

**ALASKA STATE LEGISLATURE  
JOINT MEETING  
SENATE STATE AFFAIRS STANDING COMMITTEE  
HOUSE STATE AFFAIRS STANDING COMMITTEE**

April 3, 2025

3:33 p.m.

**MEMBERS PRESENT**

SENATE STATE AFFAIRS

Senator Scott Kawasaki, Chair  
Senator Jesse Bjorkman, Vice Chair  
Senator Bill Wielechowski  
Senator Elvi Gray-Jackson  
Senator Robert Yundt

HOUSE STATE AFFAIRS

Representative Ashley Carrick, Chair  
Representative Andi Story, Vice Chair  
Representative Rebecca Himschoot  
Representative Ky Holland

**MEMBERS ABSENT**

SENATE STATE AFFAIRS

All members present

HOUSE STATE AFFAIRS

Representative Sarah Vance  
Representative Kevin McCabe  
Representative Elexie Moore

**COMMITTEE CALENDAR**

PRESENTATION: WHAT IS AMHTA AND HOW DOES IT BENEFIT ALASKANS?

- HEARD

**PREVIOUS COMMITTEE ACTION**

No previous action to record

## **WITNESS REGISTER**

MARY WILSON, Chief Executive Officer (CEO)  
Alaska Mental Health Trust Authority (AMHTA)  
Anchorage, Alaska

**POSITION STATEMENT:** Co-presented the overview from AMHTA.

JUSDI WARNER, Executive Director  
Trust Land Office  
Anchorage, Alaska

**POSITION STATEMENT:** Co-presented the overview from AMHTA.

KATIE BALDWIN-JOHNSON, Chief Operating Officer (COO)  
Alaska Mental Health Trust Authority (AMHTA)  
Anchorage, Alaska

**POSITION STATEMENT:** Co-presented the overview from AMHTA.

## **ACTION NARRATIVE**

[3:33:39 PM](#)

CHAIR KAWASAKI called the joint meeting of the Senate and House State Affairs Standing Committees to order at 3:33 p.m. Present at the call to order were Senators Bjorkman, Wielechowski, Gray-Jackson, Yundt and Chair Kawasaki.

CHAIR KAWASAKI passed the gavel to Chair Carrick.

CHAIR CARRICK stated present at the call to order were Representatives Holland, Himschoot, Story and Chair Carrick.

Chair Carrick passed the gavel back to Chair Kawasaki.

### **PRESENTATION: WHAT IS AMHTA AND HOW DOES IT BENEFIT ALASKANS?**

[3:34:52 PM](#)

CHAIR KAWASAKI announced the presentation What is AMHTA and How Does It Benefit Alaskans?

[3:35:13 PM](#)

MARY WILSON, Chief Executive Officer (CEO), Alaska Mental Health Trust Authority (AMHTA), Anchorage, Alaska, co-presented the overview from AMHTA and moved to slide 2, Trust Beneficiaries. She said the board and staff are dedicated to supporting beneficiaries to improve their lives and health outcomes. Beneficiaries include Alaskans with behavioral health conditions or developmental disabilities, particularly those at risk of institutionalization. The trust prioritizes both youth and

adults, emphasizes community-based support to prevent worsening conditions, and incorporates prevention efforts when possible. She said while state statutes define beneficiaries using older terminology, the trust uses updated language; for example, referring to "substance use disorder" instead of "chronic alcoholic suffering from psychosis."

[3:38:31 PM](#)

MS. WILSON shared a video found at the following web address:  
<http://alaskamentalhealthtrust.org/about>

[3:41:14 PM](#)

MS. WILSON moved to slide 3, Creation of the Alaska Mental Health Trust Authority, and stated that the Alaska Mental Health Trust has its roots in pre-statehood Alaska, when people with disabilities were often institutionalized out-of-state due to lack of local services. In 1956, Congress transferred responsibility for mental health services to Alaska and granted one million acres to generate income for programs. She said by 1982, much of the land and funds were not properly allocated, leading to a 1984 class-action lawsuit, *Weiss v. Alaska*. The 1994 settlement established the Alaska Mental Health Trust Authority with restored lands, a \$200 million cash contribution, and an independent board of trustees. She said the settlement clarified that the trust supplements, not replaces, state funding for basic mental health services. More detailed historical resources, including an oral history project, are available on the trust's website.

