

**ALASKA STATE LEGISLATURE
JOINT MEETING
HOUSE SPECIAL COMMITTEE ON WAYS AND MEANS
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

May 11, 2023
6:05 p.m.

MEMBERS PRESENT

HOUSE SPECIAL COMMITTEE ON WAYS AND MEANS

Representative Ben Carpenter, Chair
Representative Tom McKay
Representative Kevin McCabe
Representative Cathy Tilton
Representative Cliff Groh

HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

Representative Mike Prax, Chair
Representative Justin Ruffridge, Vice Chair
Representative CJ McCormick
Representative Jesse Sumner
Representative Zack Fields
Representative Genevieve Mina

MEMBERS ABSENT

HOUSE SPECIAL COMMITTEE ON WAYS AND MEANS

Representative Jamie Allard
Representative Andrew Gray

HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

Representative Dan Saddler

OTHER LEGISLATORS PRESENT

Representative Mike Cronk
Representative Alyse Galvin
Representative Will Stapp
Representative Rebecca Himschoot

COMMITTEE CALENDAR

OVERVIEW: MENTAL HEALTH TRUST AUTHORITY FIVE-YEAR PLAN

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

STEVE WILLIAMS, CEO
Alaska Mental Health Trust Authority
Department of Revenue
Anchorage, Alaska

POSITION STATEMENT: Co-presented during the overview on the Alaska Mental Health Trust Authority.

HEATHER CARPENTER, Health Care Policy Advisor
Office of the Commissioner
Department of Health
Juneau, Alaska

POSITION STATEMENT: Co-presented during an overview on the Alaska Mental Health Trust Authority.

JUSDI WARNER, Executive Director
Alaska Mental Health Trust Land Office
Department of Natural Resources
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the overview hearing on the Alaska Mental Health Trust.

ACTION NARRATIVE

[6:05:19 PM](#)

CHAIR BEN CARPENTER called the joint meeting of the House Special Committee on Ways and Means and the House Health and Social Services Standing Committee to order at 6:05 p.m. Representatives McKay, McCabe, Carpenter, McCormick, Ruffridge, and Prax were present at the call to order. Representatives Groh, Tilton, Sumner, Fields, and Mina arrived as the meeting was in progress.

^OVERVIEW: Mental Health Trust Authority Five-Year Plan

OVERVIEW: Mental Health Trust Authority Five-Year Plan

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CHAIR CARPENTER announced that the only order of business would be the overview of the five-year plan for the Alaska Mental Health Trust Authority.

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STEVE WILLIAMS, CEO, Alaska Mental Health Trust Authority (AMHTA), Department of Revenue (DOR), began the PowerPoint presentation, titled "Trust Budget Development Process" [hard copy included in the committee packet]. He reviewed what the presentation would cover and who would be available online to answer questions. Moving to slide 2, he pointed out the list of the Board of Trustees for AMHTA. He moved to slide 3 and gave a history of AMHTA. He explained that prior to Alaska statehood few mental health services were available, and people who were deemed mentally unstable living in Alaska were sent to Morningside Hospital in Oregon, as seen on slide 3. He stated that many of these people never returned to Alaska, and families did not know their whereabouts. As a result of this, once Alaska became a state, the federal government put 1 million acres of land to create a mental health trust. This land was to be leveraged to produce cash to support health and social services in the state. He stated that over time the land was sold or granted to residents, and the money was never used to support these services, and this resulted in the lawsuit Weiss v. State, 706 P.2d 681 (1985), which represented the Alaskans who had not received this support from the state.

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MR. WILLIAMS, moving to slide 4, pointed out the conditions which would qualify individuals to receive support from AMHTA. This includes Alaskans who experience mental illness, developmental disabilities, substance use disorders, Alzheimer's disease and related dementia, and traumatic brain injuries. He stated that AMHTA also works in prevention and early intervention services for individuals at risk of becoming beneficiaries.

