

MEETING AGENDA

Meeting: Program & Planning Committee
Date: October 19, 2023
Time: 8:30 AM
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (844) 740-1264 / Meeting Number: 2630 544 4892 # / Attendee Number: #
<https://alaskamentalhealthtrust.org/>
Trustees: Agnes Moran (Chair), Rhonda Boyles, Kevin Fimon, Brent Fisher, Anita Halterman, John Morris, John Sturgeon

Thursday, October 19, 2023

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| 8:30 Call to order (Agnes Moran, Chair) | |
| Roll Call | |
| Announcements | |
| Approve agenda | |
| Ethics Disclosure | |
| Approval of Minutes: July 26-27, 2023 | 4 |
| 8:35 Approvals | |
| • Alaska Impact Alliance: Reimagining Child Welfare Project | 24 |
| • Ketchikan Indian Community: Yi gu.aa xáx x'wán Permanent Supportive Housing Project | 42 |
| • True North Recovery: Matsu Valley Mobile Crisis Team | 61 |
| 10:15 Break | |
| 10:45 Approvals | |
| • Alaska Behavioral Health: Fairbanks Mobile Crisis Team | 71 |
| • Salvation Army Booth Transitional Housing | 77 |
| 11:45 Lunch | |
| 12:45 CEO Report | |
| 1:15 Data / Evaluation Presentation | 81 |
| • Mike Baldwin, Senior Evaluation & Planning Officer | |
| 2:15 Adjourn | |

Future Meeting Dates

Full Board of Trustees / Program & Planning / Resource Management / Audit & Risk / Finance

(Updated – September 2023)

- Full Board of Trustees November 15-16, 2023 (Wed, Thu) – Anchorage

- Audit & Risk Committee January 4, **2024** (Thu)
- Finance Committee January 4, **2024** (Thu)
- Resource Mgt Committee January 4, **2024** (Thu)
- Program & Planning Committee January 5, **2024** (Fri)
- Full Board of Trustees Jan 31 – Feb 1, **2024** (Wed, Thu) – Juneau

- Audit & Risk Committee April 24, **2024** (Wed)
- Finance Committee April 24, **2024** (Wed)
- Resource Mgt Committee April 24, **2024** (Wed)
- Program & Planning Committee April 25, **2024** (Thu)
- Full Board of Trustees May 22-23, **2024** (Wed, Thu) – TBD

- Audit & Risk Committee July 30, **2024** (Tue)
- Finance Committee July 30, **2024** (Tue)
- Resource Mgt Committee July 30, **2024** (Tue)
- Program & Planning Committee Jul 31 – Aug 1, **2024** (Wed, Thu)
- Full Board of Trustees August 28-29, **2024** (Wed, Thu) – Anchorage

- Audit & Risk Committee October 16, **2024** (Wed)
- Finance Committee October 16, **2024** (Wed)
- Resource Mgt Committee October 16, **2024** (Wed)
- Program & Planning Committee October 17, **2024** (Thu)
- Full Board of Trustees November 13-14, **2024** (Wed, Thu) – Anchorage

Future Meeting Dates Statutory Advisory Boards (Updated – September 2023)

Alaska Commission on Aging

ACOA: <http://dhss.alaska.gov/acoa/Pages/default.aspx>

Executive Director: Jon Haghayeghi, (907) 465-4879, jon.haghayeghi@alaska.gov

- Quarterly Meeting: TBD

Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse

AMHB: <http://dhss.alaska.gov/amhb/Pages/default.aspx>

ABADA: <http://dhss.alaska.gov/abada/Pages/default.aspx>

Acting Executive Director: Stephanie Hopkins, (907) 465-4667, stephanie.hopkins@alaska.gov

- Quarterly Meeting: TBD
- Statewide Suicide Prevention Council: October 26-27, 2023 / Anchorage

Governor's Council on Disabilities and Special Education

GCDSE: <http://dhss.alaska.gov/gcdse/Pages/default.aspx>

Executive Director: Patrick Reinhart, (907)269-8990, patrick.reinhart@alaska.gov

- Quarterly Meeting: February 13-15, 2024 / Juneau

ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING
July 26, 2023
10:45 a.m.

Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 200
Anchorage, Alaska 99508

Trustees Present:

Agnes Moran, Chair
Anita Halterman
Rhonda Boyles
Kevin Fimon
John Morris

Trust Staff Present:

Steve Williams
Katie Baldwin-Johnson
Eric Boyer
Allison Biastock
Miri Smith-Coolidge
Valette Keller
Sarah Morrison
Michael Baldwin
Autumn Vea
Debbie DeLong
Kat Roch
Carrie Predeger
Janie Ferguson
Luke Lind
Travis Welch
Jimael Johnson

Trust Land Office Staff Present:

Jusdi Warner
Jeff Green

Also participating:

Doreen Schenkenberger, John Springsteen, Lance Johnson, Jenny Weisshaupt, Dan Robinson, Charity Lee, Steph Hopkins, Steph Kings, Joanne Singleton; Ann Ringstad, Morgan Erisman, Sara Clark, Cary Moore, Jaqueline Summer, Kathy Craft, Laura Russell, Lisa Cauble, Jennifer Carson, Kimberly McDowell, Karen Blackburn, Sam Muse, Laura Herman, Lauren Rocco, Don Habeger, Karen Ward.

PROCEEDINGS

CALL TO ORDER

CHAIR MORAN called the Program & Planning Committee meeting to order and began with a roll call. She stated that Trustees Sturgeon and Fisher were excused. She asked for any announcements. She noted that she was not conferred or consulted with on the building of the agenda, and there may be items that she did not support going forward. She moved to approval of the agenda.

APPROVAL OF THE AGENDA

MOTION: A motion to approve the agenda was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORRIS.

After the roll-call vote, the MOTION was APPROVED. (Trustee Halterman, yes; Trustee Morris, yes; Trustee Fimon, yes; Trustee Boyles, yes; Chair Moran, yes.)

CHAIR MORAN asked for any ethics disclosures. There being none, she moved to the approval of the minutes of April 20, 2023.

APPROVAL OF THE MINUTES

MOTION: A motion to approve the minutes of April 20, 2023, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Morris, yes; Chair Moran, yes.)

CEO REPORT

CEO WILLIAMS began with an update on where staff was with the COMP Plan. He explained that they were in the final year of a five-year plan, and the Department, stakeholders, and the Trust were reviewing it. Then it would be updated and put out for public notice with the goal of having an updated Comprehensive Integrated Mental Health Program Plan by the new fiscal year. He added that Autumn Vea is the staff person who worked closely with the Department on moving it forward. They are also looking at updating the current MOA to move forward for the next five years. Updates will be provided as that unfolds. He moved to the Department of Health Division of Behavioral Health which is leading a behavioral health roadmap work with several State stakeholders. He mentioned the advocacy partners involved and stated that there is an aggressive timeline to do some regional work and gather information from communities focusing on children, youth, and families. They hope that the steering committee, which includes the Trust and many others, would have the ability to lay out what is gleaned from this work and make the recommendations and action items. Laura Russell from the Department is one of the key leaders in pulling this steering committee together; and Dr. Anne Zink chairs the leadership meetings. Updates on that work will be provided. He continued to the plans for a fall rural outreach trip, and gave a brief history for context. He stated that the updates would continue as they moved forward to finalizing the dates. He then reported on HB 172. He explained that this is a linchpin legislation for the Trust work to improve access to behavioral health crisis services and the components of the Crisis Now work. The legislation allows for the no-wrong-door approach to crisis stabilization and crisis residential. By “no wrong door,” individuals, either voluntarily or in an involuntary status, will be able to access services in those

settings. Section 36 of that bill talks about how the Department of Health, the Department of Family and Community Services, and the Trust, as well as many stakeholders, are to issue a report to the Legislature on four key areas, which he explained. He continued that the leadership team, which includes the Department, the Trust, and the identified stakeholders, have been looking at those areas for a long time. Required in the legislation is public comment which will be incorporated into the recommendations in the final report submitted to the Legislature in October.

TRUSTEE MORRIS stated that it was his understanding that, historically, the Trust has refrained from making recommendations about legislation. He noted that he could be wrong.

CEO WILLIAMS replied that the Trust actually reviews legislation on a regular basis every legislative session, in partnership with the advisory boards, for policies that may have a direct impact on beneficiaries. He stated that there have been times when the Trust provides public comment and has been invited to provide testimony to committees.

TRUSTEE MORRIS put into the record that the Trust should take a look at assessing the implication of the recent changes to the 80th percentile rule for staffing of medical professionals in Alaska and how that may affect beneficiaries.

CHAIR MORAN stated that the confusion is between lobbying, which the Trust does not do, and providing information.

CEO WILLIAMS stated that the Trust advocates and, by statute, is allowed to do that.

TRUSTEE FIMON asked if that is part of the written legislation.

CEO WILLIAMS replied that it is part of the larger bill.

MS. BALDWIN-JOHNSON briefly explained that this legislation is a Governor's bill, and the collaboration was jointly with the Governor's Administration, the Department, and the Trust. Policy issues need to be addressed in order to move forward on some of the reforms around crisis response. She added that this is a good example of how the Trust and the Administration could work closely together.

CEO WILLIAMS provided the fourth quarter of FYF23 CEO grant approvals. The report was sent out in one of his weekly reports, and he asked if there were any comments or questions.

CHAIR MORAN asked for those to be included in the packet in the future.

CEO WILLIAMS agreed, and added that it is also on the website.

TRUSTEE FIMON stated his appreciation for that.

TRENDS IN ALASKA WORKFORCE

CHAIR MORAN introduced Dan Robinson, the chief labor research analyst at the Department of Labor and Workforce Development. She added that he would be speaking on trends in the Alaska workforce. She thanked him for taking the time to be there.

MR. ROBINSON stated that he was glad to be there and explained that Research & Analysis primarily produces economic data, demographic data, and provides insights from the data. He continued that they have to produce data that is credible and is of high quality. He added that they do not take data from non-credible sources, and there is no political slant to anything. He stated that the data does not change, which is pretty important. He explained the data set “Job Openings and Labor Turnover Survey” which is done by the Bureau of Labor Statistics, which is also a partner. He talked about pre- and post-COVID employment data and the evidence derived from it. He added that there has been roughly a reduction of 30,000 in the number of working-age people in Alaska. The working-age populations are definitely shrinking, which matters actuarially for Social Security, Medicare, and those kinds of things. He talked about the echo boom, which is the kids of the baby boomers who were attracted to Alaska because of the high wages. He focused on healthcare, and stated that the job openings data is not available at the state level for healthcare; but he went through the national data. He stated that healthcare job openings data had been dealing with worker shortages before COVID hit. He added that healthcare is projecting to grow faster than everything else, and then continued on to some of the retention data.

CHAIR MORAN thanked Mr. Robinson, and stated that it was very informative. She noted a housekeeping detail and stated that Trustee Boyles had to leave tomorrow at 1:00 o’clock, and asked the trustees if they would be willing to go until 5:00 instead of 3:30, to get out earlier tomorrow. She called for a lunch break.

(Lunch break.)

APPROVALS

CHAIR MORAN called the meeting back to order and started with the Approvals. She asked for a motion on the first one regarding Volunteers of America Supported Employment for Young Alaskans.

MOTION: The Program & Planning Committee approves \$125,200 FY24 Beneficiary Employment & Engagement Focus Area allocation to Volunteers of America for the Supported Employment for Young Alaskans project. These funds will come from the IPS Support Employment line of the FY24 budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

CHAIR MORAN recognized Jimael Johnson.

MS. JOHNSON was pleased to introduce this funding proposal that had been worked on with Volunteers of America in collaboration with the State Division of Behavioral Health. She began with a background on both the employment model and the relationship with the State to roll this out on a statewide level, and then talked specifically about the project. She explained that the IPS, the Individual Placement and Supports model, is an evidence-based practice of supportive employment for people who experience serious mental illness and/or substance-use disorders. She stated that this model is used throughout the country and internationally. There is a high level of support from the national and international communities for states interested in implementing, which Alaska became a member of about three years ago. She continued that the Division of Behavioral Health had invested, over the years, through General Funds and staff

technical assistance, to try to build a network of agency providers that integrate this model into their practice. Currently, there are two agencies that met fidelity through its model in Alaska: One was in Homer with South Peninsula Behavioral Health Services, which has been doing this to fidelity for about five years; and Frontier Services in Soldotna is the newest agency to come online to fidelity. Anchorage has been one of the communities that has called for these services; particularly from the Division of Vocational Rehabilitation. This model is highly compatible with the vocational rehabilitation services, and it supports the work of voc rehab specialists. In partnership with both the Trust, Behavioral Health, and Vocational Rehabilitation, they had been methodically moving into communities, and they advertise this supportive employment model. She added that we are pleased that VOA was interested in the model when the Anchorage-based providers were approached. She stated that this proposal is the result of that outreach and their interest and readiness. She continued that this proposal is largely for staffing, which is the primary need for funding when implementing this model. She added that the model requires an employment specialist that is trained specifically in the eight practice principles of IPS. This proposal will help young beneficiaries in the Anchorage area to achieve gainful employment, which is one of the Trust's highest objectives within the Beneficiary Employment and Engagement focus area. She stated that Sarah Clark from VOA was there to help.

TRUSTEE HALTERMAN asked how ongoing funding for that position long term, after the Trust's involvement is over, would be sustained.

MS. JOHNSON replied that the Trust funds are intended as a startup. The Division of Behavioral Health has long-term committed funds for this evidence-based practice. Grant funding is expected to be available long term.

TRUSTEE HALTERMAN called for the question.

After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Halterman, yes; Trustee Fimon, yes; Trustee Morris, yes; Chair Moran, yes.)

CHAIR MORAN moved to the UAA doctoral occupational therapy program. She entertained a motion.

MOTION: The Program & Planning Committee approves an \$84,000 Partnership grant to the University of Alaska Anchorage for the Extension Project for Doctoral Occupational Therapy Trainees in Behavioral Health project. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

CHAIR MORAN recognized Eric Boyer.

MR. BOYER acknowledged that Dr. Cary Moore, from the University of Alaska-Anchorage, was there to answer questions, if needed. He explained that she is the director, academically, over the doctoral occupational therapy program at UAA, which is in the College of Health. He stated that this proposal is the second phase. A smaller award was made to the program to help support Doctor of Occupational Therapy students in an internship. They were paid a stipend for a year as they worked with an integrated team out in the community with the integrated behavioral health/primary care. He continued that the Mat-Su Health Foundation is also a partner, and they provided funding in that first year.

TRUSTEE MORRIS stated that there were three students that participated in the extension project in year '21-'22. He asked if any of them graduated.

DR. MOORE replied that all three had graduated. One of the other benefits of the program is that this training program rolled into their doctoral capstone project. Those three students that were funded are now employed at Providence; at an out-patient pediatric facility in the Valley; and at a pediatric facility in Anchorage. They all stayed in Alaska.

CHAIR MORAN asked for any other questions, called the roll.

After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Morris, yes; Trustee Fimon, yes; Trustee Halterman, yes; Chair Moran, yes.)

CHAIR MORAN moved on to the Bartlett Regional Hospital, Aurora Crisis Services, and asked for a motion.

MOTION: The Program & Planning Committee approves a \$476,200 FY24 Mental Health and Addiction Intervention focus area allocation to Volunteers of Bartlett Regional Hospital for the Aurora Crisis Services, Commencement of Operations Assistance Project. These funds will come from the Crisis Continuum of Care line of the FY24 budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

CHAIR MORAN recognized Travis Welch.

MR. WELCH noted that Jen Carson, the acting director of behavioral health for Bartlett Regional Hospital, and Kimberley McDowell, the chief operations officer and the chief nursing officer for Bartlett Regional Hospital were online. Lauren Rocco from Agnew::Beck Consulting was also scheduled to be there. He began with a brief background on Within Alaska utilized for the crisis stabilization services and talked about the various levels of care. There were DESs, which were designated evaluation and stabilization facilities; DETs, designated evaluation and treatment facilities; the Alaska Psychiatric Institute, API, can do evaluations, stabilize and provide treatment through and beyond 30 days. After the passage of HB172, the standing up of 23-hour crisis stabilization is allowed. This could receive individuals and keep them up to 24 hours for stabilization purposes. Evaluations for those in need of a higher level of care in order to apply for the ex parte order can also be done. Also allowed under HB172 is to stand up short-term crisis stabilization centers which could also be stood up in nonhospital facilities. People could be kept there for up to seven days. He added that those systems are regional. This project in Bartlett will have positive impacts not just for Juneau, but also for the greater region and throughout the state of Alaska. It will provide services at that lowest level of care and will open up beds in the higher level of care which are now used to provide that lower level of service. He went through some of the highlights of the project and added that it is scheduled to open in September. He continued that the Trust funding will not be used to support ongoing operations of the hospital right now. That funding will not be accessed until the Aurora Behavioral Health Center is opened. He explained that the project is the only current project where crisis stabilization services will be offered to juveniles.

MS. BALDWIN-JOHNSON added that the framework for working with communities on standing up these services is to work with the crisis collaborative, which is a network of all the providers in the communities and developing agreements among them for priorities in terms of access or discharges. She continued that communities that lacked services is another element that needs to be worked on with the Division of Behavioral Health, the Department of Family and Community Services, and the Department of Health to stand up the 1115 services or really work with organizations to expand what they offer. She added that it is working collaboratively with the Department to bring forward the priority need for those types of discharges.

CHAIR MORAN stated that it is taking much longer than seven days to find beds for juveniles. She asked if they will be held for the entire time or be shifted back to the hospital environment, and how will the lack of outside facilities for kids be handled?

MR. WELCH replied that there is a lot of coordination that will happen in figuring out where that juvenile needing assistance could go. Currently, within the system, they go into the hospital system in Bartlett where there are beds. He asked Ms. Carson to explain the current process.

MS. CARSON replied that, currently, they are being held on the med surg floor until a general placement is found. She noted that this is not ideal. The goal is, once the services stand up, they will be held onto and continue that therapeutic process working collaboratively with all the other community resources to find the best placement for them. They would stay in the facility. The plan is to not have them go into the hospital.

TRUSTEE MORRIS thanked Bartlett for leading on this issue and building a good coalition. It is a great cause.

MS. McDOWELL stated that it is a great opportunity for the community to be able to not only help this community, but also to help statewide. She continued that there is a great team at Bartlett working on it, and we still have some unanswered questions in navigating, being the first one in the state. She added that they are excited to be moving forward.

CHAIR MORAN thanked all and called the roll.

After the roll-call vote, the MOTION was APPROVED. (Trustee Fimon, yes; Trustee Boyles, yes; Trustee Morris, yes; Trustee Halterman, yes; Chair Moran, yes.)

CHAIR MORAN moved to the Juneau Housing First Collaborative, Forget-Me-Not Manor Phase 3, and entertained a motion.

JUNEAU HOUSING FIRST and FORGET-ME-NOT MANOR PHASE 3

MOTION: The Program & Planning Committee approves \$375,000 FY24 Housing and Long-Term Services and Supports focus area allocation to the Juneau Housing First Collaborative for the Forget-Me-Not Manor Phase 3 Project. These funds will come from the Supportive Housing Projects line of the FY24 budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

MS. BARSTAD stated that Morgan Erisman is the program director for the Forget-Me-Not

Manor with the Juneau Housing First Collaborative. She stated that supportive housing continues to be a priority initiative for the housing focus area as it serves almost entirely Trust beneficiaries who are at great risk of institutionalization. The permanent supportive housing initiative helps to ensure that some of the most vulnerable Trust beneficiaries who are homeless, have chronic conditions with a co-occurring behavioral health condition could be housed, regardless of the status of their recovery or their engagement in treatment. She added that this is incredibly important because there are virtually no other opportunities for housing for individuals with all of these criteria. Many of them are seen homeless on the streets today. She stated that the initiatives are incredibly successful, and there is an outcome study attached to the memo. The University of Alaska is engaged with the Juneau Housing First Collaborative to study the impact of these projects. There was a significant impact not only in the individual beneficiaries housed in these projects, but also a community impact. Projects with permanent supportive housing impact the emergency services in a community. There are reduced police interactions, reduced emergency room usage, and a reduction in sleep-off center usage. She continued that many people who had been housed through supportive housing had been able to engage in healthcare services that they had delayed for many years, and in some instances over 10 years. She stated that this project is for Phase 3, and the Juneau Housing First Collaborative is planning on developing 28 units for this project. It is the third and final phase for Forget-Me-Not Manor. She added that this is critical for some of the most vulnerable Trust beneficiaries who really need that housing-first approach to have success and inclusion in the community.

TRUSTEE HALTERMAN stated that she had a concern on Phase 3. Would the focus change to talking about employability for some of the Phase 3 beneficiaries that do not have as many medical barriers to return to employment?

MS. BARSTAD talked about the interesting differences in the Phase 2 and Phase 3 populations. She stated that some of the individuals housed in Phase 1 had been chronically homeless for over 15 years and predominantly used alcohol. Phase 2 shifted a bit. There still was some significant alcohol use, and we also found more of a variety of illegal drug usage, as well. She continued that it will be interesting to see what will happen with Phase 3. One unfortunate problem of not being able to get these online quickly is that people were accumulating years of chronic homelessness while waiting for units to become available. She asked Morgan Erisman for comments.

MS. ERISMAN stated that there was a difference in Phase 2 with a significant decrease in the ER visits, and she imagined that Phase 3 would be similar. She continued that, with Phase 3, she sees providing more supports to those that continue having the chronic medical conditions, and we will need to account for those long times of homelessness.

TRUSTEE HALTERMAN stated that there was not a lot of expectation of folks being employable, and they are likely going to be an older population with long-term homelessness. This would be a permanent solution for those individuals.

MS. ERISMAN replied yes.

TRUSTEE BOYLES commented that this is basically construction money and stated that she was very supportive of this. Her concern was about ongoing operations, and she asked if there would be other requests in the future for operations for this project.

MS. BARSTAD replied that they occasionally get operations for the supportive housing projects. She added that the projects in place at this time have not been requesting the operations.

TRUSTEE MORRIS asked if, in Phase 3, clients would still be required to have been homeless for greater than one year.

MS. BARSTAD replied, yes, that it addresses the chronic homeless population.

TRUSTEE MORRIS stated appreciation on the inclusion of the five-year data summary from UAA dated August 2022. He added that he would like to see, moving forward, this type of data being maintained on a continuous, rolling basis by the Trust grant recipients. The level of outcome data in this report is golden, wonderful.

CHAIR MORAN stated that she was very supportive of housing first and supportive housing. Her concern was, if they were only doing two housing grants this year, Phase 3 should not be funded. She continued that they should be looking at communities that do not have this resource, and to dedicate the funds to getting into those communities to start developing this resource. She added that she would not support this because this funding should be taken to look at those communities and do some true catalyst funding to try to distribute this solution across the state instead of concentrating it into some of the hub communities. She called the question.

After the roll-call vote, the MOTION was APPROVED. (Trustee Halterman, yes; Trustee Fimon, yes; Trustee Morris, yes; Trustee Boyles, yes; Chair Moran, no.)

CHAIR MORAN called a break.

(Break.)

CHAIR MORAN called the meeting back to order and began moving through the FY25 Trust budget recommendations introduction. She recognized CEO Williams and Ms. Baldwin-Johnson.

CEO WILLIAMS gave a stage setting for what would be started today and would continue tomorrow. He acknowledged that the FY25 budget was presented first last year because, by regulations, a two-year budget is developed and presented, which aligns with the legislative cycle. He asked Ms. Baldwin-Johnson to continue.

MS. BALDWIN-JOHNSON stated that staff was ready to provide as much information about the background in focus areas and strategies as trustees are interested in hearing. She stated that the process was very informed and collaborative with a reliance on the partners and stakeholders working with the beneficiaries to help understand the needs and the priorities. A very engaged stakeholder process is important to bring forward recommendations in a transparent way with the opportunity to have input. The purpose of this committee is that it is another opportunity to look at that second-year budget, and to reaffirm what was originally approved and still solid recommendations. She highlighted that, in addition to making recommendations for Mental Health Trust funds, the Trust has a statutory responsibility to make General Fund recommendations, which are also included in the budget. She added that the ultimate goal was to

use this meeting to give trustee feedback into what was brought forward. The draft budget would be fine-tuned and finalized for the August 25th board meeting for reconsideration and adoption. That budget needs to be transmitted to the Legislature and the Governor by September 15th.

MR. BOYER highlighted some of the common themes that were learned through the stakeholder budget survey, which is done yearly.

MS. BALDWIN-JOHNSON thanked Mr. Boyer and invited Autumn Vea to touch base about the COMP Plan and how it was integrated into the planning process.

MS. VEA stated that the COMP Plan covers a lifespan approach and is the primary statutory responsibility of the Department of Health, the Department of Family and Community Services, in conjunction with the Trust. The collective plan supports the vision that Alaskans receive comprehensive prevention, treatment, and support services at appropriate levels. This collective vision is broken out into nine separate goals. Those goals and the corresponding objectives and strategies are the collective work of the entities involved. Each of the entities helped to contribute and plan and provided stakeholder feedback to the COMP Plan, which related back to the feedback loop discussed earlier. She continued that the COMP Plan is measured by the Alaska scorecard indicators that determine what strategies and approaches may need to be updated. She noted that the COMP Plan was in the process of being updated.

TRUSTEE HALTERMAN asked if efforts were made to reach out to beneficiaries as stakeholders to weigh in.

MR. BALDWIN replied that part of the increased outreach is to hit populations in locations where beneficiaries could be accessed. There is an increased effort to recruit beneficiaries into the survey, which increased participation.

MS. BALDWIN-JOHNSON explained that this had been developed with the recommendation of Trustee Fisher, the Finance chair. He wanted an additional visual that would support trustees going through the budget for easy access and understanding of the different strategies. She explained the spreadsheets more fully and talked about budget terminology. She continued explaining the columns and the budget strategies and what everything meant. She stated that the presentations today would cover the focus areas first, and then hit the other priority areas. Then we will shift to the nonfocus area allocations. A solid overview will be provided and will highlight some shared data. She stated that the first transition would be with Eric Boyer and Janie Ferguson to cover mental health and addiction.

MR. BOYER began with the budget focus and priority area allocations in the proposed budget. He stated that the program staff had been doing a lot of great work, and we love the opportunity to dialogue. He talked about the things that the beneficiaries would benefit from and talked through some of the things that had been done.

MS. FERGUSON continued that the Trust Mental Health, Addiction, and Intervention area is focused on the entire continuum of care. This is about prevention to early intervention, treatment and recovery for the Trust beneficiaries that were living either with serious mental illness or emotional disturbances, any mental illness and dependency of substance-use disorders. She

framed the focus area and provided more context as it aligned with the Comprehensive Mental Health Plan. It took a wide range of partners and stakeholders to address the needs and to develop effective strategies. The stakeholder engagement approach includes planning and engagement on a systemwide level to ensure the positive impacts across the lifespan of Trust beneficiaries, with the ultimate goal of improving the overall health outcomes and increasing the quality of life. She talked about the goal of this focus area being to develop that system of care for the Trust beneficiaries to receive the right level of care, at the right time, in the right place, in the least restrictive setting, and as close to home in their community of choice. She added that all of those goals align with the COMP Plan.

TRUSTEE MORRIS asked about the scorecard and what improvements were made in the 10 years.

MR. BOYER continued that Mike Baldwin gave a presentation back in April at the Program & Planning meeting about the results-based accountability process. He added that he would talk about some of those results on a regional basis. That process involved the system as a whole.

MS. BALDWIN-JOHNSON added that it is important to distinguish that the scorecard is not solely measuring Trust performance. It is an indication overall for the State of Alaska, and where it is on this issue. She stated that the data evaluation process and how to look at the focus areas and measuring the progress is a work in progress. It is a continuous quality improvement that has also been worked on.

TRUSTEE HALTERMAN commented that she was excited to hear the fact that Maniilaq had their peer support model coming online. She thought about the sustainability of those programs when partnering with the tribal partners because of the mechanisms for greater reimbursement under that umbrella.

MR. BOYER stated that the project management group, Agnew::Beck, Becky Bitzer, was working on the clinical modeling to have access to a federal mechanism under the tribal system in concert with Medicaid with the integration of peers. In a few months, they should be able to show how those things would start showing sustainability.

