

MEETING AGENDA

Meeting: Board of Trustee
Date: January 30-31, 2019
Time: 11:00 AM
Location: Elizabeth Peratrovich Hall, 320 W Willoughby Ave, Juneau
Teleconference: (844) 740-1264 / Session No: 802 492 647 # / Attendee No: #
<http://thetrust.webex.com>
Trustees: Mary Jane Michael (Chair), Jerome Selby (Vice Chair), Carlton Smith (Secretary), Verné Boerner, Chris Cooke, Laraine Derr, Paula Easley

Wednesday, January 30, 2019

Page No.

11:00	Call to Order – Mary Jane Michael, Chair Roll Call Approval of Agenda Review of Guiding Principles Ethics Disclosure Approval of Minutes <ul style="list-style-type: none">October 17, 2018November 14, 2018 Current Bylaws	5 12 15 30
11:05	Statutory Advisor Update Adam Crum, Commissioner, Department of Health & Social Services	
12:05	Mission Moment Juneau Trauma Informed Schools Pilot / Juneau School District	
12:30	Break / Lunch Provided	
1:15	Staff Report CEO Update	
1:30	Audit & Risk Committee Report / Update <ul style="list-style-type: none">Approval of SFY19 Trust Basic Financial Audit	37
1:45	Statutory Advisor Update <ul style="list-style-type: none">Patrick Reinhart, Executive Director, Governor's Council on Disabilities and Special EducationDenise Daniello, Executive Director, Alaska Commission on AgingBev Schoonover, Acting Executive Director, Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse	hand-out
3:15	Recess	

Thursday, January 31, 2019

Page No.

8:30a	Assemble at Alaska State Capitol, Room #532	
9:00	Senate Finance Committee Presentation Alaska State Capitol, Room #532	
11:00	Call to Order Announcements	
11:05	Finance Committee Report / Update	39
	• Approval – FY2019 Pay-Out	40
	• Approval – Focus Area Budget Reallocation	41
	• Real Estate Options Discussion	
12:00	Break/Lunch Provided	
12:15	Finance Committee Report / Update (continued)	
1:30	Developing Projects Approvals	
	• RurAL CAP / Sitka Place	43
	• United Way / Pay for Success	48
1:45	Change of Intent Approvals	
	• FY19 Alaska Court System - Juneau Mental Health Court (MHTAAR)	54
	• FY19 Redesignation of Pooled Predevelopment Authority Grant funds	57
2:15	Break	
2:30	Program & Planning Report / Update	58
	• Housing & Homelessness in Juneau	hand-out
	• FY21 Budget Process	
3:45	Trustee Comments	
4:00	Break	
4:15	Public Comment	
	• For Public Comment Guidelines click here	
	Adjourn	
	<u>Additional Documents</u>	
	• Audit & Risk Committee Report	37
	• Finance Committee Report	39
	• Program & Planning Committee Report	58
	• Resource Management Committee Report	62
	• Alaska Medicaid Program Background Information	64

2019 Meeting Dates

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

(Updated – January 4, 2019)

- | | | |
|--------------------------------|-----------------------|------------------------|
| • Program & Planning Committee | January 3, 2019 | (Thu) |
| • Resource Mgt Committee | January 3, 2019 | (Thu) |
| • Audit & Risk Committee | January 3, 2019 | (Thu) |
| • Finance Committee | January 3, 2019 | (Thu) |
| • Full Board of Trustee | January 30-31, 2019 | (Wed, Thu) – Juneau |
| • Program & Planning Committee | April 17, 2019 | (Wed) |
| • Resource Mgt Committee | April 17, 2019 | (Wed) |
| • Audit & Risk Committee | April 17, 2019 | (Wed) |
| • Finance Committee | April 17, 2019 | (Wed) |
| • Full Board of Trustee | May 8-9, 2019 | (Wed, Thu) – Fairbanks |
| • Program & Planning Committee | July 30-31, 2019 | (Tue, Wed) |
| • Resource Mgt Committee | August 1, 2019 | (Thu) |
| • Audit & Risk Committee | August 1, 2019 | (Thu) |
| • Finance Committee | August 1, 2019 | (Thu) |
| • Full Board of Trustee | September 10-11, 2019 | (Wed, Thu) – Anchorage |
| • Full Board of Trustee | November 6-7, 2019 | (Thu) – Anchorage |

Future Meeting Dates

Statutory Advisory Boards – 2019

(Updated – January 8, 2019)

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

- Executive Committee – monthly via teleconference (First Wednesday of the Month)
- March 4-7, 2019 – Juneau