MR. WILLIAMS addressed the role of the Board of Trustees, which is to oversee AMHTA's assets, as seen on slide 6, which read as follows [original punctuation provided]:

- Oversee management of Trust assets
- Spend Trust income

- Recommend to Governor and Legislature how the State of Alaska should spend general fund resources
- Ensure the State has a Comprehensive Integrated Mental Health Program Plan
- Advocate and serve as a change agent of the system

MR. WILLIAMS addressed AMHTA's annual budget on slide 7. He stated that available funds are identified by using a 4-year average of the combination of the following: a withdrawal from invested assets, prior year's unexpended grant funds carried forward, spendable income generated from the Alaska Mental Health Trust Land Office ("land office") activities, and interest income earned on cash balances. He stated that these four categories are totaled, and this would be the projection for expenditures.

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MR. WILLIAMS stated that once AMHTA knows the available funding, it would set its priorities. He said that recommendations come from the different boards, beneficiaries and their families, community partners, tribal health partners, and state and federal government partners. He pointed out the flow of this process on slide 8. He added that the Comprehensive Integrated Mental Health Program Plan (Comp Plan) is a part of this, and it will be addressed later in the presentation.

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MR. WILLIAMS addressed the timeline AMHTA uses when developing its budget, as seen on slide 9, which read as follows [original punctuation provided]:

Trust Budget Development Timeline (Annual)
 April -Early June Trust staff working with Advisory Boards and stakeholders to review current and plan future work to inform proposed budget
 Late June -July Trust staff working with stakeholders to finalize budget proposal
 July Proposed budget presented to the Program & Planning Committee
 August/Sept. Trustees consider/approve budget
 September 15 Transmit budget to Governor and LB&A

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MR. WILLIAMS, addressing what the budget includes, moved to slide 10, which read as follows [original punctuation provided]:

Trust Budget Includes Approved Funding for:

1) Non-Focus Area Allocations

- Agency Budgets
- Other Non-Focus Area programs

2) Trust Focus Areas:

- Mental Health & Addiction Intervention
- Disability Justice
- Beneficiary Employment and Engagement
- Housing & Home and Community Based Services

3) Other Trust Priority Areas:

- Workforce Development
- Early Childhood Intervention and Prevention

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MR. WILLIAMS pointed out the summary sheet for the approved fiscal year 2024 (FY 24) budget on slide 11, which added the dollar amounts to the categories seen on the previous slide. He explained the acronyms on the slide and provided details. He moved to slide 12 to present a pie chart of the trust's FY 24 spending.

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MR. WILLIAMS moved to slide 13, which addressed AMHTA's grant-making process. He pointed out that the Board of Trustees authorizes around \$20 million in grants each year to nonprofits, service providers, state and local governments, and Tribal organizations. He stated that the Mental Health Trust Authority Authorized Receipts (MHTAAR) grants go to state agencies after recommendations have been made. This would ensure these state agencies have the capacity to carry out the directive. He stated that the authority grants come directly from AMHTA to nonstate entities. These grants are broken down into categories, which include innovative solutions, capacity building, equipment, capital construction, data planning, direct service outreach, and workforce development and training. He stated that grants cannot be given directly to individuals; however, grants can be given to an organization which would impact an individual, and this falls under "mini grants." These can be up to \$2,500 per award for equipment, supplies, or services to improve quality of life and increase independent

functioning. He stated that there are also partnership grants, which would not have a specific grantee identified. He stated that these amounts to funds of \$2.5 million, and organizations can apply for a grant for these funds. Applications are reviewed and if the criteria are met, the request will be reviewed by the Board of Trustees or CEO. He stated that when any of these grants are awarded, whether the grant is MHTARR or through the state system, an agreement would be put in place. He gave the details of what is included in these agreements. He stated that AMHTA makes over 200 grants a year. He expressed the opinion that AMHTA is a highly engaged grant maker, staying in contact with the grantees throughout the lifespan of the grant project.