MS. FERGUSON shared some of the successes from the past fiscal year. In considering how it was going, the key considerations were rooted in results-based accountability or the RBA format. She shared that the key considerations were: how much was done, the quantity of work; how well it was done, the quality of the work; and was anyone better off, or the overall impact of the work. Each of the projects demonstrated each facet of the RBA framework and the importance of collaboration with the key partners and agencies to drive the work with the Trust beneficiaries across the continuum of care and the interconnectedness of each of the Trust focus areas. She then discussed the work and reports from the projects and focus areas.

TRUSTEE BOYLE commented on Crisis Now and how she loves it because it is visionary. The Trust has the opportunity to set research and development to the state because they cannot move outside of their legislative parameters. The Trust is not a State agency; it is the Trust. The Trust put a lot of thought and work into this, which has been happening for three years. She was proud of the work that the Trust does with Crisis Now, and it is spreading across the state.

MS. FERGUSON talked about the highlights of the strong partnership it took and the impact of the life-changing services.

MR. BOYER moved to the budget spreadsheet and walked through some of the line items and increments. He gave some examples of what was done last year. He then looked at '24 and then '25. He gave some perspectives and then moved to changes. He stated that the largest increments of unallocated funds were in this budget area and some of that was for how treatment access would be expanded. He continued through the spreadsheet and talked about the funding as he went through it. He asked for any questions.

CHAIR MORAN replied that there were no questions, and called a break.

(Break.)

FY'25 TRUST BUDGET RECOMMENDATIONS PRESENTATION

CHAIR MORAN called the meeting back to order and recognized Travis Welch to start with Disability Justice.

DISABILITY JUSTICE

MR. WELCH stated that the Disability Justice focus area has been a focus area since about 2005. There are a number of stakeholders and partners who work in this focus area. Everyone from the Department of Corrections, Public Safety, and law enforcement throughout the state, service providers, management coalitions, the Court System, a number of tribal organizations, and a number of partners. He added that this was identified as a focus area because Trust beneficiaries are more at risk than nonbeneficiaries of being involved in the justice system as either a victim of crime or a perpetrator of crime. They have high recidivism rates and spend more time in jail than non-Trust beneficiaries. He went through some of the projects and highlighted the crisis intervention teams. The CIT budget line has been part of the Trust strategy for quite a while, and the Trust was one of the founding agencies of bringing CIT to Alaska. He stated that it provides an opportunity for law enforcement and first responders to receive training on how to respond with someone experiencing a behavioral health emergency. He explained the centralized competency calendar which deals with Title 12 in the statute book.

TRUSTEE HALTERMAN asked what is meant when “a patient is restored”? Does it mean that they were properly medicated? What process took place to get someone restored and able to stand trial?

MR. WELCH replied that this is not treatment. It is solely getting that individual to the level of bare minimum where they understand the judge, his attorney, he is the defendant being charged with a crime. He continued to APIC, Assess, Plan, Identify, and Coordinate, which is an effort with the Department of Corrections that provides services for the most at-risk Trust beneficiaries leaving a facility, or for re-entrants. These individuals are totally on their own outside of whatever supports they connect with. APIC works within the institution to identify Trust beneficiaries ready for release who are the most acute and at risk of recidivating. He continued explaining the budget and concluded his presentation.

CHAIR MORAN thanked Travis, and recognized Jimael Johnson for Beneficiary Employment & Engagement.

BENEFICIARY EMPLOYMENT & ENGAGEMENT

MS. JOHNSON began with a brief background and added that the original name of this focus area was the Beneficiary Projects Initiative, which began in 2004. The BPI was originally a cohort of agencies around the state that focused on recovery services through the lived experience of beneficiaries. These are often beneficiary-led and operated, and focuses on the engagement of beneficiaries through that lived experience. In 2014, a statewide initiative related to employment, the Employment First Initiative, passed through the Legislature. The focus area expanded to include employment, and it became the Beneficiary Employment & Engagement, BEE. She explained that the employment half of the focus area focuses on increasing opportunities and employment for beneficiaries that is competitive and integrated. She continued to the microenterprise budget, which is a long-standing partnership with the Governor's Council and the University of Alaska Center for Human Development, which administers the program. These are entrepreneurial, small grants that go directly to beneficiaries, up to \$10,000 for their lifetime. The goal is to increase access and self-employment opportunities for beneficiaries with disabilities. This continues being promoted and supported by the partners, including the advisory boards.

MR. WELCH continued that the beneficiary project initiative, BPI, is beneficiary-led. The organizations provide services, primarily around peer support, to Trust beneficiaries. In Juneau, the trustees met Hazel Lecount, the executive director for the Polaris House, who talked about the services provided as a clubhouse. During the pandemic, they were instrumental in keeping beneficiaries engaged by providing amazing services to Trust beneficiaries. He also talked about NAMI Anchorage and NAMI Juneau, and the supports provided directly to them.

MS. JOHNSON continued to the scorecard and the percentage of Alaskans that experience a disability that are employed. She stated that the partners continue bringing this forward as a high priority with emerging and potential opportunities for Trust investment in development. She went through the categories in the budget for the focus area.

CHAIR MORAN thanked both and stated that they would pause and come back at 8:30 in the morning. She recessed the meeting.

(Program & Planning Committee meeting was recessed at 4:41 p.m.)

ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING
July 27, 2023
8:30 a.m.

Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 200
Anchorage, Alaska 99508

Trustees Present:

Agnes Moran, Chair
Anita Halterman
Rhonda Boyles
Kevin Fimon
John Morris

Trust Staff Present:

Steve Williams
Katie Baldwin-Johnson
Eric Boyer
Allison Biastock
Miri Smith-Coolidge
Valette Keller
Sarah Morrison
Michael Baldwin
Autumn Vea
Debbie DeLong
Kat Roch
Carrie Predeger
Janie Ferguson
Luke Lind
Travis Welch
Jimael Johnson

Trust Land Office Staff Present:

Jusdi Warner
Jeff Green

Also participating:

John Springsteen; Stephanie Hopkins; Don Habeger; Daniel Delfino; Donald Gotchal; Jennifer Smerud; Susan Kessler; Tonya Newman; Patrick Reinhart; Janny Weisshaupt; Julie Coulombe; Hattie Harvey; Edra Morledge; Aaron Surma; Doreen Schenkenberger; Ann Ringstad; Joanne Singleton; Carmen Winger; Charity Carmody; Liz Hunt; Tamar Ben-Yousef; Jared Parrish; Lance Johnson; Kathy Craft; Steph King; Laura Russell; Eric Murphy.

PROCEEDINGS

CALL TO ORDER

CHAIR MORAN called the Program & Planning Committee meeting to order and noted that they would keep to the original timeframes.

FY25 TRUST BUDGET RECOMMENDATIONS PRESENTATION HOUSING HOME & COMMUNITY BASED SERVICES

MS. BARSTAD stated that it was her pleasure to talk about the Housing & Home and Community-Based Services focus area. This focus area, which was shortened to Housing & HCBS, began in 2006 and just started with housing; and home- and community-based services were added in 2013. She added that this focus area ensures that beneficiaries have the opportunity to live meaningful lives with access to and inclusion in the communities. They are connected to the COMP Plan in two different sections: Goal 3, which focuses on economic independence; and Goal 7, which reduces the institutional placements that people experience. Some of the history of home- and community-based services was that this entire sector was developed to deinstitutionalize individuals from skilled nursing homes and other institutions that were used to place people with disabilities. She stated that this work is critical because it supports the core mission of the Trust to prevent institutionalization, and to ensure that the beneficiaries are transitioned away from institutional care. She continued that the home- and community-based service system does have some robust aspects; however, only one category of beneficiaries is able to access these services through Medicaid. She explained and added that this entire continuum of care is important for the entire population of Alaska, but especially for Trust beneficiaries. The key components of a robust home- and community-based services system are that the services are person-centered and flexible. She highlighted two current projects that had a real impact with these services. One was the care coordination support project because it showed a good partnership between the Trust and Senior & Disability Services, as well as the private provider system. She stated that a care coordinator is required to access any of the 1915(c) home- and community-based services waivers. She continued that the care coordination network is still very vibrant and alive. The Alaska Association for Developmental Disabilities also supports some of the care coordination efforts through memberships. She continued and talked about the incredible array of services that are available to beneficiaries with intellectual and developmental disabilities, with more work to do to ensure access to Medicaid benefits for home- and community-based services for the other beneficiary categories; and looking at how the system could respond more quickly and more flexibly to people's specific needs. She stated that there is a huge challenge bringing home- and community-based services to a small community because it is very difficult to open assisted living homes. There may not be enough residents to keep that type of business afloat. She continued that the basic in-home services, like personal-care services, chores, respite care could be developed anywhere in the state, and there are parts of Rural Alaska that need those services. More work is needed in developing the capacity to ensure that those services are available statewide. This is an ongoing goal and is supported by the Trust. A rural home- and community-based services coordinator is needed, and the Commission on Aging is looking at that. She added that there are a lot of Alaskans in need of more home- and community-based services, and she talked about the challenges. The other budget strategies looked at policy coordination and capacity development, which is key for any area. Another section optimized the information technology and the analytics and we have some good data. She moved to the HUD continuum of care designations with Daniel Delfino and Jennifer Smerud online. She

asked them to talk about how HAP and SHG were divided out between those two continuums of care.

MR. DELFINO stated that he is with Alaska Housing. He continued that the specialized housing grant and the homeless assistance programs have distinctions of having Anchorage and the balance of the state. He added that the special needs housing grant program and the homeless assistance program operate outside of that. It is a lower-barrier resource for communities to access all across the state and had considerably less red tape and data entry. That makes it easier for the program sponsors working with that resource. He added that the funding is competitively allocated. He stated that he could provide a list of the supportive housing from the special needs housing grant. For the service component, there is a good distribution across the state. The more recent exceptions for that were the supportive housing development funded in partnership with the Trust and some of the federal partners in Nome and in Bethel.

MS. BARSTAD concluded her presentation.

WORKFORCE DEVELOPMENT

MR. BOYER stated that the workforce focus area has been one of the priority areas since 2008. He began with a brief background and stated that all of the funds in the workforce priority area were allocated. The work of the Trust could not be done without the partners, with the University of Alaska being a key partner. One of the advocacy points that the Trust and partners worked on for years was for the direct support professional; there was no standard occupational classification for that position. This was advocated through legislative levels to get that changed. It passed out of Senate Committee and was at Homeland Security. It was Senate Bill 1332, which opened positions for direct support professionals. He continued through his presentation describing and discussing some of the programs.

CHAIR MORAN asked Kathy Craft and Eric Murphy from the University of Alaska to talk about developing a school psychology program.

MS. CRAFT stated that she was the associate vice-provost for health programs for the University of Alaska Anchorage. She lives in Fairbanks and also works with UAF and UAS because they do not have programs across the state.

DR. MURPHY stated that he is the head of the psychology department at UAA. He noted that Dr. Hattie Harvey was also online.

DR. HARVEY stated that she is an associate professor in the psychology program.

CHAIR MORAN stated that they were seeing a move to getting mental health counselors in schools. It takes a pretty specialized person or mix of talents to deal with the kids in middle school and high school and then in the elementary school, which is different from what is seen from a regular child psychologist. She was curious about how those issues are being addressed.

DR. HARVEY stated that in the past year there was a culmination of a lot of different information, including the needs assessment, as well as a number of stakeholders meetings with different school districts and the Department of Ed. She continued that over the past 20 years there was some initiation of trying to start a school psych program. He continued that they are in

a good position now with administrative support as well as the recognition of behavioral health and school-based mental health services coming to the forefront as a priority. This interdisciplinary lens shows there are numerous professionals who can support children. She added that school psychologists are required by the Individuals with Disabilities Act, federal legislation that requires school psychologists to be part of school-based services for identifying children with disabilities and supports. Broader, the National School Psychologist Association has a substantial training outline regarding comprehensive services which focuses on prevention and intervention. She stated that the behavioral work with multiple professionals for school-based mental health services will be critical.

CHAIR MORAN asked about the timeframe for bringing this program online.

DR. HARVEY replied that this past year was Phase 1; a very informal gathering of information. FY24 and FY25 are in preparation for fully developing curriculum policies for teachers, partnerships with school districts. At a minimum, they are required to have three full-time faculty for a licensed school psychologist. The goal is to have their first cohort in the fall of 2025. The cohort, by the accreditation standard, is 12 for every full-time faculty. It is a three-year program with a minimal requirement, by national accreditation, of 60 credits.

MR. BOYER thanked all three and continued to the SHARP support which is directed towards the Division of Family and Community Services, API.

TRUSTEE BOYLES asked how long the Trust was looking at supporting that program, and then when it would go for approval to the Board of Regents.

DR. HARVEY replied that the goal was to have this to the Board of Regents by March so they could have it and review it on their summer agenda.

MR. BOYER thought that it was a three-year startup to get to the point where it would be a sustainable program within the university system. Once the cohorts are brought on, the funding for those will take over and manage that program.

CHAIR MORAN called a break.

(Break.)

CHAIR MORAN called the meeting back to order, and recognized Jimael Johnson.

EARLY CHILDHOOD INTERVENTION & PREVENTION

MS. JOHNSON stated that she would present on the Early Childhood Intervention & Prevention priority area within the FY25 budget. She began with a brief background on the priority area. She continued that the first goal of the COMP Plan focused directly on early childhood: the reduction of adverse childhood experiences through emotional resiliency for young families. She moved on and talked about the vast benefits for Trust beneficiaries. Children born with developmental disabilities who were able to access the early intervention services had much better health and education outcomes when entering school-aged services. She gave a snapshot of some of the program data and then talked about some of the higher-level population outcome data from the scorecard. She highlighted the Help Me Grow Alaska with the All Alaska

Pediatric Partnership, which is a national model of linkage and supports for health and related services for families with young children. That was how it was designed. This program has seen a sharp increase in the need for mental health services since the pandemic. It was one of the programs that tracked, in real-time, because of that on-the-ground exposure, and contracted with both families and providers what was needed throughout the state at any given time. She continued going through and explaining the budget and the programs that were being supported.

FY25 TRUST BUDGET RECOMMENDATIONS – NEXT STEPS

COO BALDWIN-JOHNSON stated that she would go through the Non-Focus Area Allocations. She went through some of the highlights of some examples of the good work that happened in this area. She explained that they were the kinds of strategies that helped support the work of the Trust. She added that they are not operating dollars, which enables expanding the capacity. She talked about the behavioral health mini-grants and how the individual needs to be working with an agency with the need to meet the criteria of beneficiary status.

MS. PREDEGER continued that, for the individuals with intellectual and developmental disabilities, families would be enrolled in the infant and early intervention programs.

MS. BALDWIN-JOHNSON asked Kelda Barstad to describe the technical assistance program.

MS. BARSTAD replied that the technical assistance program is a competitive RFP that is put out every four to five years to gather together contracted resources for agencies that serve beneficiaries. These contractors have a contract directly with the Trust, and it is a project that she administers. She continued that the agencies contact program officers that check to make sure there is a contractor that meets a need, and that the need is one of the identified priorities within the contract. She added that, most recently, in implementing 1115 services, the TA contract had been good for getting some of the startup activities necessary to put agencies on a trajectory to offer these services to the community.

TRUSTEE FIMON asked for more specifics about Communications.

MS. BIASTOCK explained that the communications line primarily funds the contract with a communications firm. Those funds support the paid media for the media campaigns, graphics support, and development for things like the annual report, some of the social media graphics and other things like that.

MS. BALDWIN-JOHNSON moved to the COMP Plan data evaluation section which had funding to support the COMP Plan work. She also talked about the scorecard update. She wrapped up with the changes in the budget.

CHAIR MORAN called for a short break.

(Break.)

CHAIR MORAN picked up with the FY25 Trust budget recommendations and recognized Steve Williams, chief executive officer.

CEO WILLIAMS highlighted a couple of things that were taken away by the trustees from what

developed yesterday and this morning. He reminded all about the good discussion about the COMP Plan. He hoped that the trustees were taking the recommendations that were brought forward in a very collaborative and informed way with multiple stakeholders. He also hoped that the support and efforts and the direction given by the trustees would be used in producing outcomes that improve the lives for beneficiaries and would be brought up in August.

COO BALDWIN-JOHNSON stated that the meeting was to reorient what is in the budget and what the strategies are. Between now and the board meeting in August, staff will be further refining, if needed, the level of changes in the budget.

CHAIR MORAN stated that if there were any ideas or suggestions, to please send them to Ms. Baldwin-Johnson and to copy the whole board and the CEO.

COO BALDWIN-JOHNSON suggested sharing the input by August 7th which will leave plenty of time to work on it.

TRUSTEE HALTERMAN commented on learning the connection between the COMP Plan and Strengthening the System. She recommended, after presenting to the Legislature, a bit more comprehensive review of the COMP Plan, how it interconnects with Strengthening the System and the Trust's role. She asked that it be pared down for trustees. There were a lot of new legislators which led to a lot more questions about the interconnection of those documents and the process of how it all intertwined to a comprehensive budget. She added that some additional training for the board might be helpful.

CEO WILLIAMS replied that they would be happy to do that.

CHAIR MORAN asked for Trustee Comments.

TRUSTEE HALTERMAN thanked each of the committee chairs for the amount of work it took in preparing for today, and to the staff for the amount of work it took to pull together the documentation for these meetings. For the trustees, some guidance documents from the attorney were expected, and she encouraged that they watch for their emails.

TRUSTEE BOYLES thanked all for accommodating her schedule.

TRUSTEE FIMON thanked the CEO for the lead-in with the grant information received. That set a tone on how the budget was presented and how each program director brought it forward. We not only get good information, but also see that passion of how each one of you care. He stated that the board evolves all the time, and how staff has adjusted to that and continues to adjust is very impressive. He thanked all for putting the packets and the meetings together. He appreciated it all.

TRUSTEE MORRIS briefly stated appreciation for the patience with him as the newest trustee. It is an honor and joy being on this team, a great bunch of folks.

CHAIR MORAN stated appreciation for their patience with her being the Program & Planning Committee chair. She continued that it went pretty smoothly, thanks to the staff. Go U.S. Women's National Team! She asked for a motion for adjournment.

MOTION: A motion to adjourn the meeting was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORRIS.

After the roll-call vote, the MOTION was APPROVED. (Trustee Halterman, yes; Trustee Boyles, yes; Trustee Fimon, yes; Trustee Morris, yes; Chair Moran, yes.)

CHAIR MORAN thanked all.

(The Program & Planning Committee meeting adjourned at 12:01 p.m.)

MEMO

To: Agnes Moran - Program & Planning Committee Chair
Date: October 19, 2023
Re: FY24 Other Priority Area – Early Childhood Funding Request
Amount: \$400,000.00
Grantee: Alaska Impact Alliance (AIA)
Project Title: FY24 Alaska Impact Alliance: Reimagining Child Welfare Project

REQUESTED MOTION:

“The Program & Planning Committee approves a \$400,000 FY24 Early Childhood Intervention and Prevention authority grant allocation to the Alaska Impact Alliance for the Reimagining Child Welfare Project. These funds will come from the Foster Care and Child Welfare Systems Improvements line of the FY24 budget.”

Assigned Program Staff: Jimael Johnson

STAFF ANALYSIS

Trust funding to the Alaska Impact Alliance (AIA) will support efforts underway in Alaska to more flexibly respond to families and children in foster care. AIA is a large association of child welfare practitioners, agencies, and advocates. The agency supports statewide practitioner efforts by housing multiple prevention networks and projects related to child wellbeing in Alaska. Network members and project affiliates within the AIA use shared resources and supports for more efficient and effective operations on behalf of beneficiary families that can otherwise be difficult to access and serve through current state and local government systems. Child welfare and foster care systems improvement has been prioritized by the Board of Trustees and resources were allocated for this purpose beginning in FY24.

AIA works with practitioner networks to support and expand existing family and youth-focused programs. A large proportion of requested Trust funding will be allocated directly to support families and children through mini grants to address basic needs, respite, mental health consultation, and other meaningful and timely services. Improved systems of family support at the community and state levels have the potential to improve multi-generational outcomes for Trust beneficiaries by interrupting the cycle of generational trauma to promote healing and wellbeing for families. Further, ongoing Trust and partner participation in AIA statewide systems planning will ensure continued alignment with State of Alaska and regional goals related to child welfare system improvements and increased beneficiary family wellbeing.

Trust funds will augment budgeted State of Alaska funds allocated by the legislature to be administered through OCS, designated to the AIA. Trust funds are requested to support capacity building and direct supports for beneficiary families involved with or at risk of involvement with the child welfare system.

The AIA is an emerging collaborative organization supported by the Office of Children’s Services (OCS) and many Trust agency partners to help organize and improve access to statewide prevention and early intervention support services. AIA’s organizational design has been informed by years of collaborative partnership with multiple beneficiary-serving organizations statewide as well as OCS and other state agencies with a child and family focus. Key leaders from beneficiary-serving agencies such as the Volunteers of America Alaska Chapter, Beacon Hill, Alaska Family Services, and others collaboratively designed the activities and structures outlined in this proposal. Letters of support describing active engagement in planning and future implementation of the proposal from many of these agencies are included as attachments with this proposal.

Trust staff recommends this project for funding in alignment with strategies related to the Early Childhood Intervention & Prevention priority area.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---------------------------------------|---|--|
| Goal 6 Protecting Vulnerable Alaskans | 6.2 Early intervention for child maltreatment | Also supports Objective 1.3 Reduce the impact of Adverse Childhood Experiences |

PROJECT DESCRIPTION

The following is excerpted from the prospective grantee’s application.

PROJECT DESCRIPTION

This project aims to improve community connections and well-being outcomes for Trust beneficiary children and families vulnerable to or currently involved with the Office of Children's Services. The project contains four overarching strategies for these improvements:

- 1) funding for the newly established Alaska Family Resource Center Network,
- 2) direct tangible support for vulnerable children and families,
- 3) recruitment and retention programs for foster, kinship, guardian, or adoptive families, and
- 4) support for community-led action plans to increase accessibility to vital services.

As an alliance of prevention partners, the AIA administers the project’s state-wide multi-agency collaborative initiatives.

1. The Alaska Family Resource Center Network (AFRCN). The AFRCN is a newly established statewide network of nationally certified FRCs operating in Alaska. Family Resource Centers (FRCs) are resource hubs located within community agencies, schools, or public areas. The community-designed services offered at Member FRCs are free and open to all families. They often include parent support groups, referral navigation, tutoring, food pantries, language classes, and other support groups. The AFRCN is part of the National Family Support

Network and our Member FRCs will be complying with national best-practices and standards of quality certifications. They will be utilizing an evidence-based standardized assessment tool for services and evaluation as well as an integrated data-collection and referral system through Healthconnect Alaska, Alaska's Health Information Exchange. There are four pilot Member FRCs starting in early 2024, one in Fairbanks at the Resource Center for Parents and Children, one in Anchorage at Beacon Hill, and two through Alaska Youth and Family Network in Anchorage and the MatSu. Several other schools and family-serving agencies plan to launch their FRCs over FY24 and FY25. The expected outcomes of this project are improved family and community connections, a statewide integrated referral system related to social drivers of health, and a reduction in child maltreatment and removals. It is estimated that each pilot FRC will serve 25 families during FY24, resulting in 100 families or 300 individuals served. This proposal includes a funding request for \$110k (\$90k in Member FRC pass-through start-up grants for individual FRCs and \$20k toward the AFRCN Director personnel cost.

2. **Direct Concrete Support for Vulnerable Children and Families.** The AIA will administer a mini grant program that provides direct financial support to families. These mini grants will be available for food, housing, utilities, travel, childcare, or medical costs necessary for ensuring stability for families vulnerable to OCS involvement as a result of poverty or poor community connection. Research shows that direct financial support reduces child neglect by up to 10% (Children's Bureau, 2023). It is estimated that 60-80 families will receive grants (serving approximately 200 individuals) .This proposal includes a funding request for \$100k toward this program (\$85k in mini grants and \$15k in personnel).
3. **Recruitment and Retention Programs for Foster, Kinship, Guardian, or Adoptive Families.** Alaska has suffered a dramatic decline in the number of available foster homes (Schrek, 2023). In an effort to increase the amount of Foster, Kinship, Guardian, and Adoptive Families and improve their system experience, the AIA is collaborating with AIA Member Agencies on a number of recruitment and retention programs. AIA's AK Parent & Kinship Support Network and AK Permanency Network house these multi-agency collective strategies. This proposal is requesting funding for caregiver mentorship programs, respite care allotments, mental health consultation, social media campaigns, and Family and Child Navigators. The expected outcomes of this project are an increase in available homes for children in care, improved experiences for caregivers, a decrease in children languishing in foster care, an increase in permanent placements, and a greater community understanding of foster care and permanency. It is estimated that these strategies will serve 200 families or 600 individuals during FY24. The total funding request under this proposal for these projects is \$180k (\$20k Caregiver Mentorship Programs, \$50k Respite Allotment Program, \$50k Mental Health Consultation, \$10k Social Media and PSA Campaigns, \$10k Family and Child Navigator Program, \$20k for the AK Parent & Kinship Support Network Director position, and \$20k for the AK Permanency Network Director position).
4. **Support for Community-Led Action Plans to increase accessibility to vital services.** The AIA is excited to provide community assessment assistance through the 100% Community model by Katherine Ortega Courtney, Ph.D. and Dominic Capello (Courtney & Cappello, 2023). 100% Communities Alaska provides a framework for assessing the availability of the ten vital

services needed for well-being. There are five vital services that no one should do without, which we call “surviving services.” These include safe housing, secure food, transportation, medical care, and behavioral health care. In addition to the “surviving services,” we know well-being is optimized when community members have access to “thriving services.” These “thriving services” include early childhood learning programs, community schools, job training, youth mentorship, and parent supports. The goal is to improve accessibility to each vital service until we reach 100% accessibility for all Alaskans. As each community in Alaska works through its 100% Communities Alaska assessment and action plan, the AIA will create and display a community dashboard of their plan along with their learnings and progress. The combination of local 100% Communities Alaska plans creates a statewide work plan for improvement in these 10 vital service areas. This proposal requests funding for \$10k (\$5k community convening consultation and \$5k related travel expenses).

EVALUATION CRITERIA

The AIA utilizes Harvard’s IDEAS Impact Framework for project evaluation (Harvard University, 2023). IDEAS is an acronym for innovate, develop, evaluate, adapt, and scale. The IDEAS Impact Framework asks four defining questions. What about it works? How does it work? For whom does it work and for whom does it not work? The final question is in what context does it work? Utilizing this evaluation tool provides us a more comprehensive understanding of our innovation strategies and allows us the flexibility to adapt in rapid-cycle iterations. Each of the AIA’s projects have their own program development plan, theory of change, and evaluation plan based on the outcomes sought.

Please see attached Theories of Change and Evaluation Plans for each strategy included in this application.

SUSTAINABILITY

The AIA will be sustained through multiple funding streams:

1. The AIA is partially funded by the Alaska State Legislature as a line item within the Office of Children’s Services annual budget. It is our intention to pilot and sustain programs that will be considered for increases to that \$200k budget.
2. The AIA will be applying individually and jointly with agency partners for several Federal and State grants related to this work.
3. The AIA Executive Director and Network Directors will work with local and national foundations on potential funding opportunities.
4. The AIA Board of Directors is creating a membership structure for the organization, which will include fee-for-service payments and network dues.
5. The AIA Board of Directors is creating an individual and corporate fundraising plan.

WHO WE SERVE

This project aims to improve community connections and well-being outcomes for children and families vulnerable to or currently involved with the Office of Children's Services. It is assumed that a large percentage of these vulnerable families qualify as Trust beneficiaries, in that they may suffer in one or more of the following areas: substance abuse, mental illness, developmental delays, and possibly traumatic brain injuries. In Alaska, alcohol abuse continues to be one of the largest factors causing child removal and some national studies show that parents of abused children are 4.1 times more likely to have substance abuse problems (Kindle, 2023) (Markowitz, Cuellar, Conrad, & Grossman, 2014). Additionally, “up to 80% of children in foster care have significant mental health issues, compared to approximately 18-22% of the general population” (National Conference of State Legislators, 2023).