[3:44:31 PM](#)

MS. WILSON moved to slide 4, Board of Trustees, and stated that the Alaska Mental Health Trust is governed by an independent Board of Trustees, which provides oversight and direction to improve beneficiary lives. Trustees serve five-year terms, are appointed by the governor, and confirmed by the legislature. She said AS 44.25.219 outlines the panel that considers applicants and sends recommendations to the governor for consideration. The panel of 6 people are either trust beneficiaries, their guardians, family members, or representatives of beneficiaries. She said panel members are selected by key state entities, including the Alaska Mental Health Board, Governor's Council on Disabilities and Special Education, Advisory Board on Alcohol and Drug Abuse, Alaska Commission on Aging, Alaska Native Health Board, and the Trust Authority. The trust currently has seven trustees.

[3:45:40 PM](#)

MS. WILSON moved to slide 5, Our Role, and stated that the Alaska Mental Health Trust administers a perpetual trust to improve the lives of its beneficiaries. As an independent state corporation, it manages land and cash assets to support comprehensive mental health and disability services, partnering with the state, local governments, nonprofits, tribal entities, and providers. She said funds are prioritized for system improvements, innovation, and strategic initiatives, with financial assets managed by the Alaska Permanent Fund Corporation (APFC) and Treasury Division, and land assets by the Trust Land Office. The trust develops an annual budget for grants and operations, is entirely self-funded, and manages assets with a long-term perspective for both current and future beneficiaries. She said the trust also advocates for beneficiaries, provides recommendations for state general fund allocations, supports development of the state's five-year comprehensive mental health plan, and adapts its tactics over time to align with evolving beneficiary needs and best practices.

[3:49:03 PM](#)

MS. WILSON moved to slide 6, Trust Focus Areas, and stated that the trust uses defined focus and priority areas to guide grant funding, advocacy, and systems change efforts. These areas are strategically developed over time with input from stakeholders and trustees, align with the state's comprehensive mental health plan, and ensure funding reaches all beneficiary groups across the lifespan, including children and the elderly.

[3:50:01 PM](#)

MS. WILSON moved to slide 7, Trust Grant Making FY26, and shared a chart. She stated that the Alaska Mental Health Trust's grant-making program is entirely self-funded and overseen by the Board of Trustees. For FY26, the trust will grant about \$30 million, divided between: Authority Grants (blue section of the chart)- awarded directly to community partners for planning, services, facilities, and workforce development. Mental Health Trust Authority Authorized Receipts (MHTAAR) grants (green section of the chart)- awarded to state agencies and included in the state budget with legislative approval. MS. WILSON said since inception, roughly \$270 million has gone to state agencies. Grants support capital projects, training, data and planning, and positions focused on beneficiary needs. She said spending is prioritized to drive system improvement and is often leveraged with other funders. A detailed FY24 grant investment report lists all funded projects.

[3:52:50 PM](#)

MS. WILSON moved to slide 8, Crisis Now Community Implementation 2024/2025, and stated that beyond grant-making, the Alaska Mental Health Trust leads system change initiatives, notably the multi-year Crisis Now program. This initiative aims to ensure individuals in psychiatric crisis receive appropriate, least-restrictive care, reducing suicides, emergency room visits, and inappropriate law enforcement involvement. Over five years, the Board of Trustees has committed about \$20 million in grants to support Crisis Now. The trust also provides expertise, convenes partners, and champions the initiative. Programs like the Fairbanks mobile crisis team demonstrate success, resolving 85 percent of the calls within the community rather than through law enforcement or hospitalization. While the front-end crisis response has improved, the trust continues working on back-end stabilization and follow-up services to fully transform crisis care in Alaska.

[3:55:43 PM](#)

JUSDI WARNER, Executive Director, Trust Land Office, Anchorage, Alaska, co-presented the overview from AMHTA and moved to slide 9. She stated that the Trust Land Office (TLO), a specialized unit within the Department of Natural Resources, manages about one million acres of Alaska Mental Health Trust land exclusively to maximize revenue. Assets include forestry, minerals and energy, commercial and program-related real estate, and mitigation lands. She said land management focuses on analyzing and coordinating across asset classes to achieve the highest and best use, with long-term sustainability in mind. Revenues support trust beneficiaries, with FY24 earnings exceeding \$17 million, including \$10.5 million from land sales and contracts. TLO also advances land subdivision projects, completing three last year and developing several others.