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MR. WILLIAMS reviewed the grant application process, which begins with a brief letter of interest. After an initial review the applicant may receive a full grant application. The full grant application would go through the review process. The application must meet AMHTA's criteria, which include the mission or priorities of the trust, any applicable regulations or statutes, Comp Plan alignment, sustainability, and grantee capacity. He stated that availability of trust funds would be considered, and the applicant must be in good standing with the state. After the review, the application would then be presented to AMHTA's CEO or Board of Trustees for approval.

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REPRESENTATIVE MCCABE asked if capital projects could be outlined.

MR. WILLIAMS, in response, shared several examples. He pointed out that AMHTA is a founding partner with the Tlingit Haida Regional Housing Authority in creating the Forget-Me-Not Manor. He stated that AMHTA provided funding for a shelter project in Bethel, as well as a sobering center. He continued that funding went to Complex Care shelter services operated by Catholic Social Services in Anchorage, and funding has also been provided to Providence Alaska Medical Center for Anchor House. In response to a follow-up question, he thanked Representative McCabe for supporting the Crisis Now model. He said AMHTA is focused on setting up crisis stabilization centers in Anchorage, Mat-Su Valley, and Fairbanks. He said a grant was awarded to Maniilaq Association for initial planning of Crisis Now services in Kotzebue.

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REPRESENTATIVE COULOMBE pointed out slide 15 and questioned the fiscal amounts that the Board of Trustees would approve.

MR. WILLIAMS explained that funding up to \$100,000 is under the authority of the CEO, while requests between \$100,000 and \$500,000 are subject to approval by the Board of Trustees Planning and Program Committee. He stated that any grant over \$500,000 requires full board approval. In response to a follow-up question, he stated that the CEO has the authority to award grants, but only up to \$100,000. He further explained that, if the CEO approves a grant request for \$100,000, and the same organization applies for a second grant, further funding will need to be approved by the Planning and Program Committee.

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REPRESENTATIVE PRAX offered his understanding that the scope of AMHTA has broadened. He asked whether the Board of Trustees has the criteria to determine the scope of AMHTA.

MR. WILLIAMS answered that the Comp Plan is not only focused on mental health. He explained that once the lawsuit Weiss v. State was filed, the trust reviewed medical records from those moved to the Morningside Hospital in Oregon to determine who was sent out of Alaska. He stated that it was found these individuals included those with mental health issues. He said this was how the classes of individuals were determined. He stated that when the lawsuit was settled, AMHTA was able to define the beneficiary cohorts of the trust. He explained that the scope has not been broadened; moreover, it has been defined. In response to a follow-up question, he stated that in determining which grants have priority, the Board of Trustees has identified areas to focus on.

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REPRESENTATIVE RUFFRIDGE, in reference to the treatment of children in Alaska with a mental disability, expressed the understanding that these children are still sent out of state. He asked how this situation is being addressed today.

MR. WILLIAMS responded that, like the state, AMHTA has a broad mandate, and the services for all beneficiary types have to be investigated statewide, and AMHTA has to be an advocate and

system-change agent to impact every aspect. He stated that AMHTA is still connected to children being sent out of state for treatment. He related that Crisis Now addresses early intervention, which could help people from being sent out of state. He added that the advocacy for funding home and community-based services and reducing the administrative burden of Medicaid on providers are also aspects which can impact whether a child is sent out of state.

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CHAIR CARPENTER noted that there may be more information in the next section of the presentation.

