope Campaign, and a request for support to build a 3.5 intensive inpatient treatment program in Sitka.
- Sharing of personal experiences of having family placed in long-term care, and serving as a volunteer long-term care ombudsman, and the need for more long-term care beds in Sitka and Southeast Alaska.
- Sharing how the pandemic and reduction in ferry services and increased prices disrupted the ability for family members to practice their culture and traditions.

Additionally, a citizen calling in from Anchorage brought up the following:

- Concerns regarding the lack of flexibility of Therapeutic Treatment Home Services (TTHS) through the 1115 Medicaid Waiver, which replaced therapeutic foster care. Specifically, the concern is that providers recently were told TTHS can only be used if the youth is entirely in an out-of-home placement, whereas previously, placement agencies would at times allow a child to spend a portion of their week in their home, in their natural setting with natural supports with their biological and adoptive caregiving system. A separate use of former therapeutic foster care was for crisis

circumstances for children who reside in their biological or adoptive caregiving system but might have a relationship with a therapeutic treatment home and the service is there just in case it is needed and in the case of crisis. These flexibilities keep the youth in their communities, in their schools, and help make a closer connection to the family while remaining in lower levels of care.

Ex-Officio Updates

Sharon Fishel, education specialist with the Department of Education and Early Development shared how her team works to improve school safety and well-being. Project AWARE is one example of programming in its second year which aims to grow mental health literacy, reduce mental health stigma, strengthen early identification and intervention for students' mental health conditions and comprehensive support 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 currently 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 in schools.

Tracy Dompeling, Director of the Division of Juvenile Justice (DJJ), reported that DJJ is looking into specialized programming for intensive youth substance abuse. DJJ established a neurobehavioral unit in Bethel and are looking into improving treatment services for violent offenders at McLaughlin Youth Center in Anchorage. The Fairbanks Youth Facility is the backup facility for youth with neurobehavioral disorders and it is currently being remodeled to consider aspects that have worked well for kids elsewhere who have experience with trauma and co-occurring disorders.



Figure 7: Duane Mayes, Director, Division of Vocational Rehabilitation



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Duane Mayes, Director for the Division of Vocation Rehabilitation (DVR), reported that the Alaska Work Matters Task Force has 26 pages of recommendations regarding improving employment opportunities for Alaskans with disabilities. In addition, the At-Risk Youth Initiative created a unit in the Department of Labor to support at-risk youth (many involved in the foster care system and who have disabilities) when they exit the educational system.

Carrie Collins, representing Alaska Housing Finance Corporation (AHFC), shared that 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 housing stabilization program, with fewer barriers than other federally restricted programs, provides about three months of funding and then 12 months of rental assistance.

State Updates

Department of Health Commissioner Adam Crum shared that the crisis stabilization bill (HB 172) passed the Alaska Legislature. 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 house Public Health, Behavioral Health, Senior & Disability Services, Public Assistance, and Health Care Services. The Department of Family and Community Services will house facility-based services, including Juvenile Justice, Alaska Psychiatric Institute, Alaska Pioneer Homes, and the Office of Children's Services. Transition liaisons for each department include Christine Marasign for the Department of Health, and Chrissy Vogeley for the Department of Family and Community Services. For updates on the reorganization, visit the state website: <https://www.reorg.DHSS.Alaska.gov>.

Heidi Hedberg, Director of the Division of Public Health, provided an update on the opioid settlement. She has been chairing monthly meetings of the Governor's Advisory Council on Opioid Remediation. For the Johnson & Johnson settlement, Alaska will receive funding both to the state as well as to nine political regions, each with a population of more than 10,000. The first two years of funding are scheduled to arrive by July 2022. Example potential uses for the funding include medication-assisted treatment, screening treatment for pregnancy and postpartum women and treatment for those infants and women with opioid use disorder or cooccurring substance use disorder, peer mentoring, treatment for incarcerated persons, and prevention programs. 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 finalizing recommendations, which will then be incorporated into a report which will be posted for public comment in September.



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Theresa Welton, unit manager for the Office of Substance Misuse and Addiction Prevention (OSMAP), provided an overview of OSMAP and their recent work. OSMAP concentrates on opioids, cannabis education and awareness, and prenatal alcohol exposure and fetal alcohol spectrum. Ms. Welton provided an extensive overview of the many projects OSMAP staff working on:

- OSMAP partners with organizations that are addressing Fetal Alcohol Spectrum Disorders (FASD) including the 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 funds after-school programs in over 50 villages and cities across Alaska.
- 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.
- OSMAP contracted with the University of Alaska Training Cooperative to train 520 first responders in trauma-informed care and certified 125 first responders in Anchorage, Bethel, Kotzebue and Soldotna in Mental Health First Aid.
- The City of Fairbanks and Anchorage Fire Departments were awarded continuation grants from OSMAP 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 is home to the Open Beds/Treatment Connection program for the State of Alaska which has also received funding from the Alaska Mental Health Trust Authority. This is a 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.
- OSMAP will be updating the State of Alaska Opioid Action Plan 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. OSMAP will be conducting Community Cafes, which are based on talking circles and aligned with the World Cafe Model.
- Project Hope is a harm reduction program with more than 100 partners across the state that distribute naloxone kits and other supplies and materials, such as test strips, posters, booklets, and stickers.
- To combat overdose surges in certain geographic areas, OSMAP is 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.

Farina Brown, Deputy Director of the Division of Behavioral Health (DBH) shared that DBH is working through the process of renewing the 1115 Behavioral Health Medicaid 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 the Boards. 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.

Eric Boyer, senior program officer at the Alaska Mental Health Trust Authority provided updates on the status of crisis centers and mobile crisis response. 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.

AMHB/ABADA advocacy coordinator, Teri Tibbett, provided a summary of bills related to behavioral health that passed this year's legislative session. The final information about this session will be posted to the AMHB/ABADA website in the 2022 Joint Advocacy Report.

Final Comments/Follow-Up

Concerns from board members and items for follow up include:

- Investigating whether AMHB/ABADA should advocate for Medicaid coverage of the Bridge device.
- Forming an ad hoc committee to review patient rights, patient grievance procedures, and patient safety at the Alaska Psychiatric Institute.
- Considering an ad hoc committee on diet concepts presented at the meeting to support more holistic ways of managing mental health for individuals both in institutional placement such as API but also for other residential providers.
- Considering presenting testimony and data on cannabis products, pain management, and methadone and cannabis clinics.

Overall, board members were very happy to meet in person in Sitka and felt their time there was well spent. New board members expressed that they felt welcomed and honored to be present. Multiple board members expressed an appreciation for integrating the topics of nutritional therapy and culture into the conversation of behavioral health treatment.



Figure 8: Board Members listen to a panel at the Westmark Sitka Hotel, with panelist, Theresa Shelley, participating remotely through Zoom.



Figures 9 & 10: Board Member Bobby Dorton sharing a song with Chuck Miller, Sitka Tribe of Alaska Culture and Community Liaison

The Board members expressed gratitude to the Tlingit people for allowing them to meet on their lands and sharing their knowledge. Gunalchéesh! (Thank you!)



Figure 11: Board members and staff from left to right, top row: Bobby Dorton, James Savage, Kurt Hoenack, Lee Breinig, Beverly Schoonover, Carrie Collins, Kevin Holian; middle row: Renee Schofield, Chase Griffith; bottom row: Tonie Protzman, Monique Andrews, Brenda Moore, Kara Nelson, Teri Tibbett, Karen Malcom-Smith, Jenny Weissaupt