Governor’s Council on Disabilities and Special Education

- February 5-6, 2019 – Juneau, with Key Campaign Feb. 7-8
- May 14 or 15, 2019 – ZOOM/Webinar/Teleconference
- Oct 2-3, 2019 - Anchorage (pre-meeting for Autism Ad Hoc on Oct 1)

Alaska Commission on Aging

- February 11-13, 2019 (face-to-face)
- May 1, 2019 by video/teleconference <tentative>

**The Trust's
Guiding Principles /
Mission Statement /
Trust Budget
Process Flowcharts**

Trust Guiding Principles

To improve the lives of Trust beneficiaries, The Trust is committed to:

Education of the public and policymakers on beneficiary needs;

Collaboration with consumers and partner advocates;

Maximizing beneficiary input into programs;

Continually improving results for beneficiaries;

Prioritizing services for beneficiaries at risk of institutionalization or needing long-term, intensive care;

Useful and timely data for evaluating program results;

Inclusion of early intervention and prevention components in programs;

Provision of reasonably necessary beneficiary services based on ability to pay.

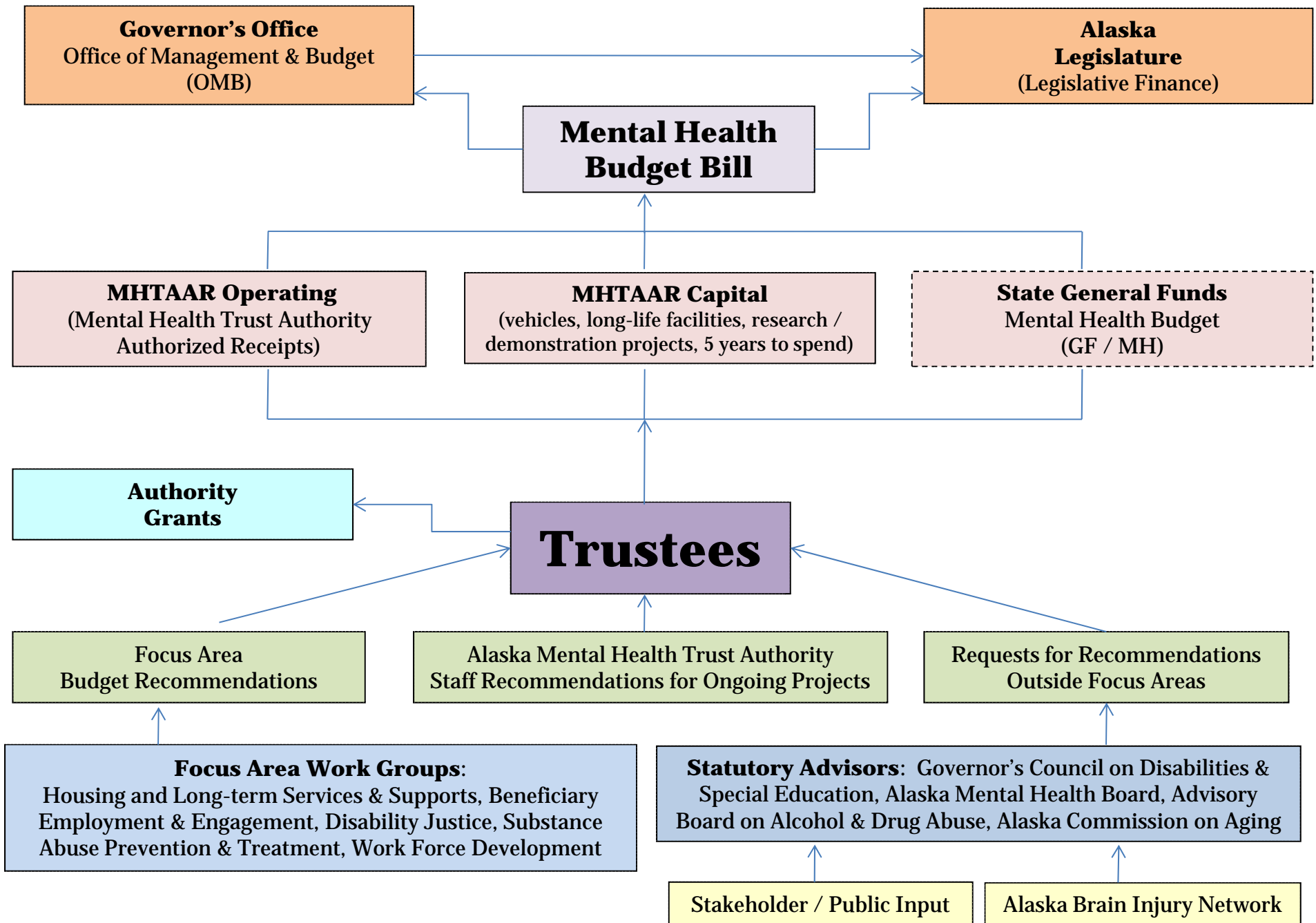
Approved 5-12-09, Board of Trustee meeting