[3:57:32 PM](#)

KATIE BALDWIN-JOHNSON, Chief Operating Officer (COO), Alaska Mental Health Trust Authority (AMHTA), Anchorage, Alaska, co-presented the overview from AMHTA and moved to slide 10. She stated that the Alaska Mental Health Trust emphasizes beneficiary and stakeholder input as essential to its mission. She said beyond funding, the trust convenes partners across systems to advance initiatives at policy, state, community, and individual levels. Engagement occurs through public comment, listening sessions, roundtables, and collaboration with state advisory boards representing beneficiary populations. Regular interaction with professional and advocacy groups across the continuum of care informs staff and trustees in decision-making

and funding allocations. As a state corporation, the trust operates transparently under the Open Meetings Act, with publicly noticed meetings and accessible materials.

[4:00:36 PM](#)

MS. WARNER moved to slide 11, Trust Land Office Public Engagement, and stated that the Trust Land Office (TLO) shares the Trust Authority's commitment to beneficiaries but focuses on land management and revenue generation. Public and stakeholder input informs decisions, but all actions prioritize the trust's best interest. She said engagement occurs through public comment at board meetings, Trust Resource Management Committee updates, a 30-day public notice process for proposed actions, community meetings for major projects, and collaboration with industry and resource management partners to leverage broader stakeholder insights.

[4:02:34 PM](#)

SENATOR BJORKMAN asked if she could update the committee on the current fund balance, including projections for growth from the original \$200 million infusion in the 1990s and an overview of the total land holdings. He noted that in recent years, public access to Alaska Mental Health Trust land in his neighborhood has been restricted. He asked how such limitations impact public perception of the trust's value and its ongoing role in holding the land, and how the trust addresses situations where unauthorized structures are built on its property.

[4:05:25 PM](#)

MS. WARNER replied that trust lands are not general state lands but are open to the public through an over-the-counter general permit for activities like firewood gathering, wheeling, or berry picking. At times, access may be restricted due to safety risks from operations such as timber harvests. While public recreation is valued, the trust balances access with the need to generate returns. With one million acres statewide, unauthorized activities sometimes occur; in those cases, the trust typically works with state troopers to identify responsible parties and require cleanup but will handle it directly if necessary to protect investment value.

[4:08:32 PM](#)

SENATOR BJORKMAN expressed concern about people building on trust land without authorization and then being allowed to purchase that land because it rewards bad behavior and isn't in the public's interest. He reiterated opposition to restricting public access, emphasizing that because public funds and

resources support the trust, the public should have reasonable access to its lands.

[4:09:51 PM](#)

REPRESENTATIVE HIMSCHOOT asked when the trust sells land, does the trust sell it as raw land, or does it provide some level of development first and would adding improvements, such as Local Improvement Districts (LIDs) or other enhancements, help increase its value to the trust.

[4:11:11 PM](#)

MS. WARNER explained that land sales are evaluated case by case. The trust may add value by building roads or utilities if it increases returns, but the trust has not partnered with developers to build homes. She said sometimes the trust will sell only platted land, where roads are legally designated but not yet built. The approach depends on market demand in the community.

[4:12:00 PM](#)

REPRESENTATIVE HIMSCHOOT referenced slide 11 and expressed concern that managing trust lands solely for the benefit of trust beneficiaries places some Alaskans above others. She gave an example of land in her region that's slated for logging by the trust, that is heavily used by a village for subsistence, which would harm the community's livelihood and mental health while generating revenue for other Alaskans. She said the trust is not well-regarded in that community. She asked whether the requirement to manage land only for trust beneficiaries comes from statute or is it board policy.

[4:13:07 PM](#)

MS. WILSON replied that managing land for the trust's beneficiaries is by statute. However, the board does have flexibility to consider local impacts when reviewing proposals, and such ramifications can be considered.

[4:13:38 PM](#)

REPRESENTATIVE HIMSCHOOT noted that while public input is technically available through comments and board meetings, many communities may not be engaged in those processes. She stressed that a process can be public without truly being accessible and emphasized that the community wants more direct involvement in decisions affecting their area.