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|---|-------------|
| Mental Illness: | 220 |
| Developmental Disabilities: | 110 |
| Alzheimer’s Disease & Related Dementias: | 0 |
| Substance Abuse | 770 |
| Traumatic Brain Injuries: | 0 (unknown) |
| Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries): | 370 |
| Non-Beneficiaries: | 0 |
| Number of people to be trained | 40 |

BUDGET

| | |
|--|---|
| Personnel Services Costs | \$115,000.00 |
| Personnel Services Costs (Other Sources) | \$40,000.00 |
| Personnel Services Narrative: | <ol style="list-style-type: none"> 1. The Alaska Family Resource Center Network Director. These funds will subsidize the part-time salary of the Network Director (Job Description included). \$20k AKMHTA & \$10k OCS. 2. Direct Concrete Support for Vulnerable Children and Families - Mini Grant Administrator. These funds will pay for the AIA’s administration personnel costs for the mini-grant program. \$15k AKMHTA. 3. Recruitment and Retention Programs for Foster, Kinship, Guardian, or Adoptive Families. These funds |

will pay for the AIA's administration personnel costs for the following programs/strategies:

- a. Caregiver Mentorship Program. The AIA will administer a mentorship program for current caregiver families willing to mentor a new Foster, Kinship, Guardian, or Adoptive Family.

\$5k AKMHTA

- b. Respite Allotment Program. Foster, Kinship, Guardian, or Adoptive Families are encouraged to identify babysitters and other respite care providers who can help them during their caregiver journey. In addition, families will be asked to consider providing respite for other families, essentially serving as a large network of respite providers to one another. To help families secure respite, AIA's Family & Kinship Support Network will establish and manage a respite care fund. Families will accumulate monthly "respite funds" based on the number of youth in their care. The Foster, Kinship, Guardian, or Adoptive Families can then request payment for this approved caregiver so they may take some time to enjoy a dinner date, run errands, or other self-care activities they identify for themselves. This strategy is being launched alongside OCS's new respite program for licensed foster parents.

\$15k AKMHTA

- c. Social Media and PSA Campaigns. The AIA will operate a social media campaign to support caregiver families through Facebook, Instagram, and Twitter. The AIA will operate a Public Service Announcement campaign through local television and radio.

\$5k AKMHTA

- d. Family and Child Navigator Program Development. This strategy matches children in care as well as Biological/Foster/Kin/Guardian/Adoptive families with a trained system navigator. Child or Family Navigators would be housed within partner agencies and provide standardized services to a pilot control group. The FY24 plan includes the design of the Navigator Program utilized by multiple partners.

\$10k AKMHTA

- e. AK Parent & Kinship Support Network Director. These funds will subsidize the part-time salary of

| | |
|--|---|
| | <p>the Network Director (Job Description included). \$20k AKMHTA and \$10k OCS</p> <p>f. AK Permanency Network Director. These funds will subsidize the part-time salary of the Network Director (Job Description included). \$20k AKMHTA and \$10k OCS</p> <p>4. Support for Community-Led Action Plans to increase accessibility to vital services. These funds will subsidize consultation fees for community conveners. \$5k AKMHTA and \$10k OCS</p> |
|--|---|

| | |
|------------------------------|---|
| Travel Costs | \$5,000.00 |
| Travel Costs (Other Sources) | \$2,000.00 |
| Travel Narrative: | <p>Support for Community-Led Action Plans to increase accessibility to vital services. This funding will subsidize travel costs for consultants providing community convening services for 100% Communities Alaska participating areas. \$7k (\$5k AKMHTA and \$2k OCS)</p> |

| | |
|-----------------------------|--|
| Other Costs | \$280,000.00 |
| Other Costs (Other Sources) | \$0.00 |
| Other Costs Narrative: | <ol style="list-style-type: none"> 1. The Alaska Family Resource Center Network. - Member FRC pass-through start-up grants for individual FRCs. These funds will help pilot FRCs establish their programs, Parent Advisory Committees, staffing, certification, and compliance with assessment, evaluation, and referral tools. \$90k AKMHTA 2. Direct Concrete Support for Vulnerable Children and Families - Mini Grant Program. These mini grants will be available for food, housing, utilities, travel, childcare, or medical costs necessary for ensuring stability for families vulnerable to OCS involvement as a result of poverty or poor community connection. \$85k AKMHTA 3. Recruitment and Retention Programs for Foster, Kinship, Guardian, or Adoptive Families. These funds will subsidize the AIA's costs for the following programs/strategies: |

| | |
|--|---|
| | <ul style="list-style-type: none"> a. Caregiver Mentorship Program – funding for resource tools, mentorship stipends, and training \$15k AKMHTA b. Respite Allotments paid to respite caregivers \$35k AKMHTA c. Social Media and PSA Campaigns – funding for software and ads \$5k AKMHTA <p>4. Mental Health Consultation. The AIA will work with a mental health agency to provide mental health consultation services to caregiver families. \$50k AKMHTA</p> |
|--|---|

| | |
|--|--------------|
| Total Amount to be Funded by the Trust | \$400,000.00 |
| Total Amount Funded by Other Sources | \$200,000.00 |

OTHER FUNDING SOURCES

| | |
|---|---------------------|
| Office of Children's Services SECURED (<i>including \$42,000 to support personnel and travel as outlined above, and other AIA operational costs necessary to implement Trust requested funding but not otherwise outlined in this proposal</i>) | \$200,000.00 |
| Total Leveraged Funds | \$200,000.00 |

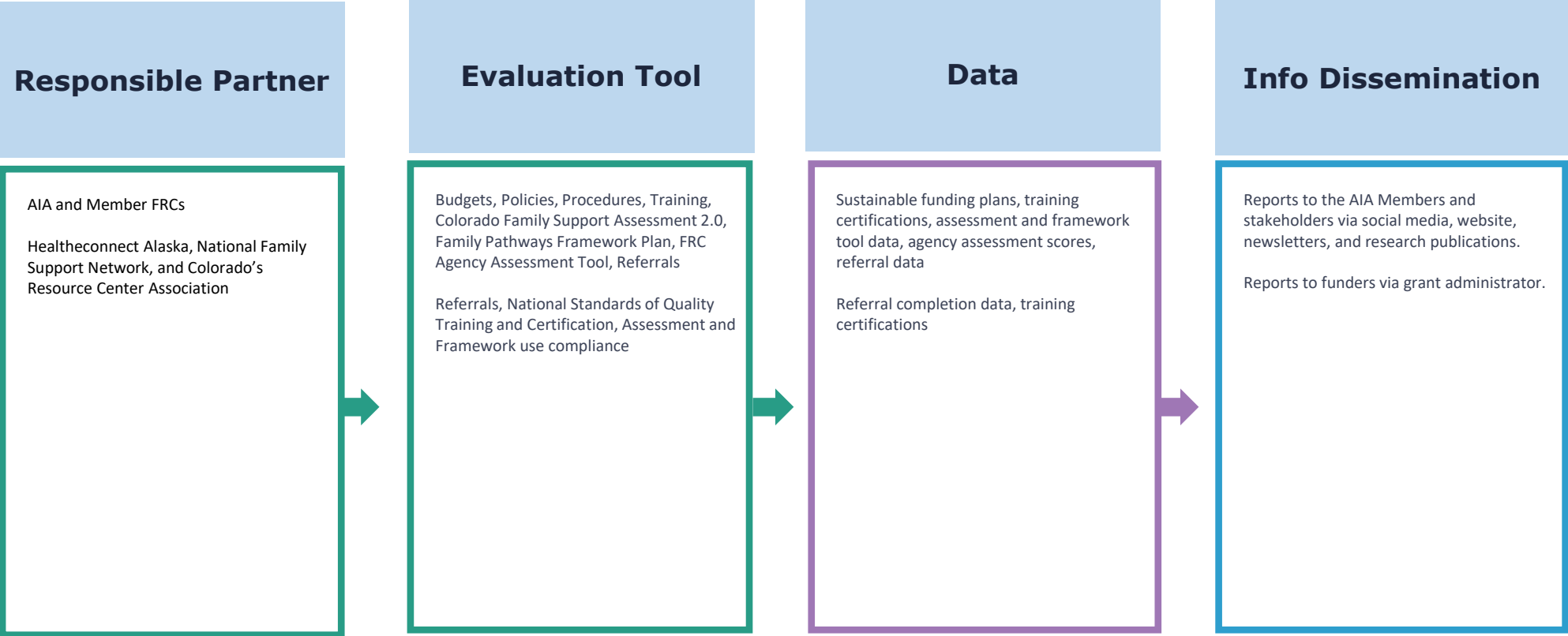
Alaska Impact Alliance
Reimagining Child Welfare in
Alaska Grant
AKMHTA FY24

Strategies Theories of Change & Evaluation Plans

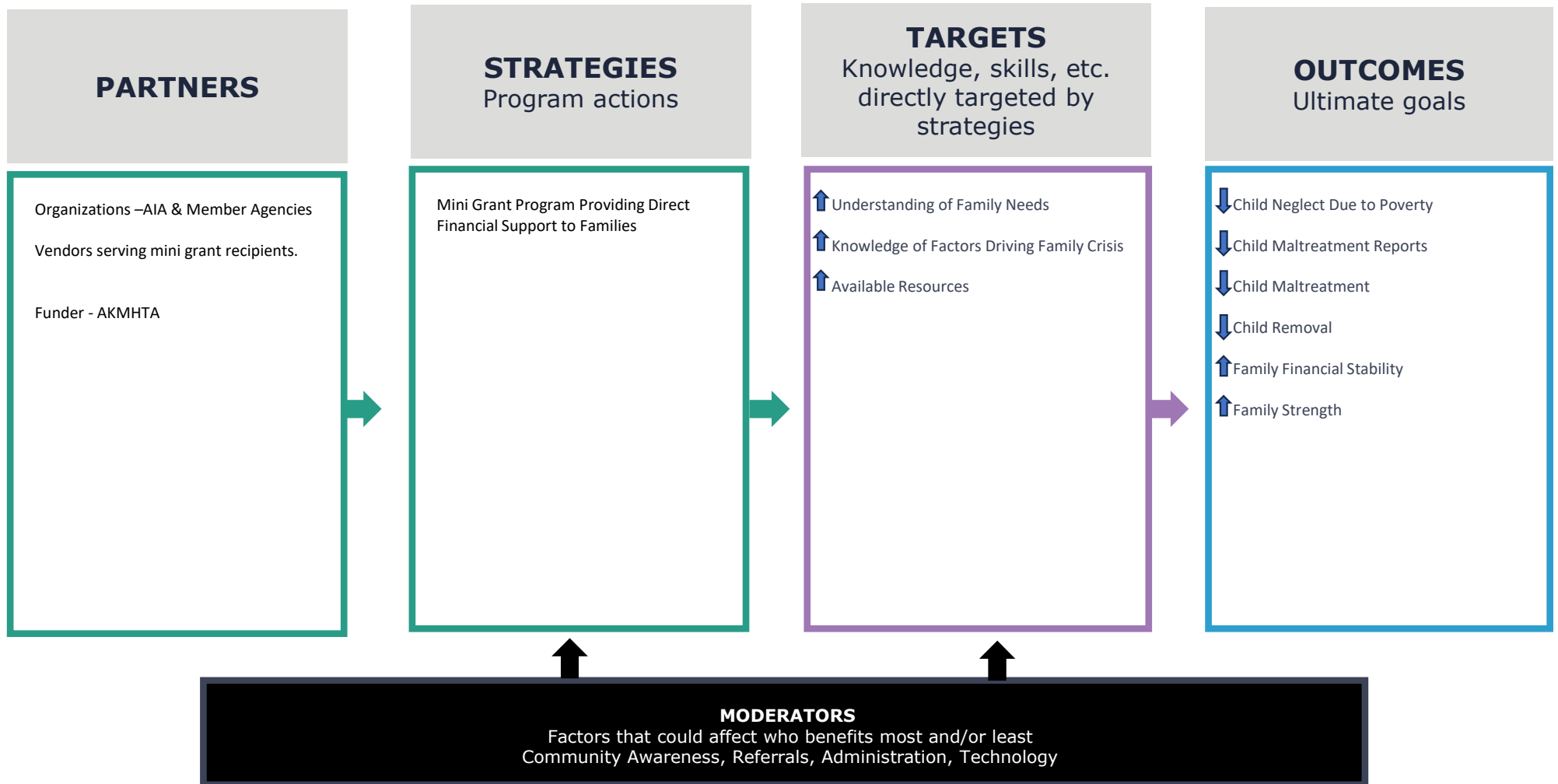
AK Family Resource Center Network Theory of Change



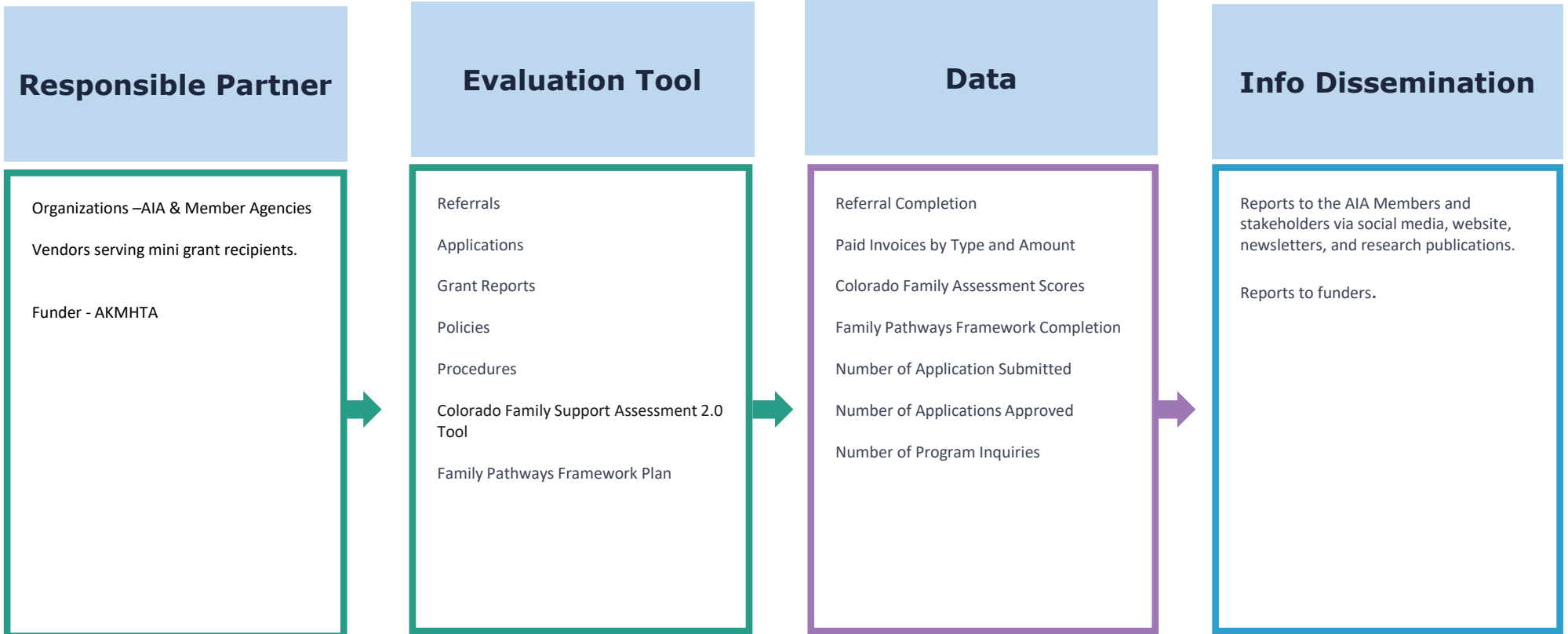
AK Family Resource Center Network Evaluation Plan



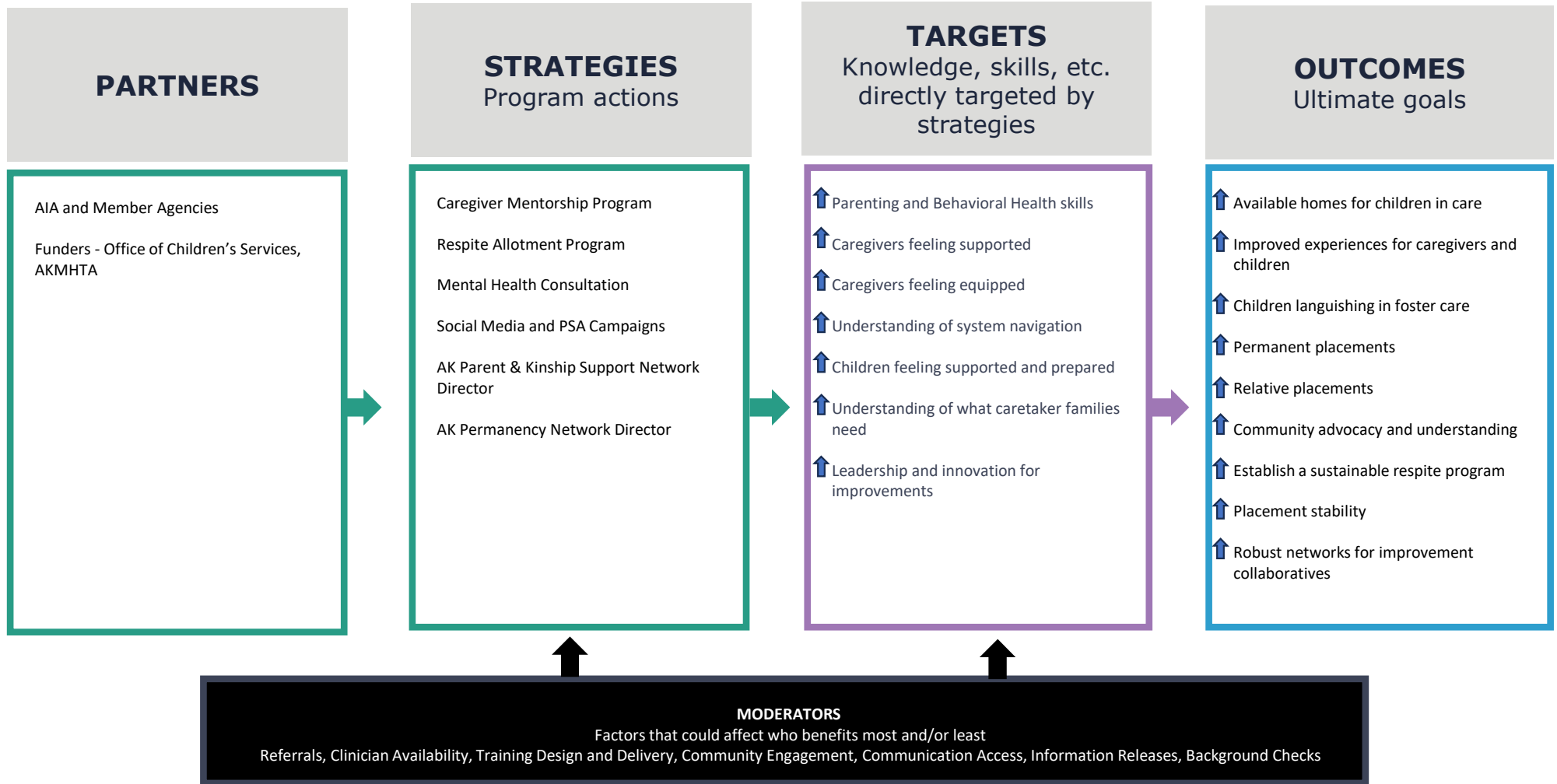
Direct Concrete Support for Vulnerable Children and Families Theory of Change



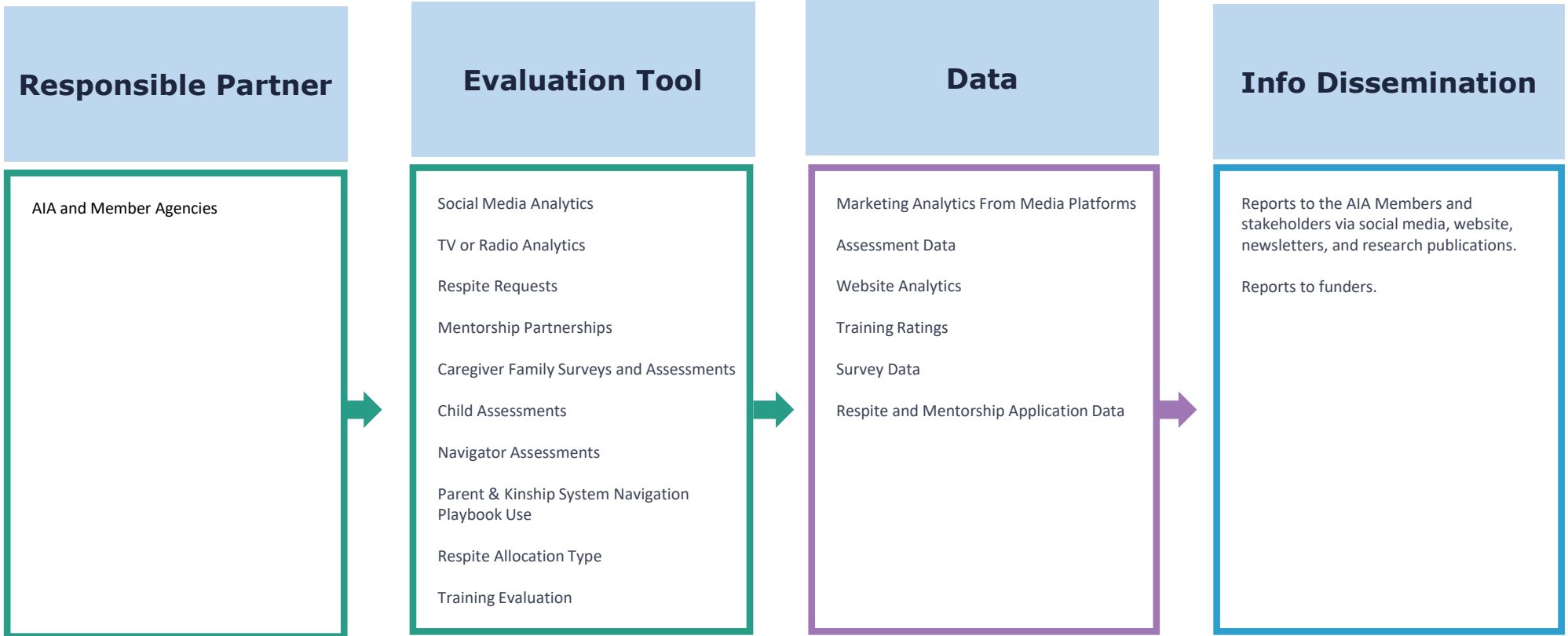
Direct Concrete Support for Vulnerable Children and Families Evaluation Plan



Recruitment and Retention Programs for Foster, Kinship, Guardian, or Adoptive Families Theory of Change



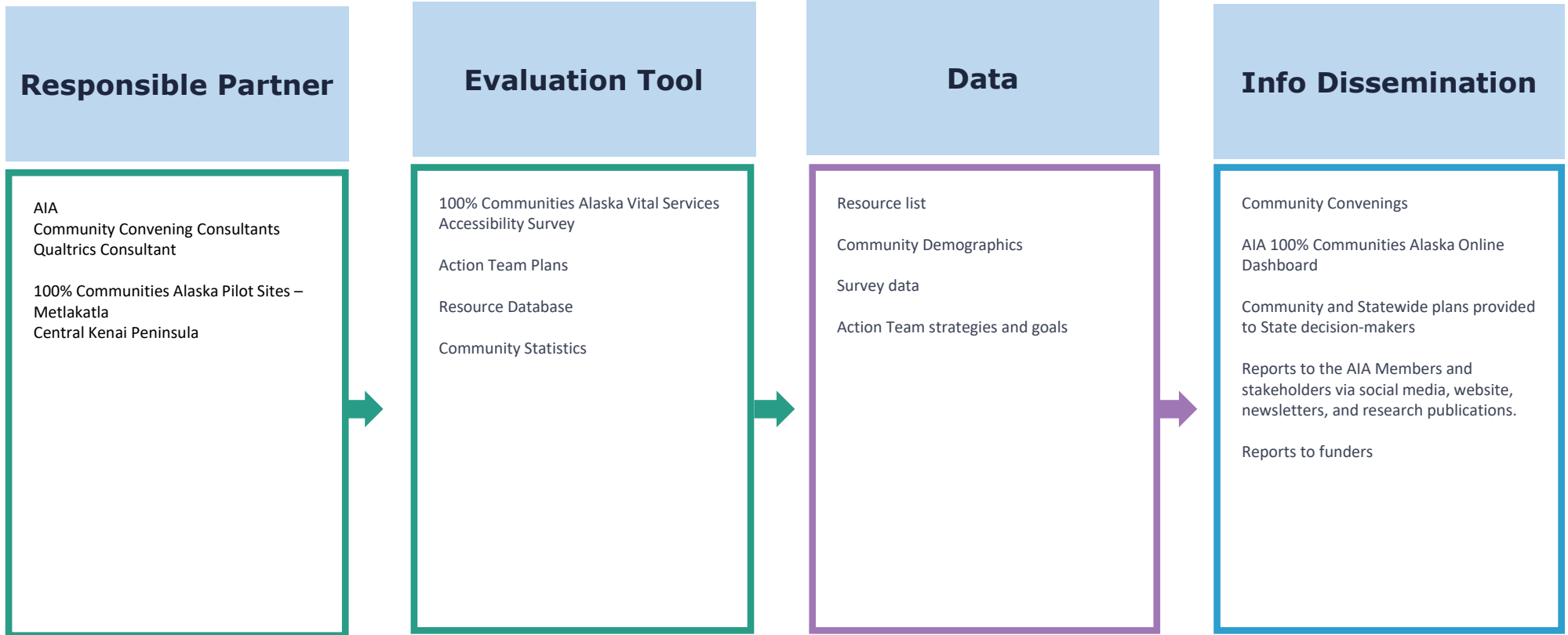
Recruitment and Retention Programs for Foster, Kinship, Guardian, or Adoptive Families Evaluation Plan



Support for Community-Led Action Plans to increase accessibility to vital services Theory of Change



Support for Community-Led Action Plans to increase accessibility to vital services Evaluation Plan





Alaska Mental Health Trust Authority
3745 Community Park Loop #200
Anchorage, AK 99508

To Whom it May Concern,

As a community of prevention partners working to improve community connections and well-being outcomes for children and families vulnerable to or currently involved with the Office of Children's Services, we would like to offer this whole-hearted letter of support for the Alaska Impact Alliance's application for the FY24 Reimagining Child Welfare Project grant. In this collaborative effort, we affirm our commitment to actively participate in the design and delivery of strategies to reimagine child welfare in Alaska. With the Alaska Impact Alliance as the lead agency, we will work together to create and support innovations that:

1. Participate in or promote the AK Family Resource Center Network.
2. Provide direct concrete support for vulnerable children and families.
3. Improve recruitment and retention programs for foster, kinship, guardian, or adoptive families.
4. Support community-led action plans to increase accessibility to vital services.

As representatives of the leading agencies working with at-risk children and families, we are committed to working together to identify new resources and strategies for collaboration that will boost protective factors and support those who need them most. We have demonstrated our resolve to work together in previous initiatives and are excited about this new opportunity to create and implement strategies to improve connections and support for children and families.

Sincerely,

Tami Watson and Victoria Ross
Executive and Deputy Directors
Alaska Adoption Services
907-302-6332

MEMO

To: Agnes Moran - Program & Planning Committee Chair
Date: October 19, 2023
Re: FY24 Housing & Long Term Services & Supports Focus Area Allocation
Amount: \$375,000.00
Grantee: Ketchikan Indian Community
Project Title: Yi gu.aa xáx x'wán Permanent Supportive Housing Project

REQUESTED MOTION:

“The Program & Planning Committee approves a \$375,000 FY24 Housing & Long Term Services & Supports focus area allocation to the Ketchikan Indian Community for the Yi gu.aa xáx x'wán Permanent Supportive Housing Project. These funds will come from the Supportive Housing Projects line of the FY24 budget.”

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

The Yi gu.aa xáx x'wán project (meaning “be strong and have courage” in Tlingit) will consist of 20 units of permanent supportive housing (PSH) in Ketchikan Gateway Borough. The project’s housing units will primarily serve elders experiencing chronic homelessness, addiction, mental illness, traumatic brain injury, and other disabilities. As a Housing First project, Yi gu.aa xáx x'wán seeks to ensure elder Trust beneficiaries in Ketchikan Gateway Borough have the potential to access safe, quality housing, enriched with services to support positive long-term health outcomes. Supportive services will be funded as a program under Ketchikan Indian Community (KIC)’s operating budget and provided by community partners.