[6:47:59 PM](#)

HEATHER CARPENTER, Health Care Policy Advisor, Office of the Commissioner, Department of Health (DOH), returned to the PowerPoint presentation on slide 16. She said she will be highlighting the Comp Plan. She pointed out the statutory responsibilities for the plan on slide 17, which read as follows [original punctuation provided]:

AS 47.30.660. Cooperative powers and duties of the Department of Family and Community Services and the Department of Health "The Department of Family and Community Services and the Department of Health, in cooperation, shall prepare, and periodically revise and amend, a plan for an integrated comprehensive mental health program...; the preparation of the plan and any revision or amendment of it shall be made in conjunction with the Alaska Mental Health Trust Authority; be coordinated with federal, state, regional, local, and private entities involved in mental health services..."

AS 44.25.200. Alaska Mental Health Trust Authority:
(b)"The purpose of the authority is to ensure an integrated comprehensive mental health program."

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CHAIR CARPENTER stated there has been confusion in the difference between "plan" and "program" and asked what "program" means in the context of AS 44.25.200.

MR. WILLIAMS answered that "program" refers to the whole system.

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MS. CARPENTER explained that the "plan" part would be the document which provides a guide to ensure there is the broader system. She continued there would need to be a "plan" before a "program" could be built.

CHAIR CARPENTER offered his understanding that responsibility for the plan is within the state department, while responsibility for the program lies with AMHTA.

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MR. WILLIAMS interjected that program responsibility does not lie within AMHTA; rather, it resides within the state, with AMHTA being a partner helping the program.

MS. CARPENTER added that when the Weiss v. State settlement created the trust, it was purposely put outside of the departments responsible for running the program.

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MS. CARPENTER, returning to slide 18, pointed out the overview of the development of the Comp Plan and how it interacts with other public services. In response to a committee question, she stated that how the Comp Plan and the system fit together will be shown in a future slide.

MS. CARPENTER, on slide 19, pointed out the goals of the Comp Plan. She said the plan includes everything impacting people's health, and there is a statutory list of services which must be considered. She explained that the goals were developed mindfully because DOH has a statutory requirement to leverage federal funds whenever possible; therefore, goals aim to resonate with the U.S. Department of Health and Human Service's strategic plan.

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MS. CARPENTER moved to slide 20 and pointed out that this answers the previous question concerning the description of the Comp Plan. She stated that it is available on DOH's website and on AMHTA's website. She stated that AMHTA has added the position, Comp Plan Coordinator, which is in the Public Health Division. She stated that this position is jointly funded with

AMHTA and manages the day-to-day project management and coordination within DOH and AMHTA.

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REPRESENTATIVE MCCABE asked if a new five-year plan is being created, or if what is being presented is the new five-year plan.

MS. CARPENTER responded that the goals on slide 19 are in the current plan which goes through 2024. She said that future work includes the planning process for the next five-year plan. In response to a question concerning the funding for the plan, she answered that the coordinator works for the state as a DOH employee. She said this is a jointly funded position, with AMHTA paying half. In response to a follow-up question concerning who crafts the plan, she explained that there is a statutory obligation to include advisory boards, such as the Alaska Mental Health Board and the Advisory Board on Drug and Alcohol Abuse, the Alaska Commission on Ageing, and the Governor's Council on Disabilities and Special Education. Mr. Williams added that the plan is also put to public comment as well.

REPRESENTATIVE MCCABE questioned the plan development process and the cost.

MS. CARPENTER shared that she was a legislative staffer for some of the Comp Plan development process before transferring to DOH. She said the development process is collaborative with in-person and hybrid meetings. She added that to be cost effective there will be more meetings held through media conferencing.

MR. WILLIAMS added that many plans were reviewed to inform how the Comp Plan would look at services and supports.

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REPRESENTATIVE MCCABE questioned the goal on slide 19 concerning early childhood.

MS. CARPENTER referred to the document, titled "Strengthening the System: Alaska's Comprehensive Integrated Mental Health Plan" [included in the committee packet]. Concerning the goal, she read the objectives from page 5, which read as follows [original punctuation provided]:

1.1 Objective: Promote practice-informed, universal screening efforts and early intervention services.

1.2 Objective: Provide ongoing support to ensure accurate identification and treatment of social-emotional needs for children and their caregivers, congruent with their cultural identification.