MS. WILSON stated that the Trust Land Office can't do something that will have a negative financial impact on the trust.

[4:14:55 PM](#)

MS. WILSON moved to slide 12, Trust Considerations: Decision Making, and explained that the Trust's decision-making is strategic and grounded in direction, collaboration with experts and boards, evidence-based practices, stakeholder input, and grant analysis. She emphasized using data-driven strategies and consistently prioritizing the needs of beneficiaries.

[4:16:25 PM](#)

MS. WILSON moved to slide 13, Trust Continues to Meet Its Mission, and stated that the trust has fulfilled its mission over the past 30 years by improving beneficiaries' lives, reducing stigma, and expanding access to quality care statewide. She said key achievements include crisis response efforts, funding more treatment options, strengthening community-based services, and awarding over \$465 million in grants. Financially, the trust's assets have grown from the original \$200 million to about \$800 million, including \$730 million managed by APFC, ensuring long-term stability. She said trust lands are managed to protect and enhance value, diversify revenue, and responsibly benefit beneficiaries.

[4:18:58 PM](#)

CHAIR CARRICK commented about slide 8 and the funding allocation between urban and rural Alaska. She referenced the Sources of Strength program in southwestern Alaska, an indigenous-led suicide prevention initiative with proven effectiveness. She asked how decisions are made regarding funding for urban projects versus evidence-based rural programs and whether rural communities are receiving equitable support.

[4:21:11 PM](#)

MS. WILSON replied that the trust emphasized its commitment to serving all of Alaska, including rural areas, acknowledging the challenges involved. For programs like Crisis Now, adapts services to fit smaller communities, such as scheduled mobile response visits to villages, while recognizing there is always more work to expand coverage.

[4:22:02 PM](#)

MS. BALDWIN-JOHNSON clarified that the map on slide 8 shows areas specifically involved in the Crisis Now initiative, not the full distribution of trust grants statewide. Many other communities have successfully partnered with the trust. She said the trust supports innovative, locally designed solutions, like the Crisis Now program in partnership with the University of

Alaska Fairbanks, allowing communities to tailor responses to their specific needs, often with input from tribal and local organizations. The trust values projects created by Alaskans for Alaskans and is eager to learn from successful initiatives.

[4:23:55 PM](#)

CHAIR CARRICK commented that the trust has strong data sources, like the Youth Risk Behavioral Survey, to identify areas of greatest need. She asked whether grants are mostly awarded to those who apply or are if the trust proactively reaches out to organizations in regions with the highest need to ensure equitable support for beneficiaries.

[4:24:58 PM](#)

MS. BALDWIN-JOHNSON replied that the trust acknowledged that reaching communities statewide is an area of ongoing improvement. The trust engages through local community connections, tribal and provider organizations, and regular meetings with tribal behavioral health directors to understand needs. She said public input, outreach about grant opportunities, and referrals from associations are also used. She emphasized that they are continuously seeking ways to improve equitable access and support.

[4:26:21 PM](#)

MS. WILSON emphasized the importance of continuously improving outreach and support, noting that multiple approaches— including partnerships, awareness, and proactive engagement were necessary. She mentioned having a visual map showing the geographic distribution of grants, including rural communities, which goes beyond the Crisis Now initiative and could be shared after the meeting.

[4:27:15 PM](#)

CHAIR CARRICK emphasized the importance of seeing the grant distribution data and acknowledged that resources are limited. She noted that equitable distribution is central to the trust's mission, raising the key question of whether the trust is using its assets as originally intended to serve all beneficiaries effectively.

[4:27:52 PM](#)

MS. WILSON agreed and stated her belief that the trust would always work on addressing gaps and hard issues.

[4:28:08 PM](#)

REPRESENTATIVE HOLLAND asked what the Alaska Mental Health Trust was doing to support startups and innovations like Step Away, Health Tie, and national programs like Johnson & Johnson's Amplify Access, and how these efforts fit into an overall strategy to build local capacity, create jobs, and promote Alaskan-based social impact organizations.