Homeless beneficiaries are at significant risk of institutionalization. Permanent supportive housing is a proven intervention that disrupts the hospital, corrections, and homelessness cycle to allow people to remain stably housed and have the opportunity to engage in supportive services to meet their goals. People who were housed through a similar permanent supportive housing project in the region showed that after six months of being housed: emergency room visits decreased by 65%, sleep-off center usage decreased by 99%, and police contact decreased by 72%. These outcomes are significant for any population and incredibly impactful considering the median number of months homeless for this group was 180 months - approximately 15 years. Five years of data related to PSH have been collected through studies conducted by the University of Alaska Anchorage, School of Social Work. Statistically significant decreases in police interaction and emergency room usage were shown across

projects and time frames. The number of days of drinking alcohol and binge drinking also reduced after being housed, and self-reported physical and mental health and wellbeing improved. The outcomes of existing PSH projects support additional investment in this type of intervention.

This project is recommended for funding as it aligns with the focus areas of Housing & Home and Community Based Services and prevents the institutionalization of Trust beneficiaries.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---------------------------------------|-------------|----------|
| Goal 3 Economic and Social Well-being | 3.1 Housing | |

PROJECT DESCRIPTION

The following is excerpted from the prospective grantee’s application.

PROJECT DESCRIPTION

The Yi gu.aa xáx x’wán project (meaning “be strong and have courage” in Tlingit) consists of 20 units of permanent supportive housing (PSH) in Ketchikan Gateway Borough, Alaska. The project’s affordable, service-enriched housing units will mostly serve elders experiencing chronic homelessness, who are among the borough’s most vulnerable residents. Supportive services will be funded as a program under Ketchikan Indian Community (KIC)’s operating budget and provided by community partners.

Housing insecurity and chronic homelessness are present and growing concerns in the Ketchikan Gateway Borough. According to a 2022 report to the city of Ketchikan by Rider Consulting and Van Den Berg Consulting, Ketchikan has the second highest housing prices in the state, with a record 16% increase between 2021 and 2022. The slow pace of new construction, combined with the loss of existing affordable housing units, has resulted in a shortage particularly affecting elders, low-income people, and those with chronic health conditions.

The project’s affordable, service-enriched housing units will mostly serve elders experiencing chronic homelessness, who are among the borough’s most vulnerable residents. The project aims to generally boost the housing supply in the community and break a construction dry spell. It consists of one three-story, approximately 16,000-square-foot building featuring 16 efficiency units and four one-bedroom units. All units will be fully equipped and furnished with a bed, mattress, wardrobe, table and chairs, and include in-unit kitchenettes and bathrooms. The first floor will include an intake and reception area, administrative and service provider offices, break room, and common spaces for residents. Other first-floor spaces include a kitchen, a “flex” area for larger communal functions and/or supportive services, laundry facility, secure tenant storage, restrooms, refuse/recycling room, and electrical and mechanical rooms. The second and third floors will include an elevator lobby, a modest common area, eight efficiency units and two one-bedroom units. Community support for this project is evidenced by engagement from KIC's supportive service partners and public comment in support of need for homeless housing and supportive services.

EVALUATION CRITERIA

- 1) To track how much, KIC will track occupancy/vacancy and turnover per unit per quarter, giving an indication of housing stability. Our Service Coordinators and partners will track contacts made with residents, services provided, and conduct annual assessments with each resident to determine individual needs and make referrals. We will also track participation in community events, small group educational events, and socialization.
- 2) To track how well, KIC will monitor unit turnover rates to evaluate housing stability; persons remaining housed for a year or longer are considered successful in their tenancy. We will also utilize data from our hospital partners to compare hospital usage by residents prior to residency and in the years following their move into housing.
- 3) As a way to report residents' overall quality of life, KIC will conduct an annual health and wellness survey which measures tenant-reported use of medical services and their feelings of overall health, mental/behavioral health, and where they want more assistance. In addition, an initial assessment will be completed with each tenant, reviewing their overall health, mental health, service needs, assistance needed with ADLs or chores, and their general history. This assessment will be completed each year, and we expect to see stability improve as residents remain stable in housing.

SUSTAINABILITY

This project will continue after the Trust's funding investment. As a permanent supportive housing development, this project will benefit from sponsor based rental assistance (rental vouchers) to support operational sustainability. These vouchers are anticipated to come from Alaska Housing Finance Corporation (AHFC) through its competitive GOAL program and KIC's commitment to also provide voucher assistance. AHFC is aware of this project and the community's need for permanent supportive housing. Sponsor based rental assistance is a GOAL resource this funding round. In addition to vouchers, KIC has generated a detailed pro forma to affirm long-term operational cost viability and includes capitalized reserve accounts to assist with building operations. KIC's service provider partners will be funding the supportive services they will be providing at the development. The building design will incorporate low maintenance, energy efficient and alternative energy components to help reduce building maintenance and utility costs, which helps with long-term operational sustainability.

WHO WE SERVE

According to the Homeless Management Information System (HMIS), managed by the Institute of Community Alliances on behalf of the state of Alaska, 368 individuals received services in Ketchikan between June 2022 and June 2023; 81 (22%) were identified as experiencing chronic homelessness. A 2020 survey by Women in Safe Homes identified a prevalence of diagnosed chronic health conditions and substance use disorders among people experiencing homelessness in Ketchikan, indicating the presence of Trust beneficiaries. Of 55 respondents, 33% reported a traumatic brain injury, 27% reported experiencing mental illness, and 20% reported a cognitive

disability. Nearly half of respondents reported using substances in a way that was potentially harmful, and nearly one-third reported being officially diagnosed with a substance use disorder. In addition, nearly half of respondents were older than 55. As a Housing First project, Yi gu.aa xáx x'wán seeks to ensure elder Trust beneficiaries in Ketchikan Gateway Borough have the potential to access safe, quality housing, enriched with services to support positive long-term health outcomes.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|--|----|
| Mental Illness: | 6 |
| Developmental Disabilities: | 5 |
| Alzheimer's Disease & Related Dementias: | 4 |
| Substance Abuse | 10 |
| Traumatic Brain Injuries: | 7 |

BUDGET

| | |
|-----------------------------|---|
| Other Costs | \$375,000.00 |
| Other Costs (Other Sources) | \$11,180,744.00 |
| Other Costs Narrative: | Construction and development costs: \$375,000 |

| | |
|--|-----------------|
| Total Amount to be Funded by the Trust | \$375,000.00 |
| Total Amount Funded by Other Sources | \$11,180,744.00 |

OTHER FUNDING SOURCES

| | |
|--------------------------------------|------------------------|
| Ketchikan Indian Community | \$1,000,000.00 |
| Low Income Housing Tax Credit Equity | \$7,176,462.00 |
| Permanent Loan | \$204,282.00 |
| Deferred Developer Fee | \$200,000.00 |
| AHFC GOAL Grant Funding | \$2,000,000.00 |
| AHFC Supplemental Grant Program | \$300,000.00 |
| Rasmuson Foundation | \$300,000.00 |
| Total Leveraged Funds | \$11,180,744.00 |

Andy Petroni
Alaska Housing Finance Corporation
PO Box 101020 Anchorage, Alaska 99510

RE: Letter of Support for KICHA 2024 GOAL application

On behalf of First City Homeless Services, we are pleased to provide a letter of support for Ketchikan Indian Community Housing Authority’s proposal for the creation of permanent supportive housing in Ketchikan.

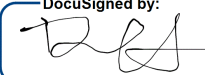
Our mission at First City Homeless Services is to provide sustainable solutions to homelessness, while meeting the immediate needs of people experiencing the housing crisis and protecting their human rights. We believe in collaboration and work hand in hand with KICHA as well as several other agencies in the community providing services to our unhoused community members. We envision an inclusive community in which all people have access to basic requirements and live with dignity, while individuals seeking secure, permanent housing have access to support and resources.

One of our greatest struggles in Ketchikan is the lack of affordable housing, and for many that we work with a PSH model is the key to getting them off the streets and accessing the supports they need to be successful.

Through increased partnerships with other agencies, FCHS has developed a robust program and we have been pleased to be included in the process of developing the plan for KIC’s Navigation Center. We envision First City Homeless and Ketchikan Indian Community as partners in helping our community understand homeless issues, housing issues and helping to change the dynamic of our community.

We wholeheartedly support the proposal for KICHA to provide an 18-20-unit Permanent Supportive Housing model and believe the efforts they are making in rehousing individuals and families experiencing homelessness will continue to be a success in our community.

Sincerely,

DocuSigned by:

DBC21D9E6AE443E...

Deborah Asper CEO
First City Homeless Services



KETCHIKAN GATEWAY BOROUGH

1900 First Avenue Ste 210 • KETCHIKAN, ALASKA 99901

• 907/228-6625 • fax 907/228-6684

www.kgbak.us

OFFICE OF THE BOROUGH MANAGER

September 28, 2023

Myrna Chaney
Ketchikan Indian Community – Housing Authority
429 Deermount Street
Ketchikan, Alaska 99901

RE: Letter of Support for Affordable & Low- Income Housing Development Projects

Dear Ms. Chaney,

Please accept this letter of support on behalf of the Ketchikan Gateway Borough in regard to Ketchikan Indian Community's Permanent Supportive Housing project; Yi gu.aa xax xwa, and their Low-Income Housing Tax Credit application for the project. The community of Ketchikan has been experiencing an increasing housing shortfall, specifically in the areas of low income, affordable, senior and workforce housing. Projects addressing the housing shortfall within the Borough, and those that specifically target the community's most vulnerable populations are vital to the community's quality of life and ability to maintain a diverse, resilient economy.

Ketchikan Indian Community's proposed 20 units of permanent supportive housing project, Yi gu.aa xax xwa, is a positive step in addressing the need for housing that supports the community's most vulnerable and homeless populations.

The Borough Assembly previously authorized a Comprehensive Housing Assessment Project (CHAP) which identified the following housing gaps in the community: single-family homes under \$300,000, multi-family units for residents, seasonal workforce housing, low-income housing, senior and accessible housing and housing for the homeless.

Housing development projects that target the aforementioned needs of the community align with the Ketchikan Gateway Borough's Comprehensive Plan.

- Goal 401 states: "The Ketchikan Gateway Borough encourages the adoption of programs and policies to facilitate access by all current and future residents to adequate and affordable housing that is healthy, safe, and structurally sound, and that meets the needs of the population base provided by diversity in the type, durability characteristics, unit size and individual preferences."
- Policy 401.1.2 states: "The Borough encourages participation in Federal and State housing assistance programs to rehabilitate owner and rental housing for low income residents, as defined by Housing and Urban Development (HUD) by

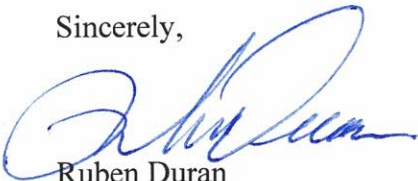
seeking grants, loans, and technical assistance in cooperation with local housing stakeholder groups.”

- Policy 401.3.3 states: “The Borough encourages partnerships that identify and evaluate alternative strategies to expand subsidized housing programs for elderly in the Borough through coordination with state, federal, and other agencies and encourage their development by private, community-based non-profit, or public entities, as well as public/private partnerships.”

The Borough believes that to alleviate the housing shortfall in the community it is crucial for partnerships to be formed across the public, private and non-profit sectors. Targeted development to address the housing gaps in the community is a positive step towards addressing this issue.

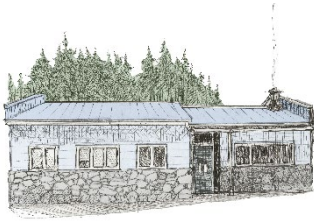
On behalf of the Ketchikan Gateway Borough, thank you for the opportunity to convey our support for affordable and low-income housing development projects. If my office may be of further assistance to you in this endeavor, please contact me at your convenience.

Sincerely,



Ruben Duran
Borough Manager

cc: Cynna Gubatayao, Assistant Borough Manager
Peter Amylon, Economic Development Coordinator



PATH Shelter
628 Park Ave
Ketchikan, AK
907-225-4194
907-617-2939 (Exec. Dir. Cell)

September 28th, 2023

Myrna Chaney
Ketchikan Indian Community – Housing Authority
429 Deermount Street
Ketchikan, Alaska 99901

This letter is to express the PATH Shelter's strong support for Ketchikan Indian Community's Permanent Supportive Housing Project - Yi gu.aa xax xwa, and their Low-Income Housing Tax Credit application for the project.

As a long standing emergency shelter facility, and 35 year resident of Ketchikan myself, I have seen the increased pressures that our housing shortfalls and increasing rental costs have put on the most vulnerable citizens in our community, and the project that Ketchikan Indian Community is pursuing will be the first step in helping to alleviate and reverse the effects of a shortfall in development.

This housing shortfall is most specifically felt in the lowest of income families and individuals, who are often seniors, disabled, or those working in entry level or service related jobs – of which there is a shortfall. Projects like this are the most efficient, economical and direct way to start to address the community's needs.

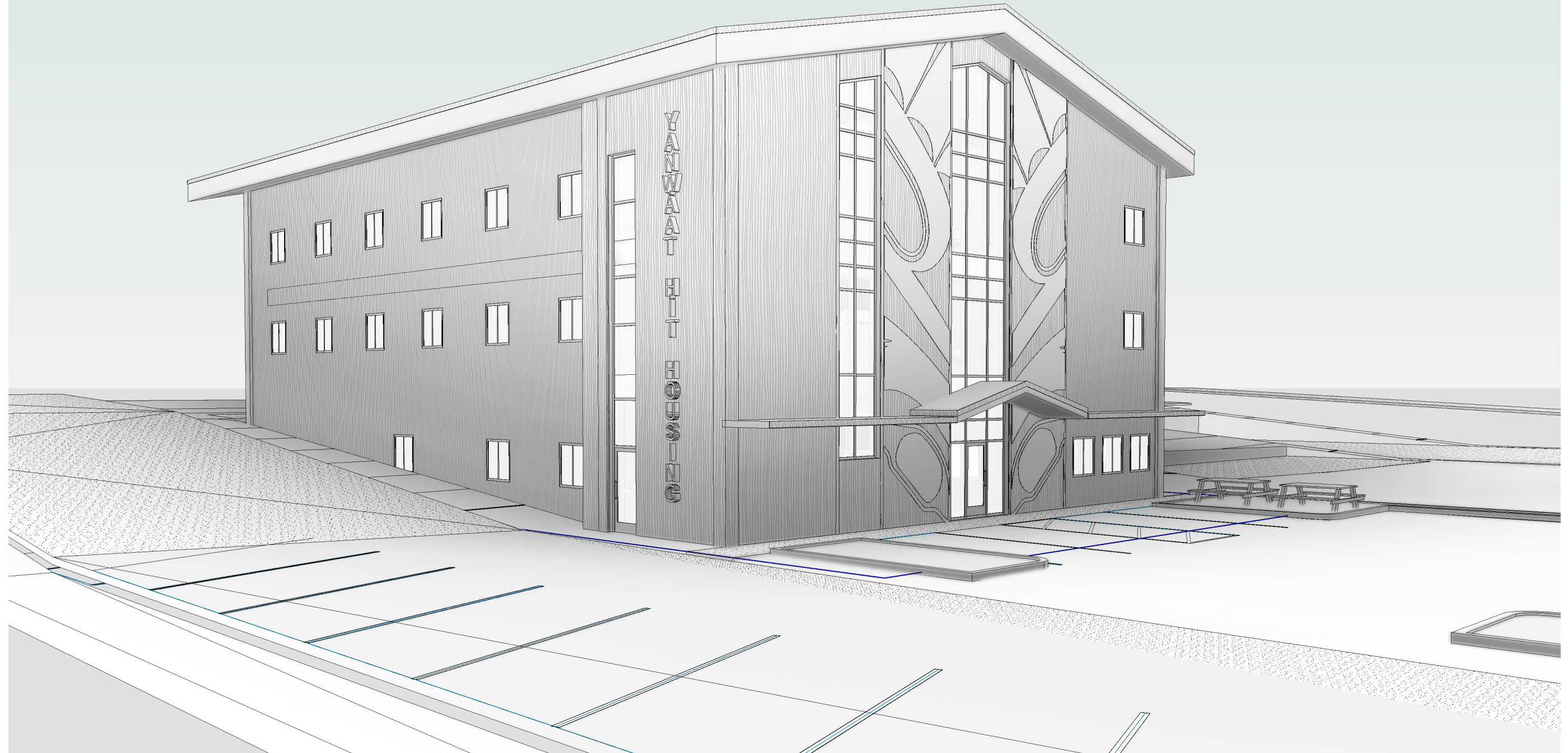
I am happy to offer the PATH's support of this project, a testament to the strong connection that Ketchikan Indian Community's Housing Team has with us and the clients that we serve together in our shared goals. We look forward to seeing the success of this project and the positive effects it will have so many people for many years to come.

Kind Regards,

Tyrell Rettke
Executive Director
PATH Shelter

KIC - Permanent Supportive Housing

For
Ketchikan Indian Community



DOCUMENT PHASE

| | | |
|---------------------|---|-------|
| OWNER | ARCHITECT | OTHER |
| | MRV ARCHITECTS, PC 1420 GLACIER AVE., SUITE 101 JUNEAU, ALASKA 99801 907-586-1371 MANAGER: Zane Jones E-MAIL: zane@mrvarchitects.com | |
| STRUCTURAL ENGINEER | MECHANICAL ENGINEER | |
| CIVIL ENGINEER | ELECTRICAL ENGINEER | |

GENERAL ABBREVIATIONS (SEE ENGINEERING SHEETS FOR ADDITIONAL)

| | | | | | |
|--------|---------------------------------------|----------|--------------------------------------|------------|----------------------------------|
| @ | AT | GA | GAUGE, GYPSUM ASSOCIATION | RAD | RADIUS |
| AB | ANCHOR BOLT(S) | GALV | GALVANIZED | RB | RESILIENT WALL BASE |
| ACT | ACOUSTICAL CEILING TILE | GB | GRAB BAR | REINF | REINFORCED, REINFORCING |
| ADA | AMERICANS W/ DISABILITIES ACT | GL | GLASS, GLAZING | REQD | REQUIRED |
| ADJ | ADJUSTABLE | GLU-LAM | GLUED-LAMINATED | RESIL | RESILIENT |
| AFF | ABOVE FINISH FLOOR | GWB | GYPSUM WALL BOARD | RESIST | RESISTANT |
| ALT | ALTERNATE | GWS | GYPSUM WALL SHEATHING | REV | REVISION, REVISE |
| ALUM | ALUMINUM | GYP | GYPSUM | R/F | REFRIGERATOR/FREEZER |
| APC | ACOUSTICAL PANEL CEILING | H | HIGH | RM | ROOM |
| APPRX | APPROXIMATE | HDWD | HARDWOOD | RO | ROUGH OPENING |
| ASPH | ASPHALT | HM | HOLLOW METAL | ROW | RIGHT-OF-WAY |
| AT | ACOUSTICAL TILE | HSS | HOLLOW STEEL SECTION | RTN | RETURN |
| BATT | MINERAL FIBRE BLANKET | HT | HEIGHT | S | SOUTH |
| BLDG | BUILDING | HORZ | HORIZONTAL | S-AWPM | SELF-ADHERED WATERPROOF MEMBRANE |
| BLKG | BLOCKING | ID | INSIDE DIAMETER | SCHED | SCHEDULE |
| BOC | BOTTOM OF CONCRETE | IN | INCH | SD | SOAP DISPENSER |
| BOD | BOTTOM OF DECK | INCL | INCLUDING, INCLUDED | SECT | SECTION(AL) |
| BO | BOTTOM OF | INSUL | INSULATION, INSULATED | SHT | SHEET |
| BOS | BOTTOM OF STEEL | JST | JOIST | SIM | SIMILAR |
| CG | CENTERLINE | KIT | KITCHEN | SPEC | SPECIFICATIONS(S) |
| CLG | CEILING | L | LENGTH | SO | SQUARE |
| CLR | CLEAR | LAM | LAMINATE(D) | STD | STANDARD |
| COL | COLUMN | LAV | LAVATORY | STL | STEEL |
| CONC | CONCRETE | LB | POUND | STOR | STORAGE |
| CONFIG | CONFIGURATION | LF | LINEAL FEET | STRUCT | STRUCTURE, STRUCTURAL |
| CONST | CONSTRUCTION | LVR | LOUVER | SS | STAINLESS STEEL |
| CONT | CONTINUOUS | MAT | MATERIAL | SYMM | SYMMETRIC(AL) |
| COORD | COORDINATE | MAX | MAXIMUM | T | TREAD(S), TOILET |
| CORR | CORRIDOR | MB | MARKERBOARD | T&G | TONGUE AND GROOVE |
| CPT | CARPET | MECH | MECHANICAL | TOC | TOP OF CONCRETE |
| CSNK | COUNTERSINK | MEZZ | MEZZANINE | TEL | TELEPHONE |
| DIA | DIAMETER | MH | MOP HOLDER | TEMP | TEMPORARY |
| DISP | DISPENSER | MIN | MINIMUM | TOC | TOP OF CONCRETE |
| DIM | DIMENSION | MISC | MISCELLANEOUS | TOD | TOP OF DECK(ING) |
| DN | DOWN | MTD | MOUNTED | TOF | TOP OF FOOTING |
| DS | DOWNSPOUT | MTL | METAL | TOS | TOP OF STEEL |
| DWG | DRAWING | MUL | MULLION | TP | TOWEL PIN |
| (E) | EXISTING | MW | MICROWAVE UNIT | TS | TUBE STEEL |
| E | EAST | N | NORTH | TV | TELEVISION |
| EA | EACH | NIC | NOT IN CONTRACT | TYP | TYPICAL |
| EIFS | EXTERIOR INSULATION FINISH SYSTEM | NO/# | NUMBER | UC | UNDER COUNTER |
| ELEC | ELECTRIC(AL) | NOM | NOMINAL | UON | UNLESS OTHERWISE NOTED |
| ENGR | ENGINEER | NTS | NOT TO SCALE | VCT | VINYL COMPOSITION TILE |
| EP | ELECTRICAL PANELBOARD | OA | OVERALL | VERT | VERTICAL |
| EPS | EXPANDED POLYSTYRENE INSULATION BOARD | OC | ON CENTER | VF | VERIFY IN FIELD |
| EQ | EQUAL | OD | OUTSIDE DIAMETER | VOL | VOLUME |
| EQUIP | EQUIPMENT | OFCD | OWNER FURNISH CONTRACTOR | VR | VAPOR RETARDER |
| EXTG | EXISTING | OFCI | OWNER FURNISH CONTRACTOR | VTR | VENT THROUGH ROOF |
| FA | FIRE ALARM | INSTALL | OWNER FURNISH OWNER INSTALL | W | WEST |
| FD | FLOOR DRAIN | OFOT | OWNER FURNISH OWNER INSTALL | W/ | WITH |
| FDN | FOUNDATION | OH | OVERHEAD, OPPOSITE HAND | W/O | WITHOUT |
| FE | FIRE EXTINGUISHER | OPNG | OPENING | WB | WOOD BASE |
| FEC | FIRE EXTINGUISHER CABINET | OPP | OPPOSITE | WC | WATER CLOSET |
| FF | FINISH FACE | OSB | ORIENTED STRAND BOARD | WD | WOOD |
| FFB | FINISH FLOOR BREAK | PDF | POWER DRIVEN FASTENER | WF | WIDE FLANGE |
| FIN | FINISH | PERF | PERFORATED | WP | WATERPROOF |
| FL | FLOOR(ING) | PIC | POLYISOCYANURATE BOARD | WM | WALK-OFF MAT |
| FOC | FACE OF CONCRETE | INSUL | INSULATION | WR | WATER RESISTANT |
| FOF | FACE OF FINISH | PL | PLATE | WSCT | WAINSCOT |
| FSS | FOLDING SHOWER SEAT | PLAM | PLASTIC LAMINATE | WT | WEIGHT |
| FOS | FACE OF STUD | PLAS | PLASTER | XPS | EXTRUDED PLASTICBOARD |
| FRT | FIRE-RETARDANT TREATED | PLYWD | PLYWOOD | INSULATION | |
| FT | FOOT, FEET | POLY | POLYETHYLENE | | |
| FTG | FOOTING | PREFAB | PREFABRICATED | | |
| FURR | FURRING | PREFIN | PREFINISHED | YD | YARD, YARD DRAIN |
| | | PT | PRESSURE TREATED | | |
| | | PTA, PT1 | PAINT TYPE "A", PAINT TYPE "1", ETC. | | |
| | | PTD | PAPER TOWEL DISPENSER | | |
| | | PVC | POLY VINYL CHLORIDE | | |

CODE STUDY

PLANNING & CODE STUDY – S'eenaá Hit PERMANENT SUPPORTIVE HOUSING

Governing Codes:
 General: International Building Code, 2021.
 Electrical: National Electric Code 2021
 Mechanical: International Mech Code, 2021;
 Plumbing: UPC 2021
 Sprinkler: 2021 Sprinkler Code
 Fire: IFC 2021

Building Data:
 Location: 2234 Tongass Ave Ketchikan Alaska
 Owner: Ketchikan Indian Community (KIC)
 Size: Level 1 = 4635
 Level 2 = 5680
 Level 3 = 5680
Total = 15,995 SF

General Description:
 Building will be primarily Permanent Supportive Housing with some staff offices.

Ketchikan Zoning
 18.25.030 Development requirements. Maximum height of development up to 50'. No minimum or max lot coverage.

18.40. Parking - CG zoning for housing requires 1/2 parking stall per unit. Building will contain 20 bedrooms which will require 10 parking stalls.

The new KIC Permanent Supportive Housing will be constructed for the Ketchikan Indian Community, a local non-profit entity. This project will provide housing units for previously homeless individuals. There will be 20 bedrooms total.

Setting: The new building will be located on a developed site within the 2234 Tongass Ave Property.
 The existing site and building development is accessed off of Adams Street. It is zoned "General Commercial" (CG). The proposed structure is permitted with standards according to section 18.25.020 Land use table of the Ketchikan Land Use Code.

Building Design Overview
 The new building totals **15,995** gross square feet over three stories.

Site and Access: Visitors and users of the facility will utilize a parking lot and drop-off, and covered entry.

Foundation: The building will be slab on grade construction with retaining of the slope on the uphill side of the lot.

Heating: Heating will utilize electric heat pumps with central HVAC system.

Fire Protection: The building will be sprinklered throughout per NFPA 13-R. An additional fire department connection (FDC) for exterior fire-fighting access will be provided at the southwest corner of the building, adjoining the emergency stairway enclosure.

Building Code Review Summary – Basis of Review 2021 IBC

B. Requirements based on Occupancy (Chapter 4)

- Group R-2 Requirements (Section 420).
- Separation Walls (420.2): Walls separating dwelling units, and walls separating dwelling and sleeping units from other occupancies, shall be constructed as fire partitions per Section 708. Dwelling units are defined as "a single unit providing complete, independent living facilities for one or more persons, including permanent provisions for living, sleeping, eating, cooking and sanitation."
- Horizontal Separation (420.3): Floors separating dwelling units shall be constructed as horizontal assemblies according to Section 711).
- Automatic Sprinkler System (420.4), smoke detection (420.5): The building will be provided with a 13-R automatic sprinkler system throughout per 903.3.1.2. Detection and alarm per 907.2.6; 907.2.8; 907.2.9; and 907.2.11.

D. Allowable Building Height and Area (Table 503, 504 & Section 506).

- Group R-2 buildings with Construction Type VA are allowed to be 4 stories, 12,000 sf per story, and with a maximum building height of 60' (Table 503). The maximum size floor proposed, totals **6275 sf**, within the 12,000 sf allowable limit.
- Per 504.2 for Group R-2 buildings equipped throughout with an approved automatic sprinkler system in accordance with section 903.3.1.2 (13-R), the maximum building height shall not exceed 60' or 4 stories, respectively. See Na Hit PSH, with 4 stories or 50' above the grade plane meets this requirement.

E. Construction Type (Chapter 6)

- Designated: Type V-A, w/ 13-R automatic sprinkler system per 903.3.1.2.
- All building elements are allowed to be non-rated (Table 601). (See R-2 unit separation requirements in Section 420).