1.3 Objective: Reduce the instances and impact of Adverse Childhood Experiences (ACEs) through community engagement and by improving social determinants of health.

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REPRESENTATIVE MINA questioned the evaluation process at the end of a 5-year plan and how it is determined whether objectives and goals are being met.

MS. CARPENTER responded that data on the scorecard from Alaska's Health Improvement Plan ("Alaska Scorecard") determines if the plan is on track. In response to a follow-up question concerning past plans, she replied that the next slide will answer the timeline.

[7:06:06 PM](#)

MR. WILLIAMS, acknowledging Representative Mina's question, moved to the slide titled "Timeline" [original punctuation provided], which read as follows:

Timeline

Where We Started:

- 1994, the Trust is created, the settlement requires budget recommendations based on the Comp Plan.
- FY95-97, 1stbudget recommendations

What Happened:

- FY97-98, 1stactual Comp Plan: In Unison
- FY2001-2006, 2ndComp Plan: In Step
- FY2006-2011, 3rdComp Plan: Moving Forward
- 2008-2020, Annual Scorecard published based on desired outcomes of Moving Forward
- 2018, planning efforts for a new Comp Plan begin

Where We Are Now:

- FY2020-2024, 4thComp Plan: Strengthening the System
- 2020, new Scorecard workgroup begins
- March 2021, new Alaska Scorecard released based on Strengthening the System; updated annually

Where We're Going:

- FY23-24, planning efforts to revise the Comp Plan
- FY 25, new Comp Plan adopted

MR. WILLIAMS explained that there have been several Comp Plans over the years and the length of the plans have varied. He pointed out the difference between the current plan and past plans. He stated that the current plan looks at the comprehensive system and the impacts on some of the health outcomes. Moving back to slide 18, he explained that there are several different variables involved in achieving healthy outcomes for Alaskans, such as employment, housing, and contact with the justice system. He stated that in the past these aspects, along with looking at individuals holistically, have not been the focus.

[7:07:58 PM](#)

REPRESENTATIVE FIELDS observed the rationality of the Comp Plan and the amount of work that has been done by the departments and commissioners.

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MR. WILLIAMS, on slide 22, stated that the current plan takes a systems level, policy approach and is set up so the gaps and objectives are obvious. He stated that this helps drive the conversation on the trust's funding decisions. He stated that grantees applying for trust funds cite the Comp Plan. He expressed excitement that the plan is being used and expressed hope that the trajectories on the indicators outlined on the Alaska Scorecard change. He pointed out that the current plan has a strong focus on prevention and early childhood intervention. He suggested that the early intervention has better outcomes, making it less likely someone will be sent out of state.

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MS. CARPENTER, moving to slide 23, presented the 2022 Alaska Scorecard. She stated that the Alaska Scorecard is a data

measurement tool which reviews key issues impacting trust beneficiaries. She stated that it examines population health outcomes of Alaskans receiving care and services. She explained that the Alaska Scorecard workgroup is formed from various department staff, and it meets biweekly for a year to prioritize the most meaningful measures to capture the outcomes of the Comp Plan.

MS. CARPENTER, moving to slide 25, addressed the next step for the Comp Plan. She stated that work on the next update will begin late 2023 for the 2025 to 2029 plan. She stated that development will be led by DOH and Department of Family and Community Services (DFCS), in coordination with AMHTA, and this will be informed by additional stakeholders and public comment.

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MR. WILLIAMS stated that when the current Comp Plan was being drafted, one of the grounding tenements was that it be a living document, evolving over time. He concluded the presentation on slide 26, which addressed AMHTA's budget concerning the Comp Plan. He pointed out that this has already been discussed during the presentation. He ended by pointing out AMHTA's goal of driving down the numbers of incarcerated mentally ill patients.