[4:29:34 PM](#)

MS. WILSON replied that strategic planning starts at the trust and with the trustees- valuing innovation, having expert knowledge, and accurate reflection of community needs. She said the trust gathers input from both Alaska and national sources, makes strategic choices, implements them effectively, measures outcomes, and adjusts as needed.

[4:30:23 PM](#)

MS. BALDWIN-JOHNSON replied that the trust actively supports innovation and technology initiatives, including partnerships with organizations like Step Away and Health Tie. The trust has collaborated and brought various organization together to identify challenges and provide support through grants, such as helping to launch a pilot program for addiction support. She said the trust also hosts conferences with technology and innovation tracks, connects partners, leverages philanthropic and state funding, and supports communities in seeing successful models in action. These efforts aim to adapt effective solutions for local Alaskan contexts and enhance services for beneficiaries.

[4:34:25 PM](#)

REPRESENTATIVE STORY referenced slide 10 and highlighted that while behavioral health treatment is essential, council members have also raised concerns about the lack of group homes and home accommodations that would allow people to live independently in their communities. She asked if the groups shown on slide 10 have communicated to the board regarding funding priorities and how the board balances these diverse and pressing needs when considering equitable funding.

[4:35:54 PM](#)

MS. WILSON replied that balancing needs is difficult due to limited resources and high demand. Each group advocates priorities, and the board works to align them with the state's comprehensive plan, typically setting two-year priorities. She said current focus areas include prevention in childhood and crisis management. She emphasized that while addressing mental health crises is essential, long-term improvement in population

health requires upstream prevention strategies, such as early interventions that reduce the likelihood of future crises.

[4:37:50 PM](#)

MS. BALDWIN-JOHNSON replied that the trust relies heavily on its four statutory advisory boards: the Governor's Council, Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, and Alaska Commission on Aging for guidance on statewide needs and priorities. These boards meet regularly with the trust, present at quarterly trustee meetings, and participate in budget development. The boards identify service gaps, highlight priorities, review project impacts, and help assess budget changes affecting beneficiaries. The boards input directly informs funding decisions, with some budget items reflecting priorities specifically advocated by these advisory boards. She said the trust recognizes that supporting independent living involves both funding and workforce challenges. The trust has invested in direct support service personnel through senior and disability services to help individuals live independently. Partnerships with the Alaska Association on Developmental Disabilities have been key, and the trust has also supported intentional communities, such as one on the Kenai Peninsula, where aging individuals with disabilities can live comfortably and independently with family support. She said these priorities have been incorporated into budget recommendations, many of which trustees have backed.

[4:41:45 PM](#)

REPRESENTATIVE STORY compared the above situation to deferred school maintenance, noting that community needs like housing and treatment facilities are consistent year after year. She pointed out that if more treatment housing existed, Medicaid could cover much of the operations, but the lack of buildings is a barrier. She asked whether the trust maintains a running list of recommended projects, how it tracks recurring priorities (including equity concerns like rural access), and how much can realistically be funded each year.

[4:42:51 PM](#)

MS. BALDWIN-JOHNSON emphasized the robust and transparent stakeholder engagement process, documenting feedback from hundreds of meetings and making it available online. She said common priorities, such as housing, consistently emerge year after year, and this input directly informs the trustees' identified focus areas and strategies.

[4:44:09 PM](#)

REPRESENTATIVE STORY asked how much the trust was able to fund annually, based on the summary of requests.

[4:44:22 PM](#)

MS. BALDWIN-JOHNSON replied she would need to follow up with the committee. She said each year a set amount is allocated to a portfolio of work within the trust's focus areas. She said because annual funding is limited, trustees distribute funds among those areas, with allocations varying somewhat between them.

[4:44:59 PM](#)

CHAIR KAWASAKI noted that in 2017, a legislative audit revealed that for about a decade, proceeds meant to be invested in the Permanent Fund Corporation were instead used by the Trust Land Office to invest directly in properties, some outside Alaska. He asked what steps the Trust Land Office and the Mental Health Trust Authority have taken since then to address the audit's findings and recommendations.

[4:46:22 PM](#)

MS. WILSON replied that the trust has been addressing prior audit findings on its commercial real estate portfolio by deciding to divest all properties. Of the six or seven properties, two have already been sold. She said the portfolio is now managed within the Trust Land Office under consultant oversight, with a plan to exit the commercial real estate business over the next few years.