F. Fire and Smoke Protection Features (Chapter 7)

- Openings (Section 705.8). Fire separation along the three sides of the building with openings is greater than 30'. Unprotected openings of unlimited area are allowed.
- Parapets (Section 705.11). Parapets are not required since exterior walls are not required to be fire-rated as per Table 602 (Exception 1).
- Shaft Enclosures (Section 708 & 712): Egress stairwells: Fire Resistance Rating- Not less than 1 hr where connecting less than 4 stories. (708.4). Shaft enclosures shall be constructed as fire barriers in accordance with Section 707. Doors openings shall be self-closing.
- Fire partitions shall have a fire resistance rating of not less than 1-hr.
- Exceptions: 708.3.1 Residential Corridor walls permitted to have a 1/2hr fire resistance rating by table 1018.1. Per 708.3.2, dwelling unit separations in buildings of Type VA shall have fire resistance ratings of not less than 1/2hr in buildings equipped with an automatic sprinkler system in accordance with Section 903.3.1.1
- Horizontal Assemblies (Section 711): Rated horizontal assemblies are required for ceilings separating dwelling units (see Section 420, above). Rated horizontal assemblies are required to be 1/2 hour rated between the residential floors since the building has an automatic sprinkler and type VA construction
- Penetrations. Penetrations through rated assemblies will comply with Section 714. Ducts that penetrate the rated assemblies will comply with Section 714. Fire-Resistant joints in rated assemblies will comply with Section 715.
- Opening Protections defined per table 716.5. Fire doors into the 1/2-hour-rated sleeping and dwelling areas are required to have a 1/3 hour rating.

G. Fire Protection Systems (Chapter 9)

- An automatic sprinkler system is to be provided as per Section 903.13-R.
- 906 Portable Fire Extinguishers: One type 2A, 10BC fire extinguisher is required for each 3,000sf of area, with no more than 75' of travel distance to an extinguisher.
- A fire alarm system will be provided as per Section 907.
- Fire department connections will be provided as per Section 912.
- Emergency responder safety features will be provided as per Section 914.
- As an additional feature to promote fire safety, all individual ranges within the resident units will be equipped with an automatic timer that turns the stoves off after 20 minutes of use.

I. Means of Egress (Chapter 10)

- Egress Width (1005). Minimum Stair Width: 84 x 0.3 inches = 25 inches.
- Accessible Means of Egress: Two accessible means of egress will be required (1007.1). All exit discharge shall connect with a public way. (1007.2, exception 1).
- Stair landings are to be 44" wide, minimum. The door swing cannot reduce this width to below 22" (1008.1.6).
- Corridors serving more than 10 occupants in an R-2 occupancy are required to be 1/2-hour rated (Table 1018.1). Minimum corridor width is to be 44" (1018.2).

J. Fixture Counts:

Level 2 Main Floor: has 2 staff bathroom, and one floor mop sink per level. The limited assembly spaces are for the residents of the building who each have private facilities within their personal rooms.

DRAWING INDEX

| Sheet List | | |
|--------------|----------------------------|-------------|
| Sheet Number | Sheet Name | Sheet order |
| 000 | COVER SHEET | |
| A000 | SHEET INDEX, CODE, ABBREV. | |
| A110 | EXISTING CONDITIONS & DEMO | |
| A111 | SITE PLAN | |
| A112 | ENLARGED SITE PLAN | |
| A201 | FLOOR PLAN 1 & 2 | |
| A202 | FLOOR PLAN 3 & ROOF PLAN | |
| A204 | ENLARGED TYP UNITS | |
| A301 | BUILDING SECTIONS | |
| A302 | BUILDING SECTIONS | |
| A401 | BUILDING ELEVATIONS | |



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Schematic Design
KIC - Permanent Supportive Housing
 Ketchikan Indian Community

| No. | Description | Date |
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SHEET TITLE:
SHEET INDEX, CODE, ABBREV.

DATE: 06.20.2023

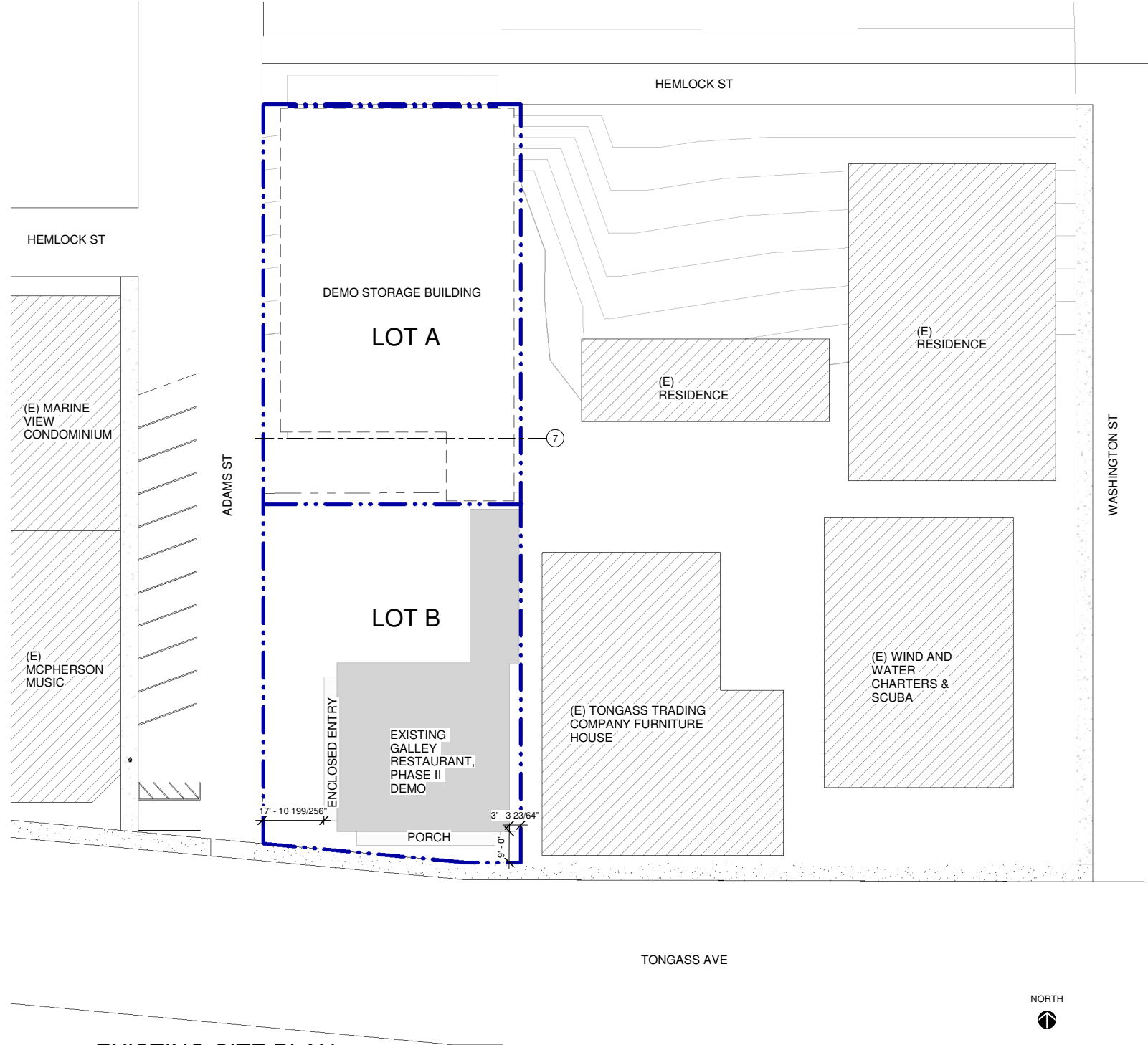
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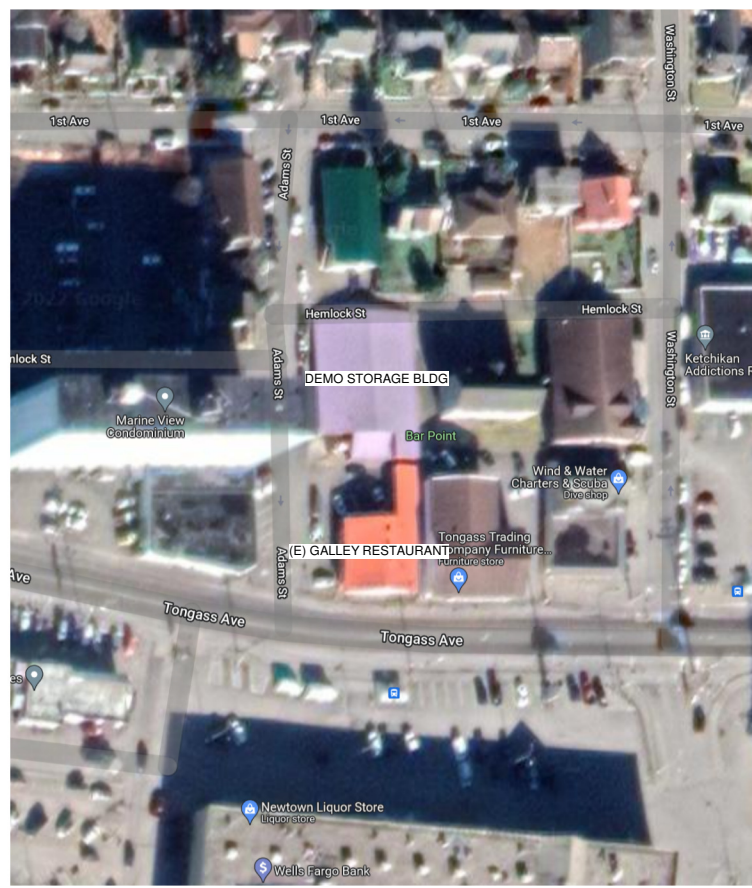
A000

NOTE: 11"x 17" PRINT IS HALF SIZE



1 EXISTING SITE PLAN
1" = 20'-0"
0' 8' 16' 32'

PROPOSED PROJECT TO BE LOCATED ON LOT A AS SHOWN. PROJECT DEVELOPER OWNS LOT B AND PLANS TO DEVELOP PHASE II OF THE PROJECT.



SATELITE IMAGE OF SITE



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KIC - Permanent Supportive Housing

Ketchikan Indian Community

MRV #2238

| No. | Description | Date |
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SHEET TITLE:
EXISTING CONDITIONS & DEMO

DATE: 06.20.2023

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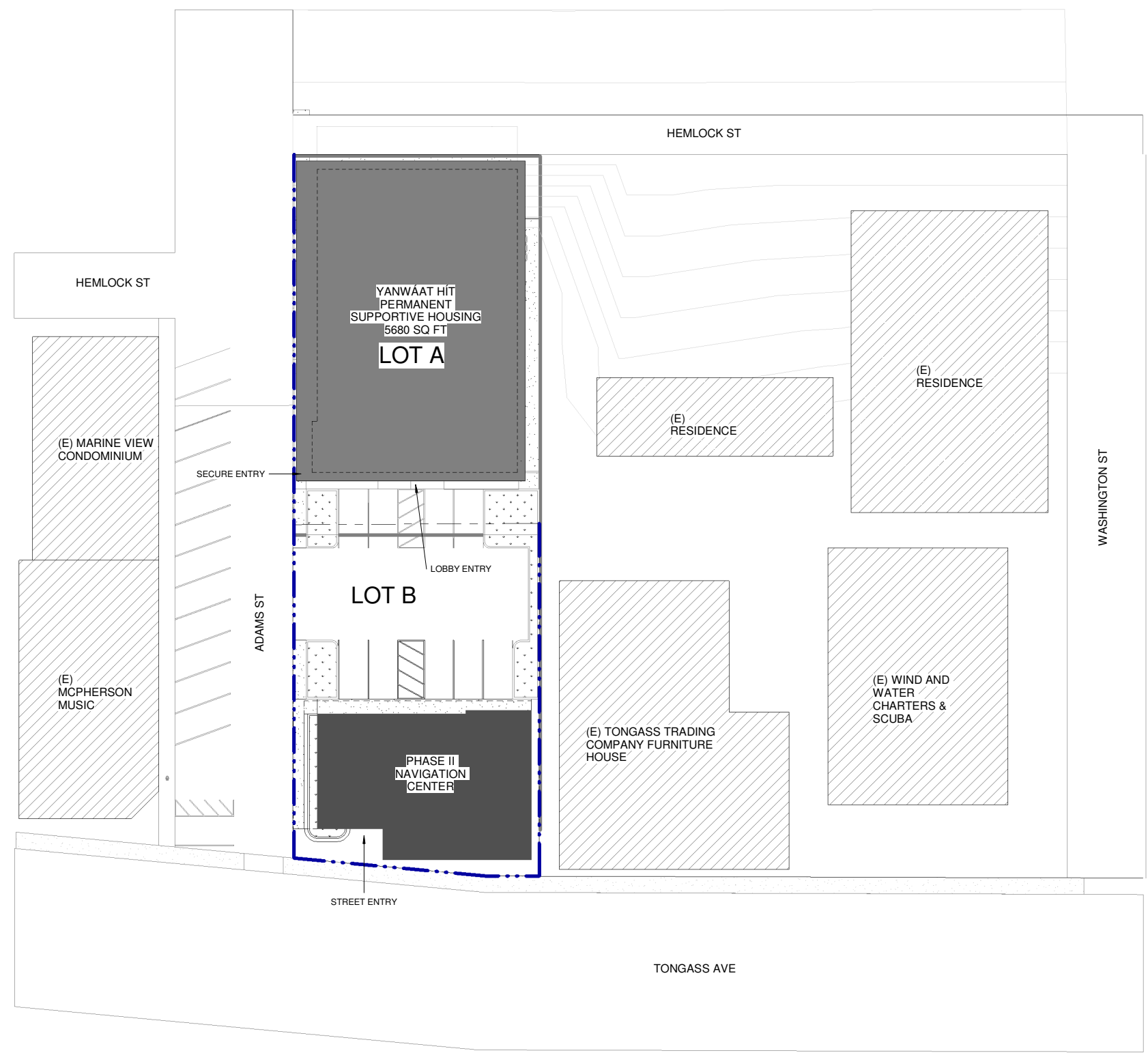
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SHEET NO.

A110

NOTE: 11"x 17" PRINT IS HALF SIZE

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1 SITE PLAN
1" = 20'-0"

NOTE: 11"x 17" PRINT IS HALF SIZE



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Schematic Design

KIC - Permanent Supportive Housing

Ketchikan Indian Community

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SHEET TITLE:
SITE PLAN

DATE: 06.20.2023
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SHEET NO.
A111

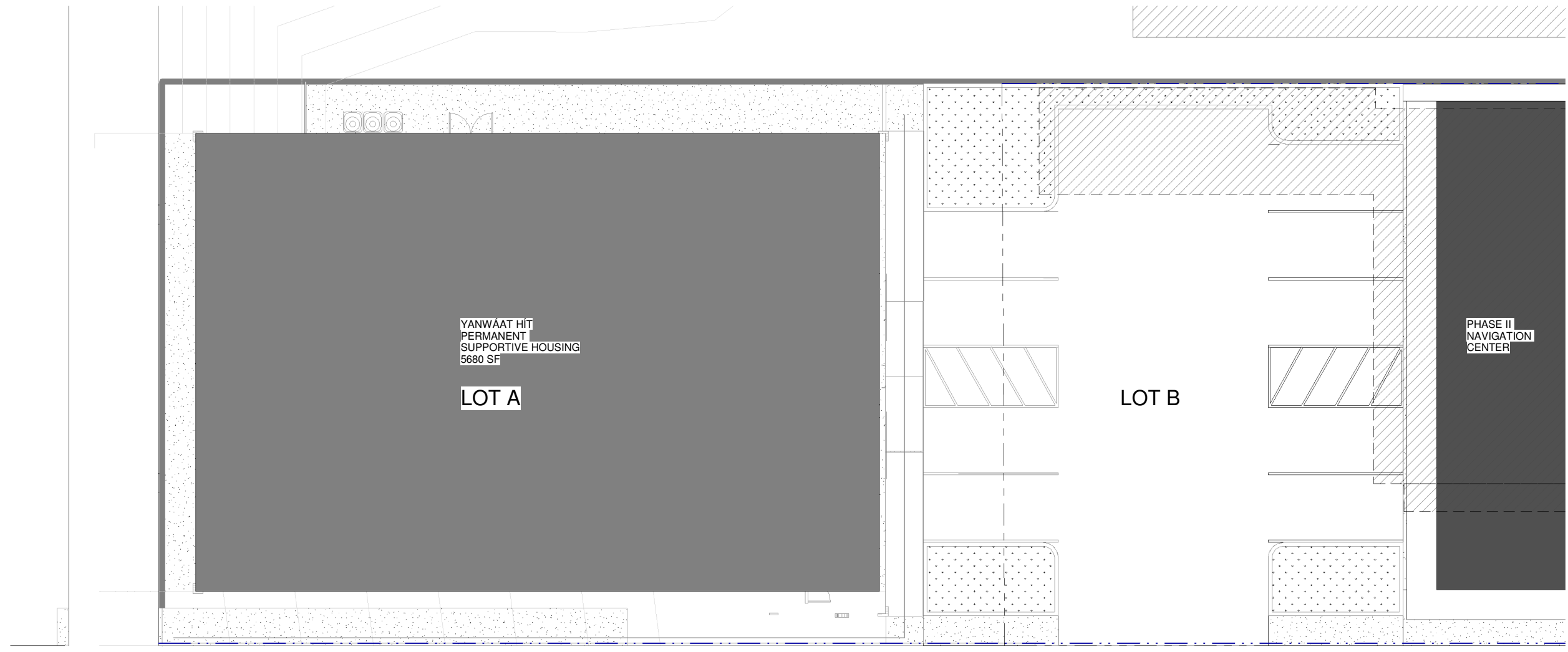
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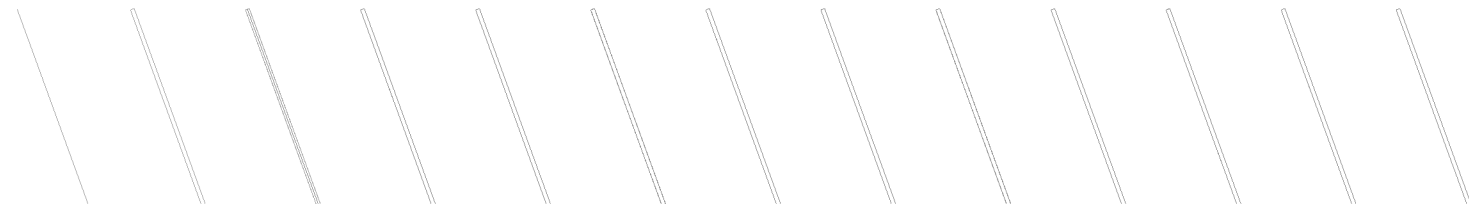
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Schematic Design
KIC - Permanent Supportive Housing
Ketchikan Indian Community



ADAMS ST



1 ENLARGED SITE PLAN
1/8" = 1'-0" 0' 4' 8' 16'

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SHEET TITLE:
ENLARGED SITE PLAN

DATE: 06.20.2023
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SHEET NO.
A112

NOTE: 11" x 17" PRINT IS HALF SIZE

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 Ketchikan Indian Community

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SHEET TITLE:
FLOOR PLAN 1 & 2

DATE: 06.20.2023

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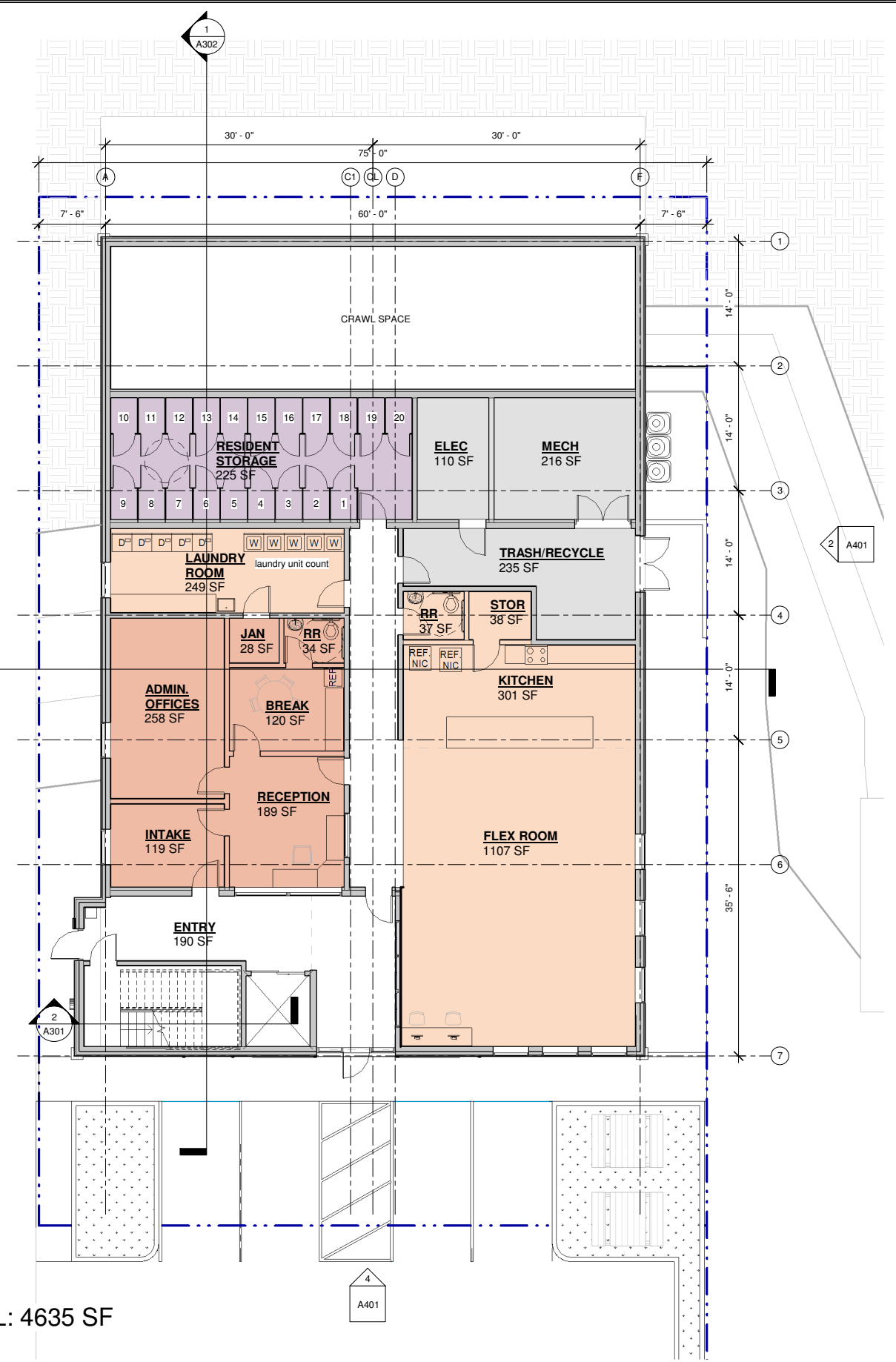
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A201

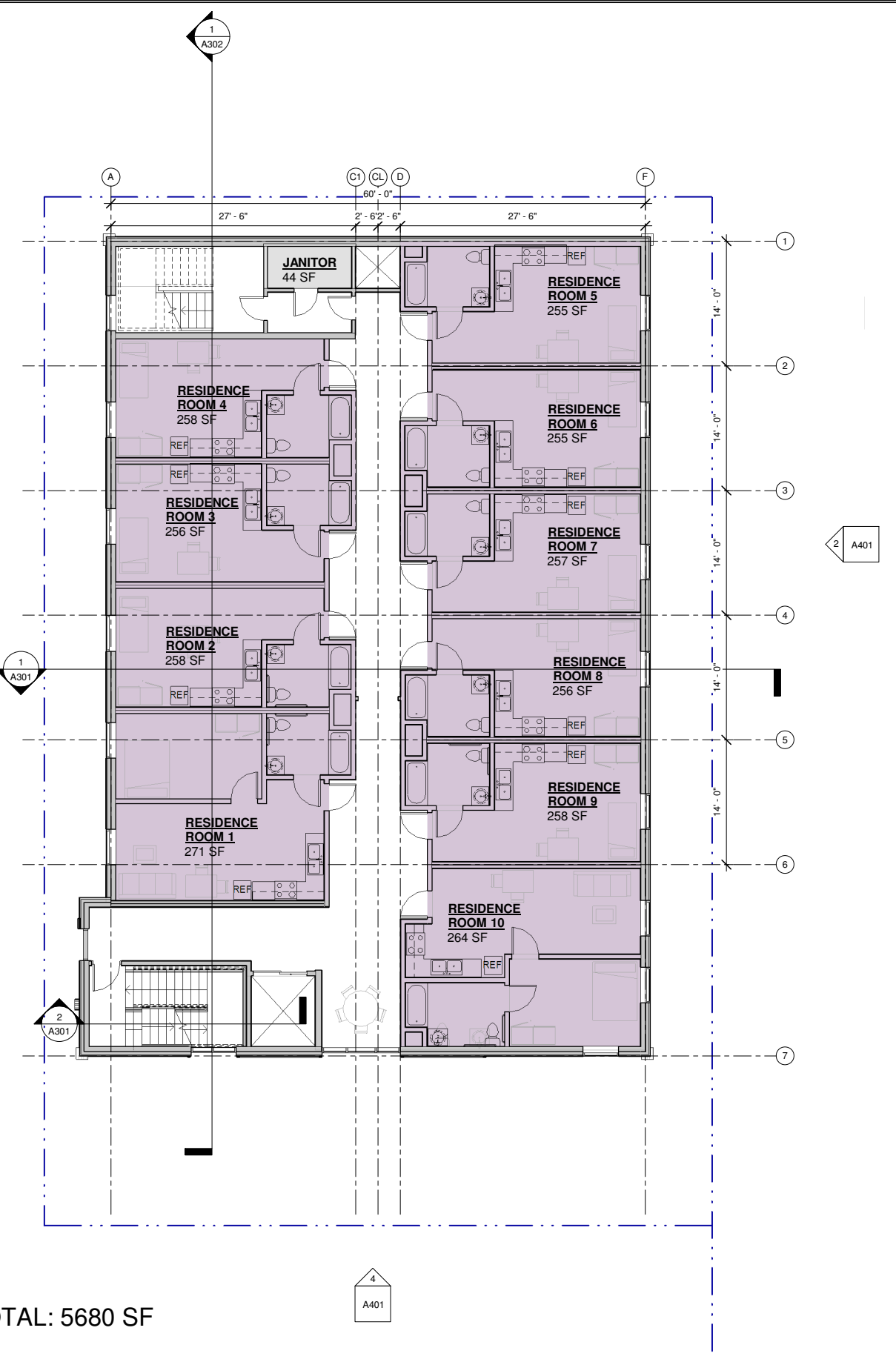


NOTE: 11"x 17" PRINT IS HALF SIZE



TOTAL: 4635 SF

2 FLOOR 1
 1/8" = 1'-0"
 0' 4' 8' 16'



TOTAL: 5680 SF

1 FLOOR 2
 1/8" = 1'-0"
 0' 4' 8' 16'



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SHEET TITLE:
FLOOR PLAN 3 & ROOF PLAN