[7:16:35 PM](#)

REPRESENTATIVE MCCABE, concerning how many acres are under noncash assets, requested that the value of the fund be addressed.

MR. WILLIAMS answered that the total value of the trust at the end of FY 22 was \$500 million. He stated that there are also restricted and unrestricted budget reserves, which total \$200 million, and this is managed by the Alaska Permanent Fund Corporation and DOR. He said the trust's commercial real estate equity totals \$73 million.

REPRESENTATIVE MCCABE questioned the number of acres the trust has and how much was made by land sales.

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JUSDI WARNER, Executive Director, Alaska Mental Health Trust Land Office, Department of Natural Resources, responded that the trust owns about 1 million acres, including surface and

subsurface, with ABOUT 600,000 acres being surface. She said the trust sold 2.5 percent of the surface acreage out of trust ownership. In response to a follow up question, she stated that land sales in the current fiscal year to date are nearing \$3 million.

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REPRESENTATIVE PRAX questioned the land office's plan for managing its inventory. He offered his understanding that some of the land within the trust is for resource development. He questioned the determination of the value of trust land in reference to resource development.

MS. WARNER addressed the land management question. She said the trust strategically manages the land through a resource management strategy, which evaluates economic conditions in the areas where the trust owns land. She said this is vetted through a public process and the Board of Trustees. Concerning the question about the value determinations, she stated that the land office's mission is to maximize revenue from lands owned by the trust. She explained that, when land development projects are examined, the maximum revenue going back to the trust is measured. She further explained that this requires a recommendation from the trust. In response to a follow-up question, she stated that a resource management strategy is required by law and is on the website.

7:25:10 PM

MR. WILLIAMS, in response to a series of questions from Representative Ruffridge, stated that the projected figure for the total annual draw rate for expenditures to grants for FY 24 is \$30 million. Concerning how much of the draw is done yearly to manage grants, he returned to slide 12, pointing out that for FY 24 spending, a 4.25 percent draw would be made off the fund's four-year average. He answered that the yellow section of the pie chart on slide 12 denotes funds going to the state system, MHTAAR, while the green section denotes funding that goes outside the state system and to local governments and nonprofits which support services for beneficiaries. Concerning whether there is a constitutional authority directing that a percentage of the funding must go to the state or nonprofits, he responded that there is no statutory formula directing the trust to expend a portion of its funds through the state system, versus to the community. He noted that the figure for state services, which is currently \$9 million, tends to go up and down in value.

[7:29:51 PM](#)

MS. WARNER, in response to a question from Representative McCabe concerning whether there would be an investment into the governor's proposed carbon offsets, stated that the land office has been considering carbon sequestration and direct timber resources for over 10 years, and it may be closer now. She said that there is a likelihood the trust fund office will move timber resources into the carbon credit program.

MR. WILLIAMS, in response to a follow-up question, stated that the legislature does not grant money to the trust, nor does it grant money for the trust. He stated that only the Board of Trustees can authorize the expenditure of trust funds. He explained that, when the MHTAAR fund goes through the state budget process, the legislature is providing the receipt authority to the department to use MHTAAR funds.

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CHAIR CARPENTER, regarding the statutory requirement to divert excess revenue to the general fund, asked how AMHTA determines what is excess revenue.

MR. WILLIAMS responded that he could provide an answer in writing at a later time. He said the bottom line is that the trust grants out about \$37 million, while the need far exceeds \$30 million.

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REPRESENTATIVE MCKAY conveyed to Ms. Warner the work that went into HB 49 regarding carbon offsets. He asked if the trust is waiting for the bill, and whether it can operate independently in making contracts.

MS. WARNER responded that the trust land office does not need HB 49 to enter the carbon market or contracts regarding carbon. In response to a follow-up question, she answered that the trust is 18 months out for signing a carbon contract, and the acreage has not been determined yet. She said the trust recently completed a land exchange with the U.S. Forest Service, and active contractors are harvesting timber from these lands. She explained that the trust is looking at not including active timber harvests in the carbon program. She stated that the land

office has its own statutes and regulations which allow for this operation.