[4:47:39 PM](#)

CHAIR KAWASAKI noted that the report concluded that the trustees' actions were well-intentioned, aimed at maximizing revenue for beneficiaries, and the actions were not conducted in a nefarious manner.

[4:47:57 PM](#)

MS. WARNER replied that trustees had used income generated between 2017 and the present to restore the funds taken from the principal to purchase commercial real estate, returning the money to the trust's corpus.

[4:48:29 PM](#)

CHAIR KAWASAKI stated that trust land is valuable, for example for mineral rights or for uses not everyone approves of. He asked what process the trust follows to decide whether to lease the land or hold it.

[4:49:27 PM](#)

MS. WARNER replied that the Trust Land Office tries to align with the community and public needs but when the two differ the trust turns to statute, which is to maximize the revenue. She said the trust follows a resource management strategy for each asset class, sometimes allowing below-market leases for beneficiary serving organizations. She said the decisions follow a two-step "best interest" process: applications are reviewed internally and then issued for public notice, with comments considered. She said decisions can be modified, denied, or affirmed, and there is an appeal process to the executive director.

[4:51:38 PM](#)

SENATOR BJORKMAN urged the Trust Land Office to proactively engage with local stakeholders, legislators, and communities when pursuing large land use projects. Early communication helps define the project narrative and prevents opposition or derailment due to lack of information. He asked how successful the Trust Land Office has been in attracting and retaining public members specifically on the Advisory Board on Alcoholism and Drug Abuse (ABADA) Board and if the trust is able to maintain enough board members.

[4:53:10 PM](#)

MS. BALDWIN-JOHNSON replied that board members are appointed by the governor and that, to her knowledge, the seats are generally well-filled with individuals who bring lived experience with recovery or mental illness. She said she didn't have the full board composition on hand and offered to provide that information or follow up with the boards if desired.

[4:54:05 PM](#)

SENATOR BJORKMAN noted constituent concerns about the ABADA Board particularly regarding how members with lived experience interact and function on the boards. He asked about the roles public members are placed in and referenced past conflicts among board members that led to negative interactions.

[4:54:47 PM](#)

REPRESENTATIVE HIMSCHOOT remarked on the irony that while many initiatives are funded by trust assets, the statute prioritizes money over broader mental health considerations, which she sees as problematic for her district. She referenced slide 6 and stated that in the FY25 budget process she attempted to increase funding for the Infant Learning Program (ILP) and was denied because the trust board hadn't requested it. She asked whether

the trust directly decides on program funding increases and how those decisions are made.

[4:56:10 PM](#)

MS. WILSON replied the trust has direct control over the authority grants, which come straight from the trust. For the MHTAAR grants, however, the process is more about receipt authority and collaboration with partners.

[4:56:33 PM](#)

REPRESENTATIVE HIMSCHOOT asked if the trust has any control or input on funding increase for the infant learning program.

[4:56:43 PM](#)

MS. WILSON replied that at the state level the trust has input but no control.

[4:56:56 PM](#)

MS. BALDWIN-JOHNSON replied that advisory board recommendations go through a formal process as part of budget discussions to identify priorities. Boards can request trust support for the general funds, though the ILP recommendation occurred outside that process. She said the trust strongly supports early intervention and ILP programs.

[4:58:03 PM](#)

CHAIR CARRICK noted the trust's valuable work and the need for more assets to meet growing needs but highlighted frequent conflicts between the trust land office's mandate to maximize revenue and community concerns. She noted the proposed land sale on Esther Dome as an example where revenue goals clashed with strong public opposition. She asked if increased legislative oversight in these decisions help guide the trust in balancing these two often competing priorities.

[4:59:35 PM](#)

MS. WILSON replied that legislative oversight could be one potential solution to balancing competing priorities, but it's unclear if it would fully resolve the issue. The funding of the trust comes from a combination of a fixed percentage of the permanent fund and revenue from land, timber, and mineral sales, which must be carefully preserved.

CHAIR KAWASAKI thanked the presenters for their overview.

[5:03:02 PM](#)

There being no further business to come before the committees,  
Chair Kawasaki adjourned the joint Senate and House State  
Affairs Standing Committee meeting at 5:03 p.m.