DATE: 06.20.2023

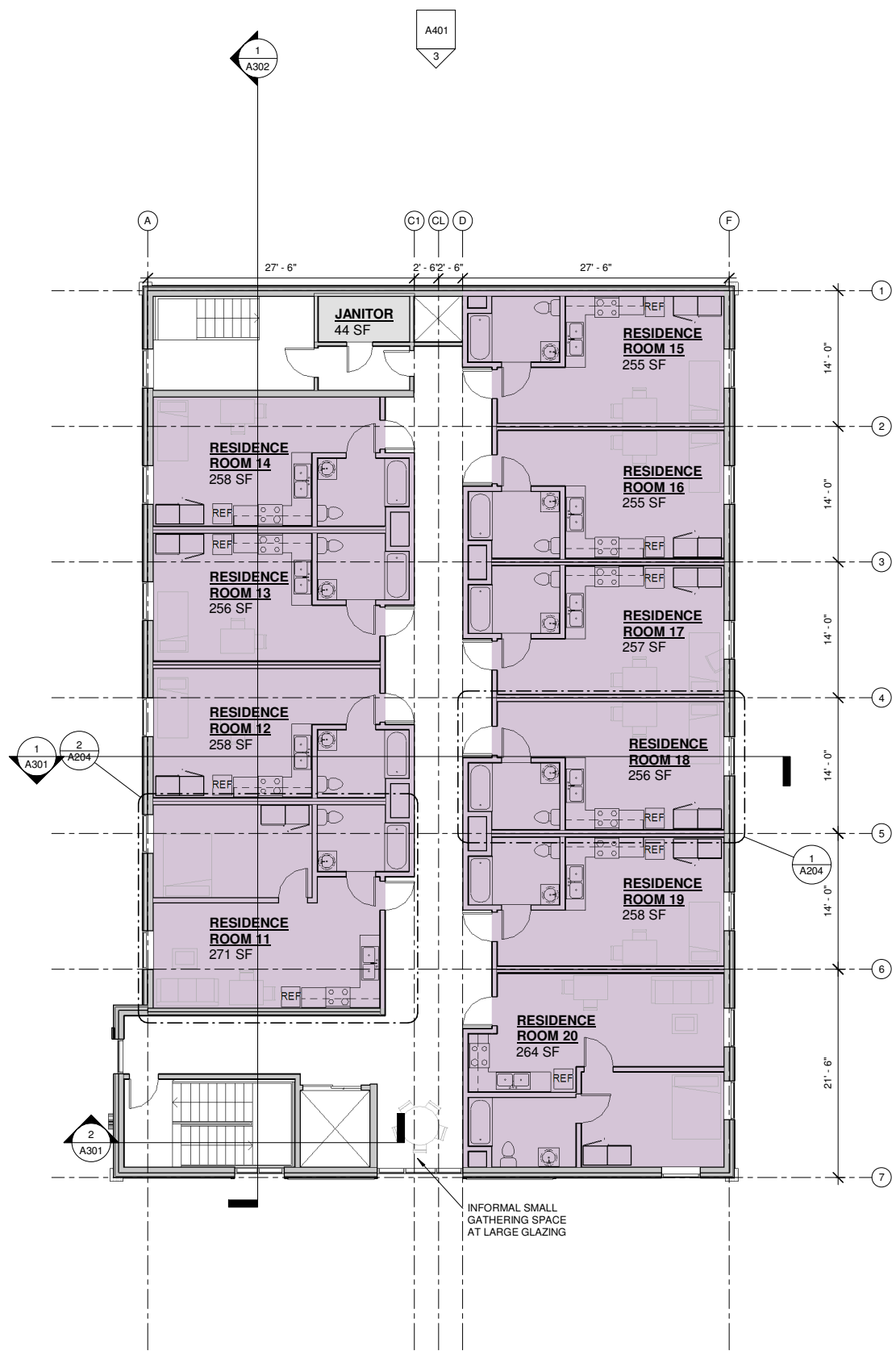
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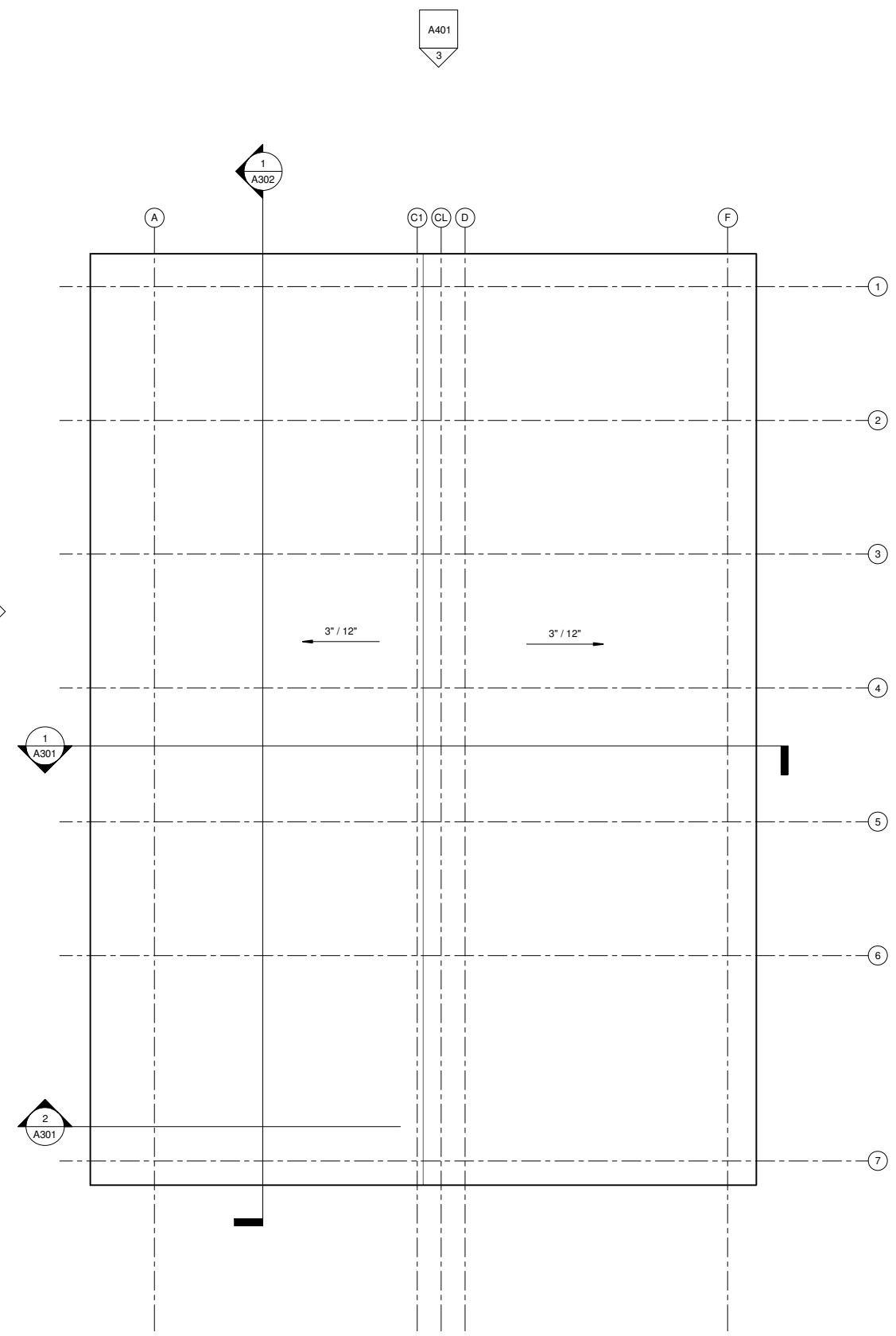
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A202

NOTE: 11"x 17" PRINT IS HALF SIZE



1 FLOOR 3
 1/8" = 1'-0"
 0' 4' 8' 16'



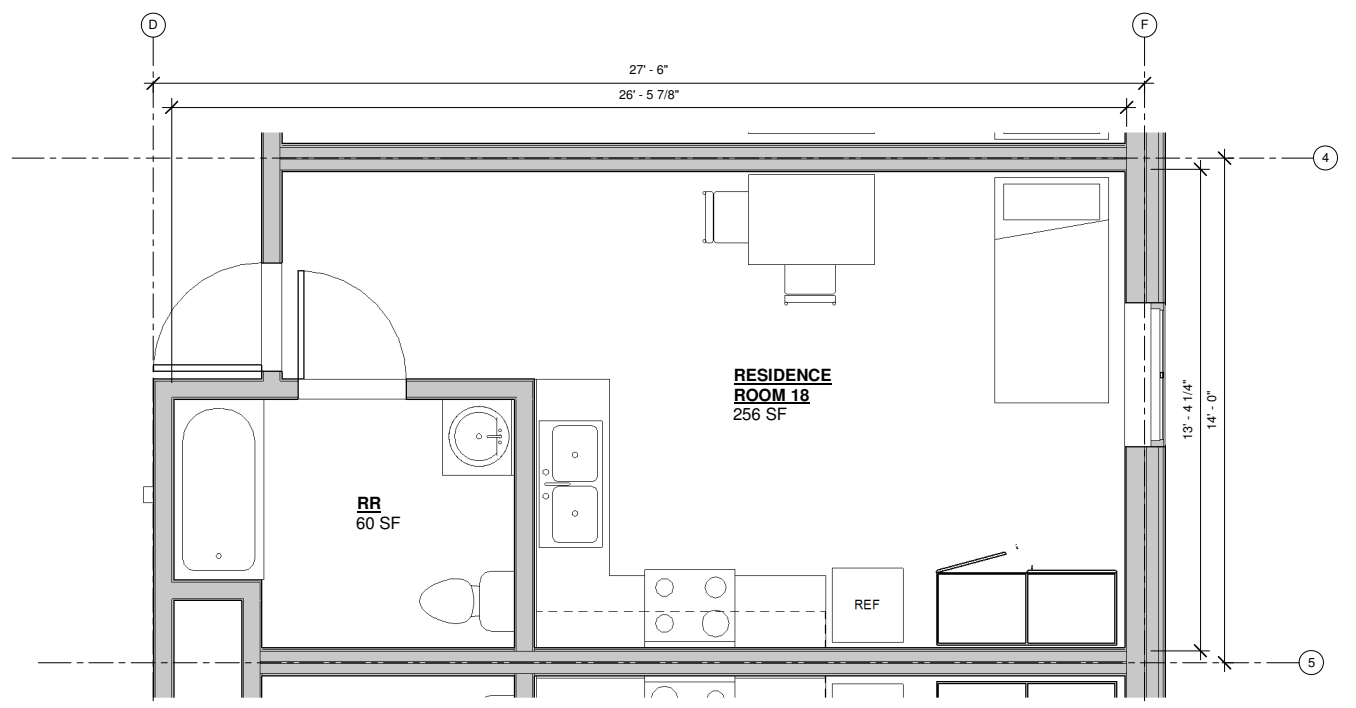
2 ROOF
 1/8" = 1'-0"
 0' 4' 8' 16'



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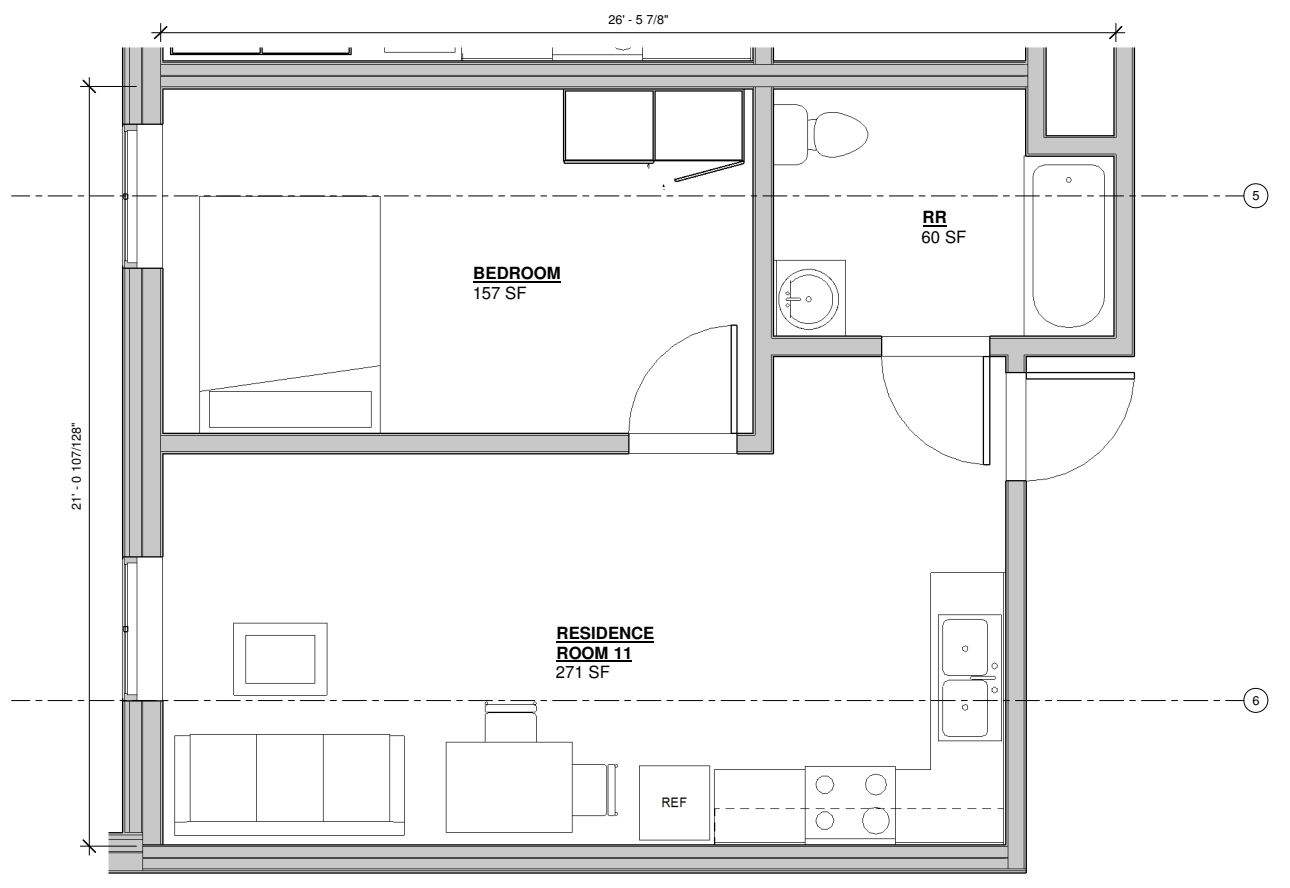
MIRV # 2238

Schematic Design
KIC - Permanent Supportive Housing
 Ketchikan Indian Community



1 TYP RESIDENCE UNIT
 3/8" = 1'-0"

TOTAL: 325 SF



2 TYP UNIT W/ BEDROOM
 3/8" = 1'-0"

TOTAL: 506 SF

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SHEET TITLE:
 ENLARGED TYP UNITS

DATE: 06.20.2023

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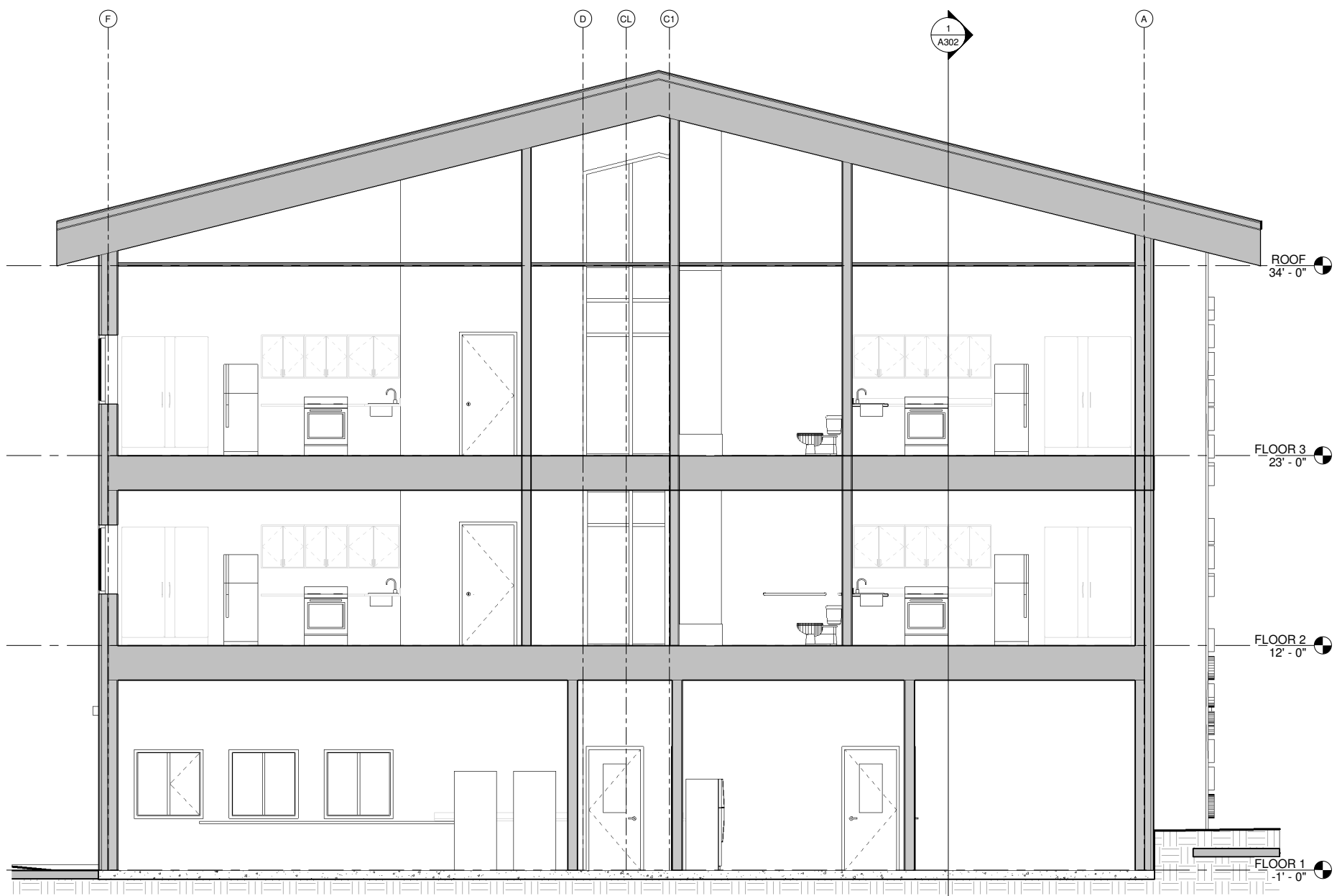
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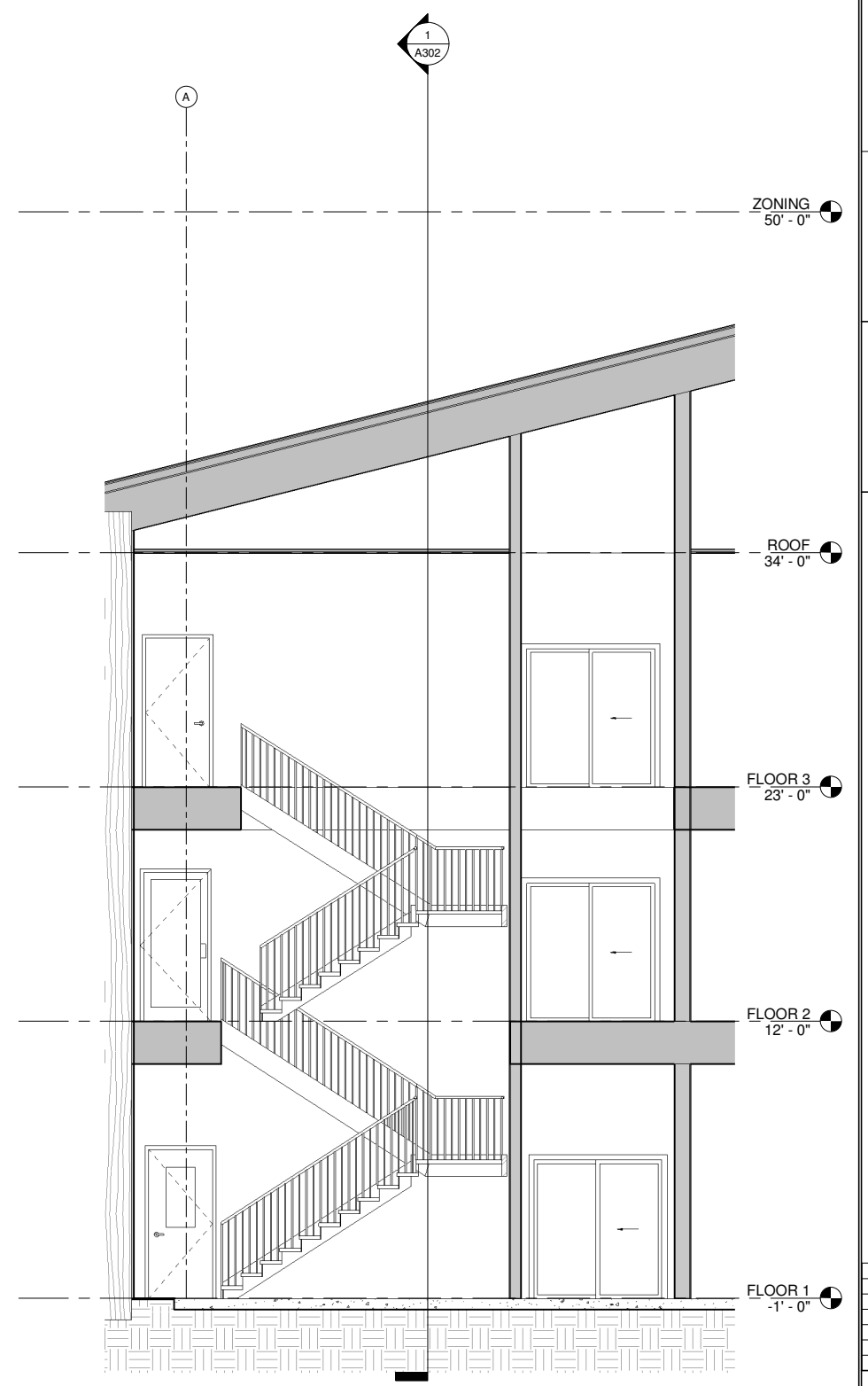
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Schematic Design
KIC - Permanent Supportive Housing
 Ketchikan Indian Community



① TRANSVERSE SECTION
 1/4" = 1'-0"



② EGRESS STAIRS SECTION
 1/4" = 1'-0"

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SHEET TITLE:
 BUILDING SECTIONS

DATE: 06.20.2023

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A301

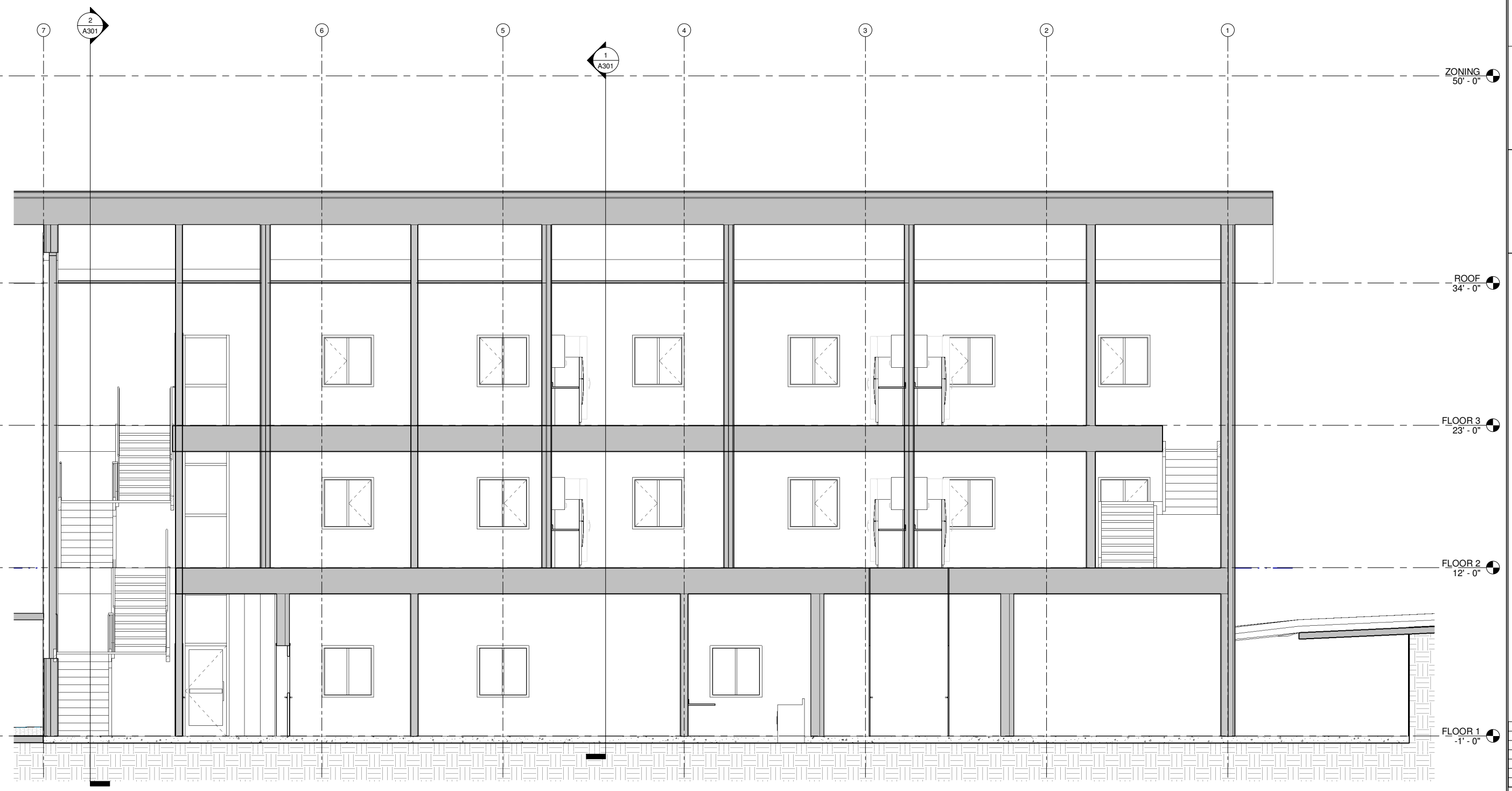
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Schematic Design
**KIC - Permanent Supportive
Housing**
Ketchikan Indian Community



1 LONGITUDINAL SECTION
1/4" = 1'-0"

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SHEET TITLE:
**BUILDING
SECTIONS**

DATE: 06.20.2023
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KIC - Permanent Supportive Housing
 Ketchikan Indian Community

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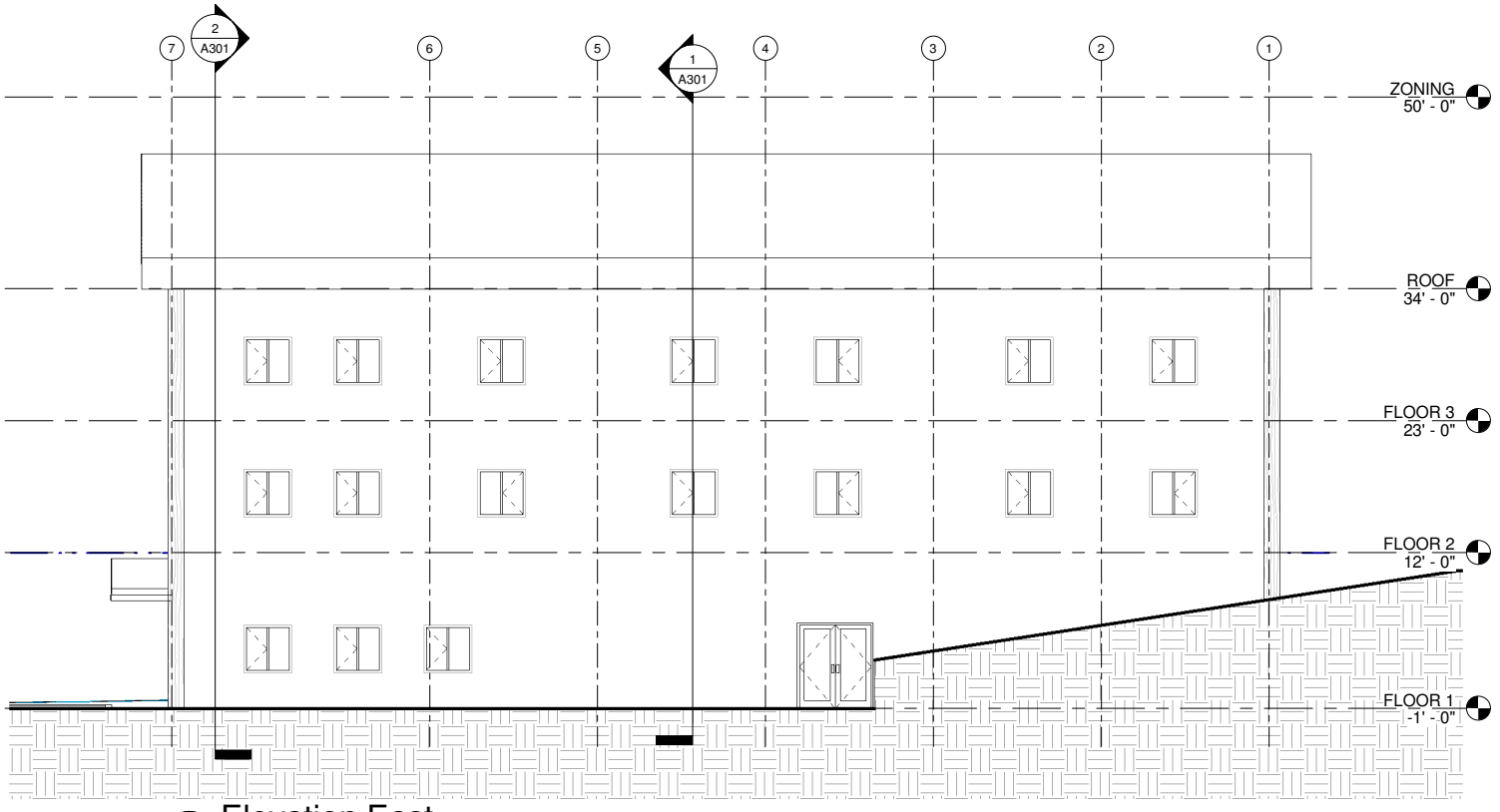
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BUILDING ELEVATIONS