REPRESENTATIVE MCKAY commended AMHTA for doing the program and for developing its lands.

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REPRESENTATIVE COULOMBE opined on the goals of AMHTA. She asked how the trust could pivot if it has several boards and departments to work with. She further asked for insight on how the AMHTA's grants fit its goals.

MS. CARPENTER answered that the Comp Plan was built with the goal of "strengthening the system;" therefore, the goals were written with overarching thoughts on population health in mind. She provided an example of when AMHTA had to pivot. She described that the trust inherited a lawsuit when the Alaska Psychiatric Institute was in crisis, and a judge made a ruling in 2019, so the trust had to pivot in order to ensure Alaskans are receiving care. She recalled that this Comp Plan was presented to the legislature in 2020.

[7:44:20 PM](#)

REPRESENTATIVE MINA questioned the role AMHTA plays in the 1115 Medicaid Demonstration Waivers.

MS. CARPENTER answered that, in terms of Medicaid, the trust pays for services; however, it cannot pay for the work a provider would do to stand up a service, like a building or training. She said AMHTA has invested in electronic health records via the fiscal notes for SB 74.

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MR. WILLIAMS added that the trust does not have the resources to pay for services provided by Medicaid. He said the value of AMHTA is its ability to help, start, pivot, and enhance services where other fund sources cannot. He explained that AMHTA was a heavy investor in starting up the infrastructure of the Medicaid waiver because there were no other state funds available. He said that AMHTA can also be a player in providing bridge funding for organizations.

[7:47:50 PM](#)

CHAIR CARPENTER pointed to the suicide prevention section on page 4 of AMHTA's 2022 Alaska Scorecard [included in the committee packet]. He further pointed to the document on page 27, titled "Strengthening the System Comp Plan," in reference to the goal which would ensure Alaskans have access to a comprehensive suicide prevention system. He questioned the budgets in reference to these objectives on these pages and how measuring for the effectiveness of each program is determined.

MR. WILLIAMS responded that the Alaska Scorecard has this data, and the data on pages 27 and 28 of "Strengthening the System Comp Plan" is going in the wrong direction. He said it is not a signal of a failure in the system, rather outside factors may have affected the rates, and this has caused people to go the wrong direction.

CHAIR CARPENTER interjected to say that AMHTA's mission is to maintain an effective services for Careline Alaska. In order to understand whether the program is helping people, he questioned the measure of performance of Careline Alaska.

MR. WILLIAMS answered that the Alaska Careline is funded through DOH, and it would have the data on the number of calls received and the subsequent outcomes.

CHAIR CARPENTER questioned the location of the documents which would show DOH's results.

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MS. CARPENTER responded that she would follow up and provide more information about the careline and suicide prevention, which are funded through a grant. She shared that in July of last year, Careline Alaska launched "988" to allow people who are in crisis to reach the call line.

CHAIR CARPENTER stressed that the question is broader than this. He expressed concern about the whole Comp Plan, in that he cannot tell from the documents or the budget if this is an effective use of funds authorized by the legislature.

MS. CARPENTER responded that she would relay these comments to trust leadership.

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REPRESENTATIVE PRAX commented that the legislature is supposed to interface with DOH and DFCS, per the Executive Budget Act. He suggested that AMHTA is not subject to the Act, as it is a corporation of the state, not a part of the government. He questioned how and where the legislature should look at the goals. He questioned how these goals should be reviewed.

MS. CARPENTER responded that the goals are in the budget documents. She said these can be brought back before the committees.

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CHAIR CARPENTER thanked the presenters.

[7:59:06 PM](#)

ADJOURNMENT

There being no further business before the committees, the House Special Committee on Ways and Means and the House Health and Social Services Standing Committee meeting was adjourned at 7:59 p.m.