DATE: 06.20.2023

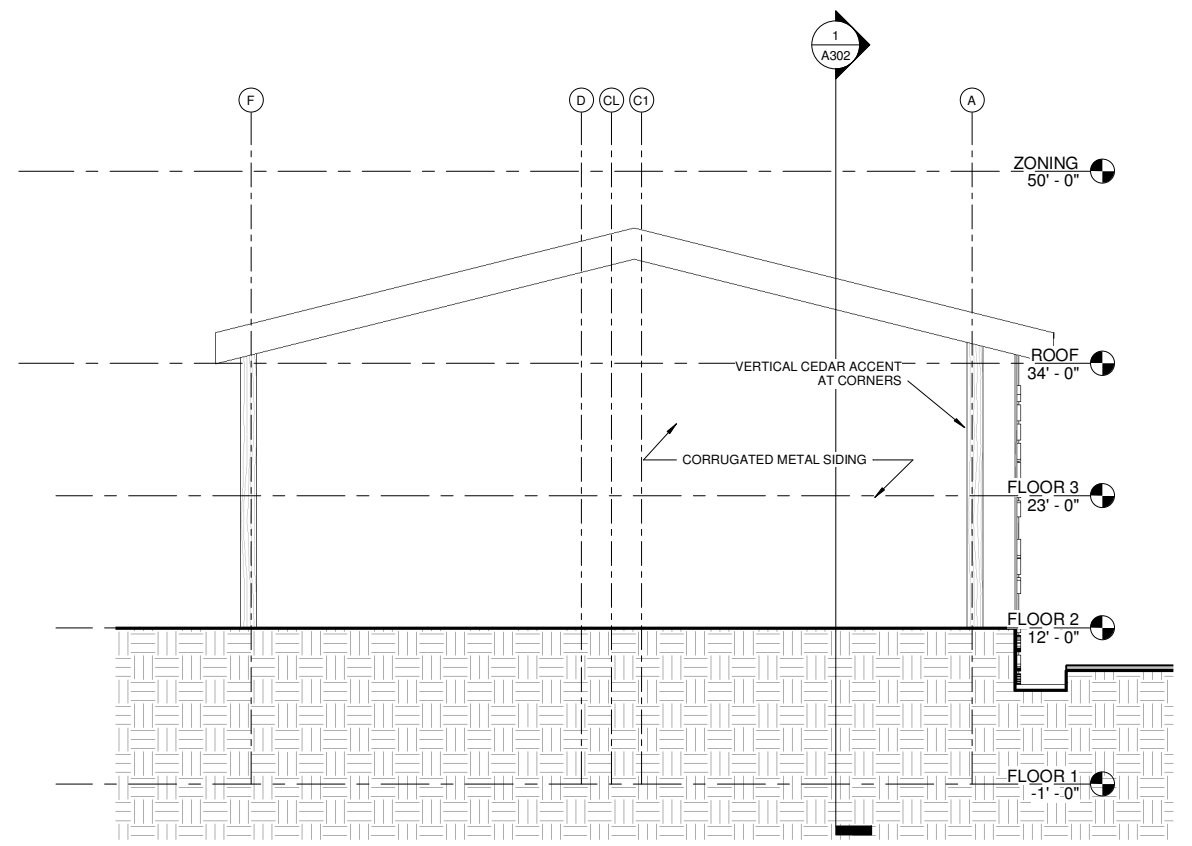
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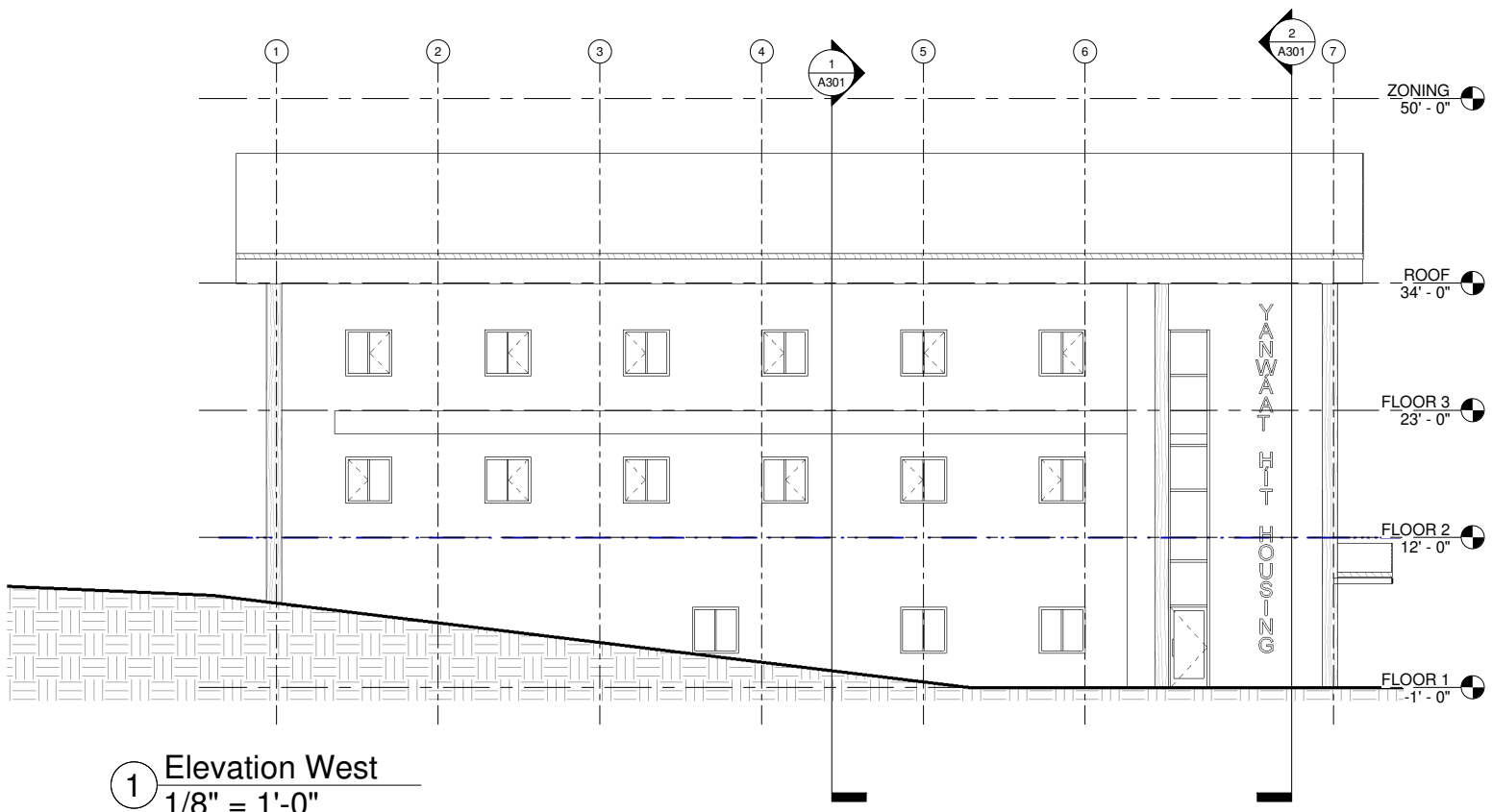
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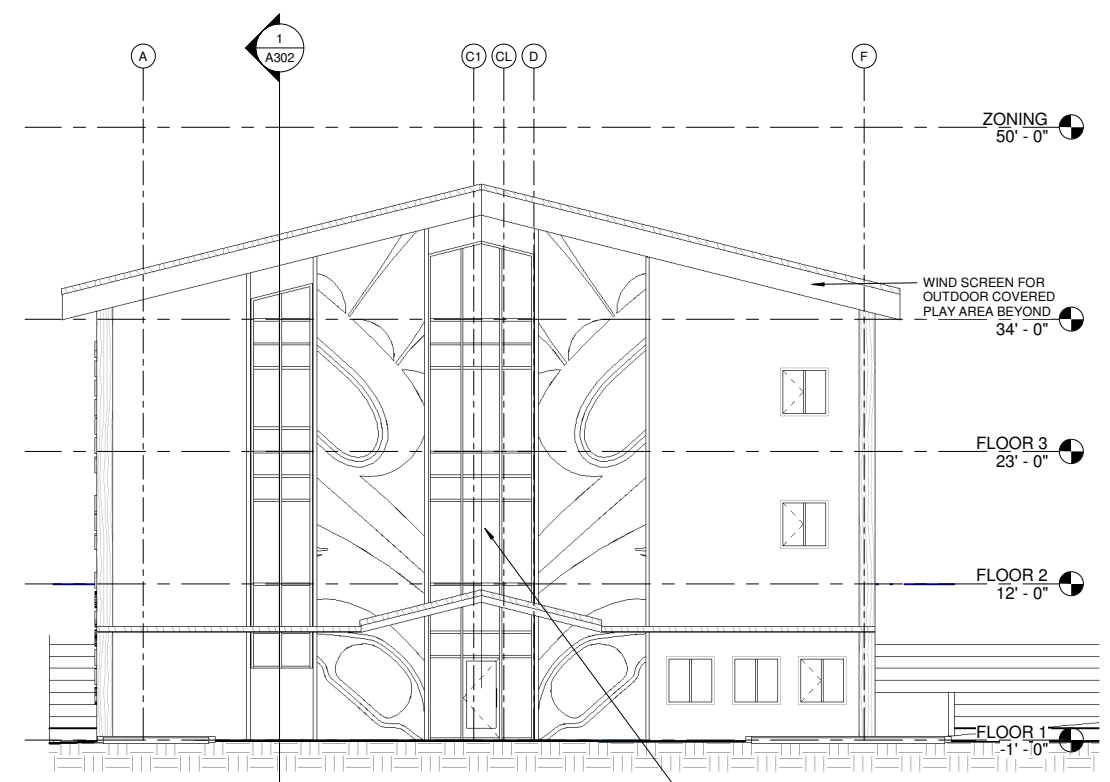
② Elevation East
 1/8" = 1'-0"



③ Elevation North
 1/8" = 1'-0"



① Elevation West
 1/8" = 1'-0"



④ Elevation South
 1/8" = 1'-0"

NOTE: 11"x 17" PRINT IS HALF SIZE

MEMO

To: Agnes Moran - Program & Planning Committee Chair
Date: October 19, 2023
Re: FY24 Mental Health and Addiction Intervention Focus Area Allocation
Amount: \$750,000.00
Grantee: True North Recovery Inc
Project Title: Year-Two Mat-Su Mobile Crisis Team

REQUESTED MOTION:

“The Program & Planning Committee recommends that the full Board of Trustees approve a \$750,000 FY24 Mental Health and Addiction Intervention focus area allocation to True North Recovery, Inc. for the Year Two Mobile Crisis Team project. These funds will come from the FY24 Crisis Continuum of Care budget line.”

Assigned Program Staff: Janie Caq’ar Ferguson

STAFF ANALYSIS

True North Recovery (TNR) Inc. is a Joint Commission accredited, comprehensive substance use disorder (SUD) and behavioral health provider serving the Mat-Su Valley and Fairbanks regions. TNR is requesting Trust funding for year two operations of the existing mobile crisis team (MCT), and Trust funds will also support a second full-time MCT in the Mat-Su allowing for expansion into Palmer and surrounding communities. Trust staff anticipates, based on financial modeling, that Mat-Su MCTs will need financial support for up to five years while alternative funding sources such as Medicaid are fully leveraged.

Following best practices, the MCT consists of a master’s level behavioral health clinician and a certified peer support specialist operating 24/7. Currently, the Mat-Su MCT is housed in the Day One Center and responds to crisis calls in the Wasilla region. In year two, the MCTs plan to expand to additional jurisdictions by serving the city of Palmer and surrounding areas such as Sutton.

Since its launch in March 2023, the TNR MCT has responded to 163 calls, of which 132 were unique contacts, with 100% of the calls responding to Trust beneficiaries. TNR MCT’s engagement with Trust beneficiaries through their response has fostered connections to additional levels of care and diverted Trust beneficiaries from the hospital emergency rooms and the criminal justice system. The current limitation for the single TNR MCT is the capacity to only respond within the City of Wasilla jurisdiction, with its approximate population of 9,426 (U.S. Census, 2021). With the addition of a

second MCT, TNR anticipates operation out of an independent location in the city of Wasilla allowing for coordination between the MCTs and rapid response times.

With the demonstrated impact to Trust beneficiaries currently served by the one TNR MCT, the potential to reach more beneficiaries with a second TNR MCT is substantial. TNR is uniquely poised to continue operating the MCTs, as TNR currently operates several services within the Day One Center, an innovative behavioral health approach to meeting the needs of Trust beneficiaries seeking and needing support. The service array consists of comprehensive same-day integrated assessments, psychiatric medication management, withdrawal management, intensive out-patient (IOP), out-patient services and peer support and recovery. TNR has developed strong community partnerships in the full continuum of care by partnering with the Wasilla Police Department and Mat-Com Dispatch, as well as strong referral connections with the Community Care Team, formerly known as the Post-Crisis Network (PCN).

Agnew::Beck Consulting LLC, provided the technical support to TNR for business modeling for all the operations of their Day One Center, including the MCT. The Medicaid 1115 reimbursement for MCT does not come close to covering the cost of a 24/7 two-person team, so other funding support must be considered. The withdrawal management service and the assessment program factored together can generate enough income to offset the MCT losses. If this innovative model proves successful in the coming years, it could provide the blueprint for offering similar services in other regions of Alaska. The Trust and our partners are working with the State of Alaska partners and looking at the low reimbursement rate for MCTs. For MCTs to be sustainable at the Day One Center and across Alaska, it will be imperative that the rate structure is increased, but until that occurs, it is critical to find business strategies for braiding funding to cover MCT costs.

In addition to requested trust funding, TNR anticipates additional funding from the Mat-Su Health Foundation, the State of Alaska Department of Behavioral Health through a Request for Proposals, and the State of Alaska Department of Public Health.

Finally, community members and providers in the region have expressed strong support for the TNR MCT, and a willingness to expand the current service area beyond Wasilla.

This project is recommended for funding as it aligns with the Mental Health and Addiction Intervention focus area, and enhances supports for Trust beneficiaries in a mental health crisis.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---------------------------|-------------------------------|---|
| Goal 5 Suicide Prevention | 5.2 Crisis system improvement | Strategy: Develop a continuum of community-based crisis intervention services to support beneficiaries in community settings whenever possible. |

PROJECT DESCRIPTION

The following is excerpted from the prospective grantee's application.

PROJECT DESCRIPTION

True North Recovery is currently facilitating the Mobile Crisis Team that is working within the City of Wasilla City Limits. Through this year two grant we will be adding a second full-time team which will allow us to increase our coverage area. With the increased services area we will also be able to increase the number of Trust Beneficiaries we are able to support during a crisis that is dispatched by emergency responders. True North Recovery is excited to be able to increase our service area and provide mobile crisis response to a wider area of the Mat-Su Valley.

True North Recovery is excited to begin year two of the Mobile Crisis Team Response to the Mat-Su Valley. It has been an exciting first year, as we have developed impactful relationships, navigated development and implementation, and begun serving our community with excellence.

In our initial proposal we proposed starting within the city of Wasilla followed by expanding the reach of our Mobile Crisis Team throughout the Mat-Su Valley. This proposal expands the service area from the city of Wasilla to the surrounding areas. True North Recovery plans to expand the radius of the Mobile Crisis Team by approximately 30 miles surrounding the city of Wasilla. This growth will allow us to reach nearly one hundred thousand residents of the Mat-Su valley. We plan to accomplish this by adding an additional Mobile Crisis Team. With two teams operating 24/7, True North Recovery will be able to rapidly respond to multiple locations in a timely manner. This additional team would have a direct impact on those suffering from substance misuse, mental health, co-occurring disorders, and any other immediate crisis.

Since the launch of our Wasilla MCT program, the team has been on 163 calls as of 9/14/2023, of those 132 were unique contacts. Our first call was on 3/16/2023. Our current team is only responding within the City of Wasilla (population 9426). Community members and providers have seen and experienced the impact of the Mobile Crisis Team and have expressed desire to expand this service collaboration. We have identified partnership opportunities with the Alaska State Troopers, Palmer Police, Chickaloon Tribal Police, as well as the Mat-Su borough EMS. There is excitement to have these partnerships formalized and a wider community served. We realize that while we have made an impact in the city of Wasilla, the entirety of the Mat-Su would benefit greatly from this expansion.

True North Recovery plans to launch a second Mobile Crisis Team to our expanded service area in early 2024, with a target launch date of 1/31/24. Our new perimeter will include but is not limited to: Palmer, Butte, Sutton, Chickaloon, Meadow Lakes, Big Lake, Point Mackenzie, Houston, and the surrounding areas. With the addition of a second team, we plan to have the Mobile Crisis Team operate out of an independent location in the city of Wasilla; this will allow coordination between the teams and faster response times.

True North Recovery has identified the additional staff needed and are excited to offer Mobile Crisis Response throughout the Mat-Su valley. We have a memorandum of understanding (MOU) with Wasilla PD and Matcom Dispatch to respond to calls. True North Recovery has also assisted with developing the "Post Crisis Network" alongside Connect Mat-Su and The Mat-Su

Crisis Now Coordinator. This network takes a collaborative approach to the follow up of Mobile Crisis Team calls. We have developed a network of providers to include: Alaska Addiction Rehabilitation Services, Alaska Therapeutic Courts, Alaska Family Services, Alaska Youth and Family Community Care Team, Beacon Hill Alaska, Connect Mat-Su, Daybreak Inc., LINKS, High Utilizers Mat-Su, Mat-Su Health Services, MyHouse, Set Free Alaska, Sunshine Community Health and Valley Charities. Through biweekly workgroups, protocols, and partnership within this MOU, we have begun to streamline access to care for Mat-Su Valley residents in crisis across multiple provider types.

True North Recovery believes Mobile Crisis Team responses must be met with rapid access to critical services to meet the needs of our residents and ultimately mitigate or resolve the crisis. True North Recovery has opened the Day One Center as another effort to address crisis response. The Day One Center hosts a range of programs and includes medical personnel, withdrawal management services, peer support services, psychiatric services, integrated behavioral health assessments and crisis case management as well as a peer living room model walk-in center. We received \$250,000 to support the operations of Crisis Response within True North Recovery's Day One Center from Alaska Department of Behavioral Health through the Restore Hope Grant. This funding provided supplies ranging from non-perishable food, hygiene products, winter gear, tents, sleeping bags, underwear and socks, cell phones, prescription and medical co-pay support, travel assistance and coverage for the cost of integrated behavioral health assessments. True North Recovery was also awarded the CBHTR grant for Peer Support in the amount of \$239,8872. This grant allows us to cover current payroll costs of the Launchpad while also adding two additional staff to the program. The Launchpad delivers immediate access to walk-in peer services. Many individuals served in Launchpad come from Mobile Crisis calls.

It is our hope to continue to expand the Mobile Crisis Team's reach, as well as to build lasting and meaningful relationships within the community to best serve those in need. This service will continue to support integration to community services and partnerships among providers.

EVALUATION CRITERIA

The Substance Abuse and Mental Health Services Administration's (SAMHSA) publication National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit identifies system transparency and regular monitoring of key performance indicators to support continuous quality improvement efforts as essential elements of a robust behavioral health crisis system. The SAMHSA toolkit identifies performance metrics for mobile crisis services. Key performance indicators identified in the SAMSHA report include:

1. Numbers served
2. Average response time
3. Percentage of calls responded to within one hour, two hours and more than two hours
4. Longest response time
5. Percentage of mobile crisis responses resolved in the community

Every Mobile Crisis Response call is documented in our electronic health record and tracked simultaneously by the Mobile Crisis Team. Both of these allow us to collect data on the total

number of calls received and responded to, as well as how many of those were unique or repeated contacts. While tracking each call, referrals made while on scene or at follow-up show the succession of crisis diversion through providing critical services to the beneficiaries. Referrals made are being tracked as well, and the Post Crisis Network is also collecting data alongside us on referrals with participating providers. Internal referrals from Mobile Crisis that continue on to receive additional services at True North Recovery demonstrate improved quality of life as beneficiaries navigate their next step in addressing their substance misuse, mental health, co-occurring disorder, or other critical needs.

All data is tracked within our electronic health record and internal Mobile Crisis Team tracker. Analyzing the key performance indicators from SAMHSA as well as succession through referrals and continuation of services allows us to provide data on beneficiaries that have improved quality of life from this service.

SUSTAINABILITY

The Day One Center operates a diverse range of programs, including withdrawal management (inpatient and ambulatory), walk-in integrated behavioral health assessments, Launchpad (peer crisis services), medical providers, medication management, psychiatric evaluations, and the Mobile Crisis Team. Each program is run independently, yet the income generated from each program is utilized unilaterally across all programs to ensure the center's financial stability as a whole. We have been working with Agnew::Beck on the financial modeling of the Day One Center since July of 2022. Through this financial modeling we are developing a five-year plan for sustainability. Some of the other programs within the building have higher billing rates and billing capacity that can provide additional financial support to the center that can offset the deficit that the Mobile Crisis Team currently produces. We continue developing and implementing new services provided at the Day One Center to create sustainability for all of our crisis services to expand community impact.

Additionally, we have a provider agreement through DBH to bill for Safety-Net funding, which provides billing capacity for services provided to those who do not have Medicaid at time of service. The billing rates both through Medicaid and Safety Net funding do not provide sustainability alone for the Mobile Crisis team, as the rate is currently \$183.54. However, they provide some reimbursement for most of the Mobile Crisis Response calls. Through Safety Net billing we are able to bill for both the call out services and the follow up call. However, the current 1115 Waivers Regulations do not allow for both of these services to be billed through Medicaid; this is fortunately one of the proposed changes for the updated regulations. We have communicated the benefits of increasing billability with this service through public forums and submitting public comments.

As well as billable options, DBH has indicated that they may have \$250k-\$500k in RFP's coming out for crisis services that we intend to apply for. We are also preparing to submit a grant request to the Mat-Su Health Foundation, in the amount of \$93,968 to cover the balance of the total project budget for the Year Two of the Mobile Crisis Team.

WHO WE SERVE

Alaska Mental Health Trust beneficiaries that would benefit from this expansion include; any community member experiencing crisis that may be the result of substance misuse, mental health, or co-occurring disorders. However, response and mitigation of these crises also have a direct impact on the community served, as well as the immediate family of those in active crisis. Mobile Crisis response reduces additional burden on the hospital as well as correctional facilities by mitigating the crises at hand and providing referrals to address the underlying cause of the call. Mobile Crisis response has greatly reduced the time law enforcement is spending on scene; once the Mobile Crisis team arrives law enforcement only spends an average of 15 minutes there whereas in the past, law enforcement would have been spending hours to address crises. Crisis diversion and referrals to services benefit more than just the recipient. Response call recipients are given a safe space to process their crisis and given immediate support by our peers sharing lived experience and professional interventions provided by the mental health clinicians. Recipients may:

- have limited access to services,
- have minimal natural supports,
- have exasperated mental health symptoms,
- have ongoing substance withdrawal symptoms

The response call can provide:

- direct referrals to the most appropriate providers,
- provide relation and comfort through peer interventions,
- provide mental health intervention and suicide screening,
- provide referral to withdrawal management services or walk-in peer crisis services.

Recipients served have access to numerous community providers and services, including but not limited to: housing, primary care, mental health services, and other additional social services. Some recipients are more apprehensive to engage, but will still be provided with the same support from the Mobile Crisis Team including a care packages (including: socks, winter gear, gloves, blankets, hygiene products and nonperishable foods- as well as feminine care products when necessary) immediate food needs, and a referral to our Launchpad program for walk-in services, should they choose to engage at a later date.

True North Recovery offers a wide variety of referrals and linkage to care through the Post Crisis network and longstanding community partnerships. The following data demonstrates the impact our collaboration of providers has had to the beneficiaries. The results of which are as follows:

Our current referrals:

- 1- Referral made to primary care through Mat-Su Health Services.
- 5- Referrals to DV Prevention through AFS Women's Shelter or other safe housing
- 27-Referrals to housing which is typically emergency housing or other temporary housing resources that are available for immediate access until more permanent housing becomes available. These referrals include MyHouse, the DV shelter, LINKS, Set Free Crisis Housing, Family Promise as well as our emergency housing at the Grandview.

38- Referrals to Mental Health Services through Mat-Su Health Services, Day Break and True North Recovery and when necessary, the behavioral health unit at Mat-Su Regional.

67- Referrals to other social services

Of the referrals to other social services, 28 were referred to services with True North Recovery which included referrals for detox, residential or outpatient services. Of the 28 referrals, 9 were at risk of overdose and 8 of the referrals engaged in services with us.

Our Launchpad program at the Day One Center is available to all beneficiaries to provide additional referrals, linkage to care and follow up crisis services.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

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|---|-------|
| Mental Illness: | 700 |
| Substance Abuse | 400 |
| Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries): | 2,000 |
| Number of people to be trained | 15 |

BUDGET

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| Personnel Services Costs | \$608,347.00 |
| Personnel Services Costs (Other Sources) | \$29,040.00 |
| Personnel Services Narrative: | <p>We are proposing adding an additional Mobile Crisis Team to complement our original team and increase the service radius of the Mobile Crisis Team by approximately 30 miles.</p> <p>We have carefully developed a shift rate to retain quality staff and reduce overhead costs of the program. If we add an additional team, there will be two peers and two clinicians on staff per 24-hour shift. The Mobile Crisis Peers remain on site for their entire 24-hour shift, ensuring immediate response to dispatch. The peers receive \$400 per 24-hour shift</p> <p>The Mobile Crisis Clinicians are on standby within a ten-mile radius, readily available to respond to a call at any point during their 24-hour shift. The clinicians receive \$450 per shift.</p> <p>The overall cost of the payroll includes the employer portion of taxes, workman’s comp and paid time off. The anticipated fringe rate for our employees is 17%. Our total payroll expense for year 2 is \$707,370.</p> |

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| | In year one, we extended our funding for an additional quarter and will still have a surplus from the original grant in the amount of \$69,683. That surplus will be rolled into year two and utilized towards the overall personnel cost, reducing the total payroll expense for year 2 to \$637,387. |
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| Travel Costs | \$6,000.00 |
| Travel Costs (Other Sources) | \$18,000.00 |
| Travel Narrative: | <p>Expansion of our service area will increase travel costs associated with the Mobile Crisis Team. Monthly fuel costs fluctuate based on the locations of the call outs and the number of calls dispatched. We are estimating monthly fuel to cost on average \$2000 a month for both vehicles.</p> <p>The anticipated service volume increasing in year two with the perimeter expanding, vehicle maintenance costs will increase. We are estimating both vehicles to have a \$12,000 vehicle maintenance expense for the year. This includes tires, oil changes and other vehicle maintenance as needed.</p> |

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| Space or Facilities Costs | \$52,329.00 |
| Space or Facilities Costs (Other Sources) | \$19,671.00 |
| Space or Facilities Narrative: | <p>We would like to station both teams together in an independent facility outside of the Day One Center. We have identified a number of potential buildings that would support our facility needs. We have identified one building we intend to pursue; this building is also centrally located and within a close radius to our Day One Center. This building location would be ideal for dispatch within the community. The facility rental costs is \$5000 monthly. Utilities for this facility will cost \$1000 a month for electric, gas and water expenses.</p> |

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| Supplies Costs | \$0.00 |
| Supplies Costs (Other Sources) | \$10,000.00 |
| Supplies Narrative: | <p>The Mobile Crisis Team has a stock of emergency supplies on hand to provide during calls. These include needed hygiene products, underwear, socks, nonperishable foods, hand warmers, drinking water, feminine products, etc. Previously we have been able to fund the purchase of these items through other grant funds for the previous grant period. These items allow the Mobile Crisis Team to</p> |

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| | <p>provide essential items to beneficiaries during the call. The estimated per month cost is \$500.</p> <p>The Mobile Crisis Team needs to be clearly identifiable and distinguishable from law enforcement during the Mobile Crisis calls. Adding an additional team would require more uniforms to be purchased and ID badges, at a one-time cost of \$4000.</p> |
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| Equipment Costs | \$6,600.00 |
| Equipment Costs (Other Sources) | \$17,257.00 |
| Equipment Costs Narrative: | <p>With the expansion, we would need to provide additional equipment for the team. This includes computers, an iPad, a second Mobile Crisis Team vehicle, and the emergency lighting for the vehicle.</p> <p>The laptops and iPad would cost \$5000 and are utilized to document the call, track data, assist clients with completing referral paperwork and completing follow ups. This equipment is used in the field and in the office after the calls occur. Adding a second team would require purchasing a additional vehicle to allow both teams to dispatch simultaneously within the community. The monthly cost of the vehicle is estimated at \$1100. The emergency lighting and radio installation would cost \$ 5657 and will be necessary for communication between law enforcement and to remain identifiable to the community, local responders and beneficiaries.</p> |

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| Other Costs | \$76,724.00 |
| Other Costs (Other Sources) | |
| Other Costs Narrative: | <p>Administrative Fee of 10% for a total of \$76,724</p> <p>The administrative fee helps cover the costs of shared expenses that are associated to our administration and leadership team who work on the development and implementation of the expansion.</p> |

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| Total Amount to be Funded by the Trust | \$750,000.00 |
| Total Amount Funded by Other Sources | \$93,968.00 |

OTHER FUNDING SOURCES

| | |
|--------------------------------------|----------------------------------|
| Mat-Su Health Foundation, Pending | \$93,968.00 |
| State of Alaska DBH RFP, anticipated | \$250,000.00-\$500,000.00 |
| State of Alaska DPH, anticipated | \$250,000.00 |
| Total Leveraged Funds | \$593,968.00-\$843,968.00 |

MEMO

To: Agnes Moran - Program & Planning Committee Chair
Date: October 19, 2023
Re: FY24 Mental Health and Addiction Intervention Focus Area Allocation
Amount: \$750,000.00
Grantee: Anchorage Community Mental Health Services, Inc. dba Alaska Behavioral Health
Project Title: Fairbanks Mobile Crisis Team

REQUESTED MOTION:

The Program & Planning Committee recommends that the full Board of Trustees approve a \$750,000 FY24 Mental Health and Addiction Intervention focus area allocation to the Anchorage Community Mental Health Services, Inc. dba Alaska Behavioral Health for the Fairbanks Mobile Crisis Team project. These funds will come from the FY24 Crisis Continuum of Care budget line.”

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

Alaska Behavioral Health (AKBH) requests \$750,000 to fund their mobile crisis team (MCT) to operate 24/7, 365 days a year in the Fairbanks region. The MCT is dispatched to stabilize and treat people from Fairbanks to North Pole, and 100% of the people they respond to are Trust beneficiaries. This is the third requested Trust grant for the Fairbanks MCT. Trust staff anticipates, based on financial modeling, that the Fairbanks MCTs will need financial support for up to five years while alternative funding sources such as Medicaid are fully leveraged.

The MCT in Fairbanks is producing outcomes that meet and exceed the federal guidelines for benchmarks around stabilizing individuals experiencing behavioral health crises in the community. The national benchmark is 70% of the time, where AKBH maintains an 83% successful stabilization rate in the community. Stabilizing Trust beneficiaries in the community allows the MCT team to provide follow-up care and warm hand-offs to less restrictive settings in the community. This lowers the utilization of the emergency room and jail in the continuum of care.

The MCT is one of the key elements in the Crisis Now Framework, as it allows dispatch and the community to request the team (clinician and peer) to respond to a person having a behavioral health crisis. The next 1-2 years will be critical in supporting AKBH and the MCT to develop their infrastructure in Fairbanks as they expand to the surrounding regions of the interior.

The Medicaid 1115 reimbursement for MCT does not come close to covering the cost of a 24/7 two-person team, so other funding support must be considered. The Trust and our partners are working with the State of Alaska partners and looking at the low reimbursement rate for MCTs. For MCTs to be sustainable in Fairbanks and across Alaska, it will be imperative that the rate structure is increased, but until that occurs, it is critical to find business strategies for braiding funding to cover MCT costs.

In addition to requested trust funding and its own contribution, AKBH anticipates additional funding from the State of Alaska Department of Behavioral Health through a Request for Proposals.

This project is recommended for funding as it aligns with the Mental Health and Addiction Intervention focus area, and enhances supports for Trust beneficiaries in a mental health crisis.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---------------------------|-------------------------------|----------|
| Goal 5 Suicide Prevention | 5.2 Crisis system improvement | |

PROJECT DESCRIPTION

The following is excerpted from the prospective grantee's application.

PROJECT DESCRIPTION

Individuals in crisis need the right care in the right setting when they need it. To provide a comprehensive crisis system of care, there must be a crisis call center, a mobile crisis team, and a crisis response center in order to provide multiple opportunities for intervention at less intensive levels of care. This grant proposal specifically focuses on requesting funding to continue running one portion of the behavioral health crisis system of care, the mobile crisis team, which provides crisis services to any person in Fairbanks in their home, workplace, or any other community-based location. The essential functions of the team include triage and screening (explicit screening for suicidality); assessment; de-escalation/resolution; peer support; coordination with medical and behavioral health services; collaboration with families and natural supports, information and referrals; transportation; and crisis planning and follow-up. The mobile crisis team also addresses recovery needs and provides trauma-informed care with a specific focus on suicide prevention.

As discussed in the Crisis Now Alaska Mental Health Trust Report, Fairbanks needs a comprehensive crisis response system, as it is essential to provide timely access to crisis services and meet individuals where they are experiencing the crisis. If a crisis system of care is in place, individuals are often diverted from higher levels of care, law enforcement, and the criminal justice system. If an adequate crisis system of care is not in place, as noted in the Crisis Now Consultation Report by RI International, the burden on law enforcement and the criminal justice system adds to incidences of crises associated with violence, suicide, alcohol, opioid overdose, mental illness, and homelessness.

In response to this need, Alaska Behavioral Health continues one part of the behavioral health crisis system of care, a mobile crisis team, starting in Fall 2021. This team serves Fairbanks by providing mobile crisis services through triage/screening, assessment, de-escalation, coordination with community services, and crisis planning and follow-up. In order to adhere to best practices for operating a mobile crisis team, per SAMHSA's National Guidelines for Behavioral Health Crisis Services, the team fully incorporates peers within the mobile crisis team, responds where the person was at, and does not restrict services to select locations within Fairbanks or during particular days/times, and connected individuals to facility-based care as needed through warm hand-offs and coordinating transportation when the situation warrants transition to other location.

The Fairbanks community, including the Fairbanks Fire Department, the Fairbanks Police Department, the North Pole Police Department, and the Fairbanks Emergency Communication Center (FECC), continue to be supportive of the mobile crisis team. Currently, FECC continues to dispatch the Fairbanks mobile crisis team using the response levels developed by Alaska Behavioral Health to dispatch the calls.

The response levels include the following:

- Level 1 Response - Law Enforcement response required with MCT accompanying or staging. This level indicates situations that are too dangerous to deploy without the scene first being secured by law enforcement. It is also key in these situations to have a response within the shortest amount of time possible. The caller is in imminent danger to self-and/or others.
- Level 2 Response: MCT Lead with law enforcement staging near the scene. This level indicates situations where MCT staff enter the environment first, but law enforcement is immediately available if needed.
- Level 3 Response: MCT Lifeline – Law Enforcement on standby via phone call. A call will be stacked for law enforcement with all information and waiting for MCT to advise if law enforcement is needed. Law enforcement will not respond until requested by MCT.
- Level 4 Response: MCT without law enforcement on standby. Law enforcement will still be aware of the MCT call.
- Level 5 Response: MCT clinicians may respond to secure site (school, hospital, clinic, etc.) without a peer support specialist. Residences are not considered secure sites.

Implementing the Fairbanks mobile crisis team has resulted in individuals experiencing a behavioral health crisis getting the right care in the right setting when they need it. Since October 1st, 2022, through June 30th, 2023, there were 575 calls. Of the calls, 4% were Level 1, 6% were Level 2, 23 % were Level 3, 54% were Level 4, and 13% were Level 5. Of those call, 92% were responded to without law enforcement involvement. Additionally, 83% of individuals in crisis were able to stay in the community instead of moving to a higher level of care and/or interacting with the criminal justice system.

EVALUATION CRITERIA

To measure project success, AKBH will continue to track the following performance metrics: the number of calls, the number of individuals served, the number of calls per response level, the response time from dispatch to arriving on scene, the time spent on scene; the outcome/disposition of the crisis (community, hospital, law enforcement involved, etc.); and the demographics of those served.

SUSTAINABILITY

Various studies suggest that mobile crisis services are effective at diverting people in crisis from psychiatric hospitalization and/or reducing arrests, are effective at linking suicidal individuals discharged from the emergency department to services, and are often better (than hospitals) at linking people in crisis to outpatient services. Studies have shown that this diversion has resulted in a 23% lower average cost per case than police intervention and a reduction of costs associated with inpatient hospitalization by approximately 79% in a six-month follow-up period after the crisis episode. Throughout the course of the program, the Fairbanks Mobile Crisis Team has maintained a community stabilization rate at or above 80%, which is well above the national target of 70% for Mobile Crisis services.

Regarding sustainability, this service continues to rely heavily on grant funds and other funding sources due to Alaska's current reimbursement rate for crisis episodes. The budget outlines the cost of running a full 24/7 mobile crisis team (including clinicians, peers, and clinical management) to be \$1,056,700. The budget includes approximately 1032 annual crisis episodes of care (based on Agnew-Beck's numbers and the RI Report in 2021). The 1115 Waiver provides \$175.64 per call out, which could result in \$181,260 in revenue. Additionally, there is an option to bill short-term crisis intervention services (STCIS), a time-based code (every 15 minutes is \$31.44) if a crisis takes significant time to resolve. Alaska Behavioral Health is requesting \$750,000 to fund the Fairbanks 24/7 mobile crisis team (to include clinicians, peers, and clinical management).

WHO WE SERVE

The Fairbanks mobile crisis team provides necessary crisis services to beneficiaries which include those who are mentally ill (i.e. those diagnosed with schizophrenia, delusional disorder, mood disorders, anxiety disorders, somatoform disorders, personality disorders, dissociate disorders, and other psychotic or severe and persistent mental disorders); chronic alcoholics suffering from psychosis; and other persons needing mental health services. As highlighted in the Alaska Statutes, the integrated comprehensive mental health program, for which expenditures are made by The Trust, gives priority in service delivery to persons who, because of a mental disorder, may require or are at risk of hospitalization or are experiencing such a major impairment of self-care, self-direction, or social and economic functioning that they require continuing or intensive

services. By providing mobile crisis team services in Fairbanks, Trust beneficiaries who are in crisis have received the right care, in the right setting, when they needed it. Beneficiaries are better off, as the mobile crisis team has led to a decrease in use and interaction between Trust beneficiaries and emergency departments, jails, and police, and has also increased linkage to appropriate care and treatment through triage/screening, assessment, de-escalation, coordination with community services, and crisis planning and follow-up. Organically, throughout the operation of MCT, a significant need has been identified for advocacy, stabilization, and care coordination of individuals experiencing SMI and acute homelessness. MCT has worked to develop working relationships with area housing providers to provide stabilizing care within the community to individuals at acute risk of losing shelter access or experiencing other housing insecurity as a result of SMI symptomology and crisis experiences.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

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|---|-----|
| Mental Illness: | 300 |
| Developmental Disabilities: | 20 |
| Substance Abuse | 250 |
| Traumatic Brain Injuries: | 50 |
| Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries): | 100 |
| Number of people to be trained | 50 |

BUDGET

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| Personnel Services Costs | \$600,000.00 |
| Personnel Services Costs (Other Sources) | \$114,000.00 |
| Personnel Services Narrative: | Clinical Management 0.2 \$26,000 Clinician (24/7) 4.3 FTE \$430,000 in salary and benefits (Covered by the Trust) Peer (24/7) 4.3 FTE \$258,000 in salary and benefits (\$170,000 covered by the Trust). Remainder covered by AKBH. |

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| Space or Facilities Costs | \$0 |
| Space or Facilities Costs (Other Sources) | \$12,000.00 |
| Space or Facilities Narrative: | Space for staff working in this program is allocated at a cost of \$12,000 per year |

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| Supplies Costs | 0 |
| Supplies Costs (Other Sources) | \$3,000 |
| Supplies Narrative: | |

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|-----------------------------|---|
| Other Costs | \$150,000 |
| Other Costs (Other Sources) | \$43,500.00 |
| Other Costs Narrative: | <p>Training, Vehicle operational cost/maintenance Allocated insurance (automotive and professional liability). Allocated Costs for IT Services (Desktop Support, Software Licenses, Electronic Health Record Licenses). Costs for miscellaneous expenses, including fuel for vehicles and staff training, total \$43,500.</p> <p>Indirect: Administrative costs: \$150,000, funded by the trust.</p> |

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| Total Amount to be Funded by the Trust | \$750,000.00 |
| Total Amount Funded by Other Sources | \$172,500.00 |

OTHER FUNDING SOURCES

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| State of Alaska Division of Behavioral Health- pending RFP this fall for MCT (Anticipated RFP) | \$250,000.00-\$500,000.00- TBD by the SOA |
| Alaska Behavioral Health | \$172,500.00 |
| Total Leveraged Funds | 422,500-672,500 |

MEMO

To: Agnes Moran - Program & Planning Committee Chair
Date: October 19, 2023
Re: FY24 Mental Health & Addiction Intervention Focus Area Allocation
Fund Source: FY24 Treatment Access and Recovery Supports
Amount: \$200,000.00
Grantee: The Salvation Army, a California corporation
Project Title: The Salvation Army Booth Transitional Housing

REQUESTED MOTION:

“Approve a \$200,000 FY24 Mental Health and Addiction Intervention Focus Area Allocation to the Salvation Army, a California Corporation, for the Salvation Army Booth Transitional Housing project. These funds will come from the FY24 Treatment Access and Recovery Supports budget line.”

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

The Salvation Army (SA) Alaska requests Trust funds to re-model their Booth facility in Anchorage to accommodate adult women experiencing a substance use disorder (SUD) in a transitional housing support model. Trust funding will be used to cover renovation, upgrade, and replacement equipment costs for the facility. The Salvation Army Alaska Booth facility is located within the Community Park Loop campus on Trust land.

The SA Booth Transitional Housing facility will treat 100% Trust beneficiaries who will be coming to it as a step-down from other acute care SUD facilities run by the SA and partner agencies around the state. The transitional housing model used at the Booth facility allows beneficiaries transitioning from higher levels of care to remain in the community as they continue treatment. It also addresses their ability to successfully return to their community with treatment support, family care, employment, and housing.

This project will also expand access to care in Alaska by opening 32-beds as a part of this transitional housing program. The length of stay per beneficiary will vary according to their continuing care plan and will range from a few months up to a year and a half. SA plans to serve at least 64 Trust beneficiaries a year.

This request supports the Trust Mental Health and Addiction Intervention Focus Area by increasing access to care and recovery support for adult women receiving SUD treatment; staff recommends full funding.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|--|-----------------------------------|----------|
| Goal 7 Services in the Least Restrictive Environment | 7.2 Long-term services & supports | |

PROJECT DESCRIPTION

The following is excerpted from the prospective grantee’s application.

PROJECT DESCRIPTION

The Salvation Army Alaska (the Army) seeks funding to renovate a residential services facility at 3600 E. 20th Avenue, Anchorage, AK. The target service population will be adult women beneficiaries, ages 18 and over, who are experiencing drug/alcohol addiction and mental health issues. It is projected to serve a minimum of sixty-four participants annually. With the engagement of family systems and an average family size of 3.28 individuals, the program would support and assist a total of 209 individuals annually in the Anchorage Borough.

The facility at 3600 20th Avenue will be a 3.1-level transitional housing program for those coming out of either the Clitheroe Center at Point Woronzof, 660 E. 48th Avenue facility, or other SUD treatment programs statewide. The individuals will have completed a 30, 60, or 90-day drug and alcohol treatment program and will be looking to transition into full or part-time employment. Residents of 3600 will receive support through ongoing counseling at the Salvation Army's Clitheroe Outpatient program, which is on the same campus. The Army's treatment programs are open to those from throughout the state of Alaska. However, the primary referral areas are Anchorage and MatSu Boroughs.

The Salvation Army is fortunate to have loyal partners and donors throughout the state. We have realized support from foundations and corporations such as Rasmuson Foundation, First National Bank Alaska, ConocoPhillips, and Wells Fargo and will continue to reach out to other funders.

The primary outcome of the program will be to provide ongoing support to those who have successfully completed the initial drug and alcohol treatment program and assist them with moving forward as productive citizens.

EVALUATION CRITERIA

The Salvation Army Alaska utilizes multiple mechanisms to assess performance. Service delivery data is primarily captured within the WellSky, AKHMIS, and the State of Alaska GEMS portals.

Data is recorded monthly and typically submitted during the quarterly reporting standards. A diverse and unique set of qualifiers within these portals will generate appropriate service units. Additionally, the Community Relations Department facilitates a compliance component that monitors and reports out program functions, practices, and performance standards. Lastly, self-reporting by program participants is a highly effective and efficient process to determine program success across the full intervention process. While inexpensive to administer, self-reporting affords the respondent the opportunity to provide broad and relevant data and narrative in a short amount of time.

Specifically, The Salvation Army will seek to identify performance outcomes that reflect nationally recognized best practice standards, accurately capture program challenges and solutions, adhere to the State of Alaska SUD performance standards and practices, reflect the full scope of services provided, and ensure exceptional stewardship of funding. Those will include but not be limited to program attendance, treatment completion, family system participation, conditions that adversely impact recovery, recidivism, waitlist challenges, and/or health concerns that cannot be addressed within the Level 3.1 model of care. Program reports are reviewed monthly, quarterly, and annually.

SUSTAINABILITY

The renovation will be a one-time capital occurrence. The Salvation Army shall assume site maintenance, repairs, and modifications costs.

WHO WE SERVE

As stated previously, for this opportunity, Trust beneficiaries are those who are experiencing drug and alcohol addiction and mental illness and who seek intervention. For people with substance use disorders (SUD) who seek treatment, gainful employment is strongly linked to better recovery outcomes. Obtaining and maintaining employment helps clients establish a legal source of income, structure their time, and enhance self-esteem, which in turn may greatly reduce substance abuse and criminal activity. Additionally, education, certifications, or licensure can support clients while they establish themselves in recovery, improving their employment prospects for long-term SUD recovery.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

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|---|-----|
| Mental Illness: | 70 |
| Substance Abuse | 70 |
| Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries): | 209 |

BUDGET

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|--------------------------------|--------------|
| Supplies Costs | \$140,000.00 |
| Supplies Costs (Other Sources) | \$245,000.00 |

| | |
|---------------------|---|
| Supplies Narrative: | <p>Removal of 300-gallon hot water storage tank in the boiler room that is rusting out. Total = \$10,000</p> <p>Handicap ramps will be added to the rear door of the main facility, and one of the portable buildings. One of the portable building will need two new sets of stairs, and an awning built over the center entrance to follow the handicap ramp. Total = \$5,000</p> <p>The flooring throughout the facility needs to be replaced. The carpet is damaged extensively in some rooms, and the hard flooring has cuts and damage to it. Total = \$120,000</p> <p>Repainting of interior walls. Walls have not been painted in approximately 15 years, and some are in poor condition. Total = \$5,000</p> |
|---------------------|---|

| | |
|---------------------------------|--|
| Equipment Costs | \$30,000.00 |
| Equipment Costs (Other Sources) | \$0.00 |
| Equipment Costs Narrative: | <p>Replace the current 100-gallon hot water heater, as it will not be sufficient to service 34 residents. Total = \$30,000</p> |

| | |
|-----------------------------|---|
| Other Costs | \$30,000.00 |
| Other Costs (Other Sources) | \$14,420.00 |
| Other Costs Narrative: | Design Work for building renovation. Total = \$30,000 |

| | |
|--|--------------|
| Total Amount to be Funded by the Trust | \$200,000.00 |
| Total Amount Funded by Other Sources | \$259,420.00 |

OTHER FUNDING SOURCES

| | |
|------------------------------|---------------------|
| The Salvation Army - Secured | \$259,420.00 |
| Total Leveraged Funds | \$259,420.00 |

Trust

Alaska Mental Health
Trust Authority



Evaluation & The Trust

Michael Baldwin, Senior Evaluation & Planning Officer

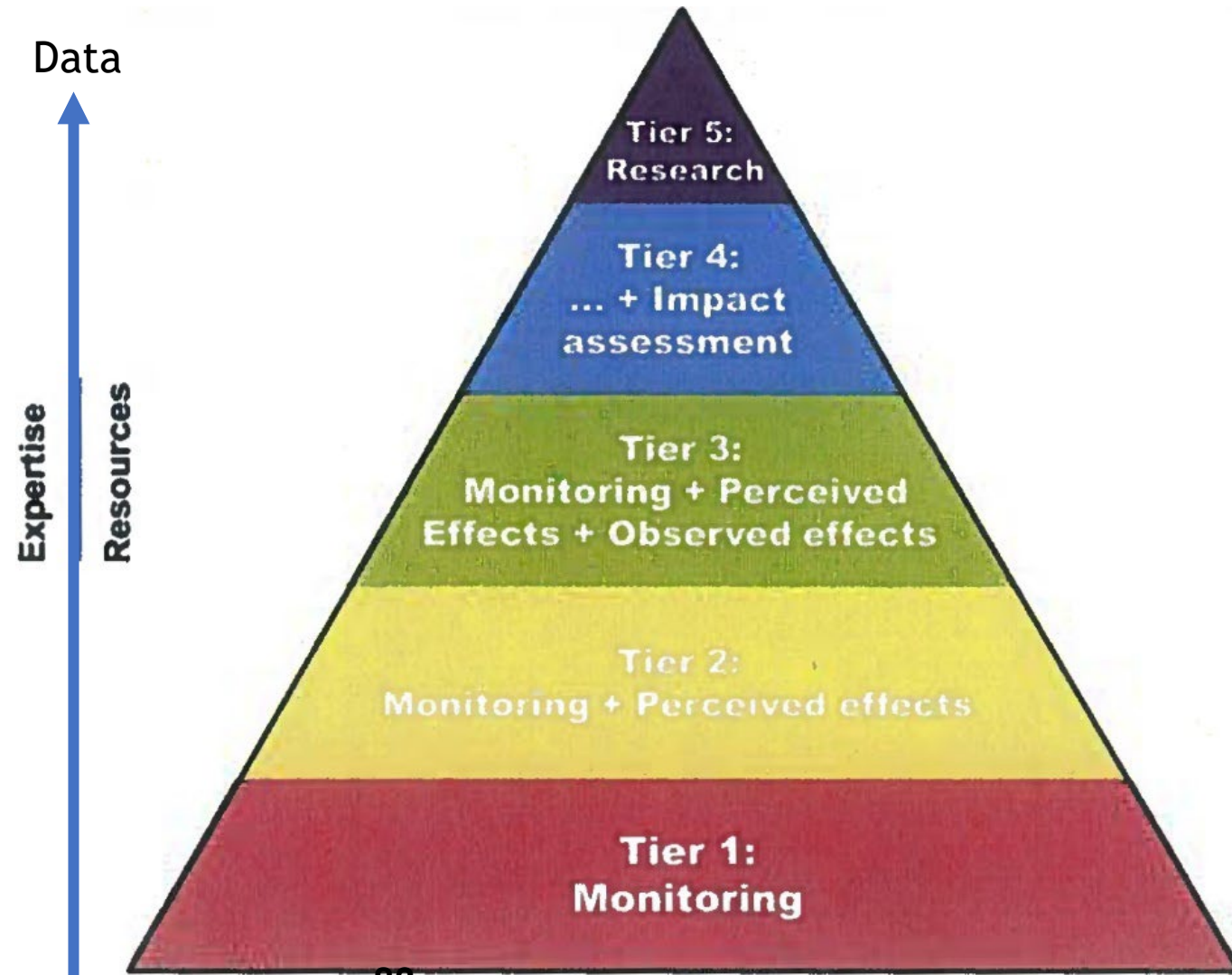
Overview of Trust Data & Evaluation

- Trust use of evaluations
- Considerations before choosing to do an evaluation
- Capacity for doing & using evaluation





Data Pyramid



Data Pyramid

| Level | Result | Source |
|----------------------------------|-----------------------|--|
| Tier 1 - Compliance & Monitoring | How Much Did You Do? | Grant Performance Measures Reporting |
| Tier 2 - Perceived Effects | How Well Did You Do? | Grant Performance Measures Reporting |
| Tier 3 - Observed Effects | How Well Did You Do? | Grant Performance Measures, Data from External Sources (e.g., DOH, DBH, DPH, etc.) |
| Tier 4 - Impact Assessment | Is Anyone Better Off? | Grant Reporting, Formal Program Evaluation, External Data |
| Tier 5 - Research & Data | Planning, Advocacy | Contracts for specific data, studies or needs assessment |

Evaluation and the Trust

Specific/Targeted Initiative/Program Evaluation

- On-Going Trust Evaluation Processes
 - Individual grant review/evaluation
 - Grant performance review
 - Grant Analysis and Closed Grant Reports - Trust budget development process
 - Annual Mission & Measures report to the Office of Management and Budget (OMB)
- Results Based Accountability



Factors that we consider before doing Evaluation

- Why evaluate?
- Capacity to do evaluation?
- Capacity to use the evaluation?

Why Evaluate? What's the goal?

- Evaluation or Data Monitoring?
- What's the purpose of the evaluation?
 - Assess the effectiveness or outcomes of a pilot program, intervention strategy, or policy
 - Proving up a program (or not)
 - Individual grants
 - Initiatives
- What is the potential scale/magnitude of the evaluation results?



Initial Evaluation Considerations

- Is this for the Trust or Partner/Stakeholder?
- How does the evaluation support the focus/priority area initiatives?
- How does the evaluation support the work of the Comp Plan?
- What do we plan to do with the results?
 - If the pilot is successful, is it worthy of taking it to scale? What resources are needed to scale?
 - Is it something the Trust can do, work with partners to implement or sustain further?
- Does an organization or initiative have the capacity to do or use evaluation?



Evaluation is Resource-Intensive

- Expensive (funds, staff, technology, time)
- Contracting (evaluation is the primary goal of the project)
- Granting Funds (evaluation is an important part of implementing a project)

Evaluation Capacity

- Capacity to Do Evaluation
 - Organizational factors that impact the ability to do an evaluation
 - Cost - organization, personnel, funding, grants/contracts, technical assistance.
- Capacity to Use Evaluation
 - Organizational Factors that impact the ability to *USE* evaluation results
 - Using results internally vs. externally
 - Cost - organization, personnel, funding, grants/contracts, technical assistance.

Some Examples...

- Housing evaluations - Housing First, Supportive Housing, Rapid Rehousing
- Using data to lay the groundwork for a more formal evaluation (i.e., the DOC beneficiary study, Crisis Now, Economic Costs of Alcohol/Drug Misuse in Alaska)
- Crisis Now - Currently working with contractors and stakeholders to design the evaluation framework for CN, and its components

No Capacity to Do or Use Evaluation?

What Now?

Capacity Building

- Assess organizational capacity for data tracking and collecting and/or monitoring
- Technical Assistance
- Funding
- Investing in data sources and systems.



Discussion

Trustee Thoughts on Evaluation



Thank You!

Questions?

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