Trust Mission Statement

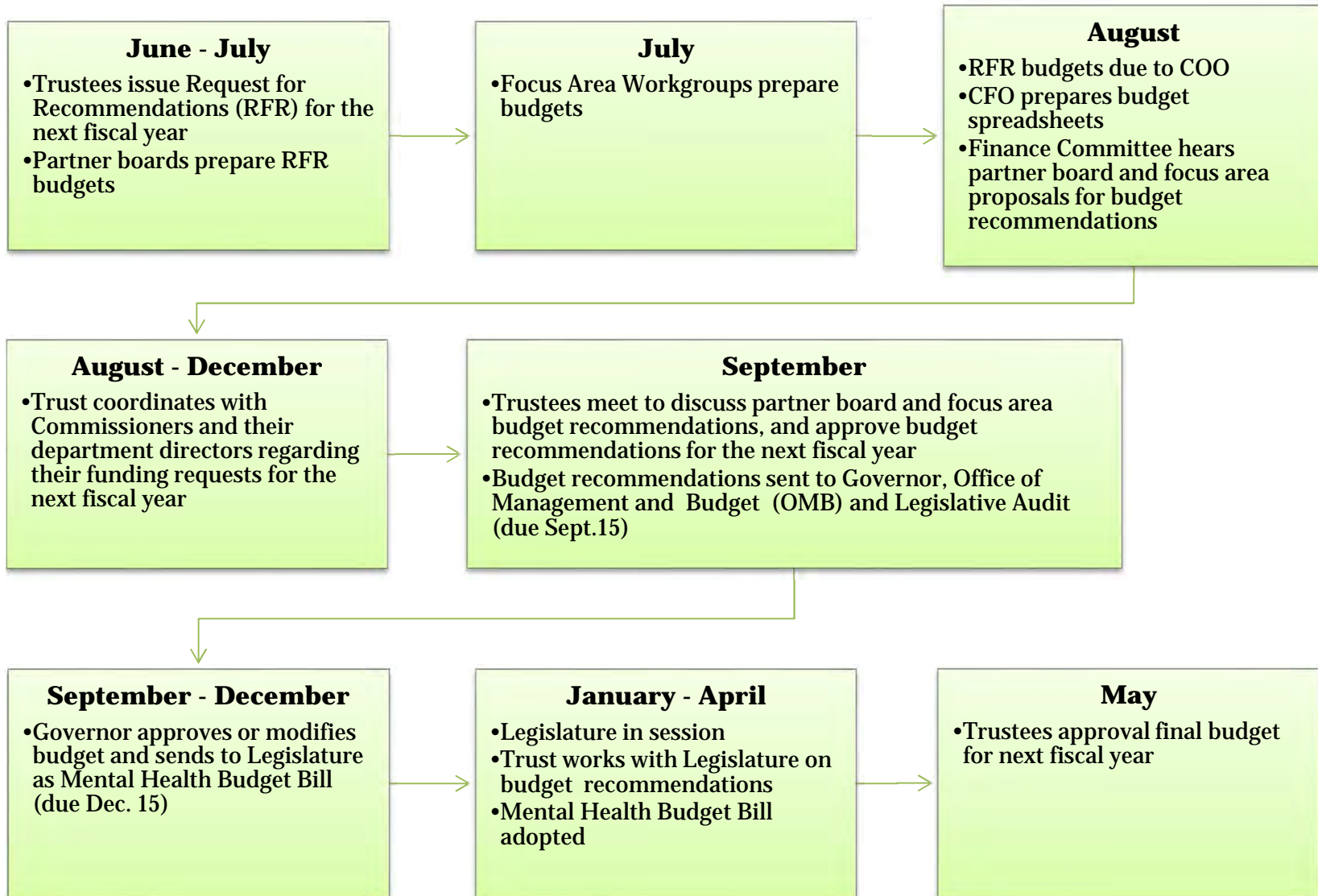
The Alaska Mental Health Trust Authority (The Trust) administers the Mental Health Trust to improve the lives of beneficiaries. Trustees have a fiduciary responsibility to protect and enhance trust assets in perpetuity for the beneficiaries. The Trust provides leadership in advocacy, planning, implementing and funding of the Comprehensive Integrated Mental Health Program; and acts as a catalyst for change.

Approved 5-12-09, Board of Trustee meeting

Alaska Mental Health Trust Authority Budget Process



Annual Mental Health Budget Bill Process

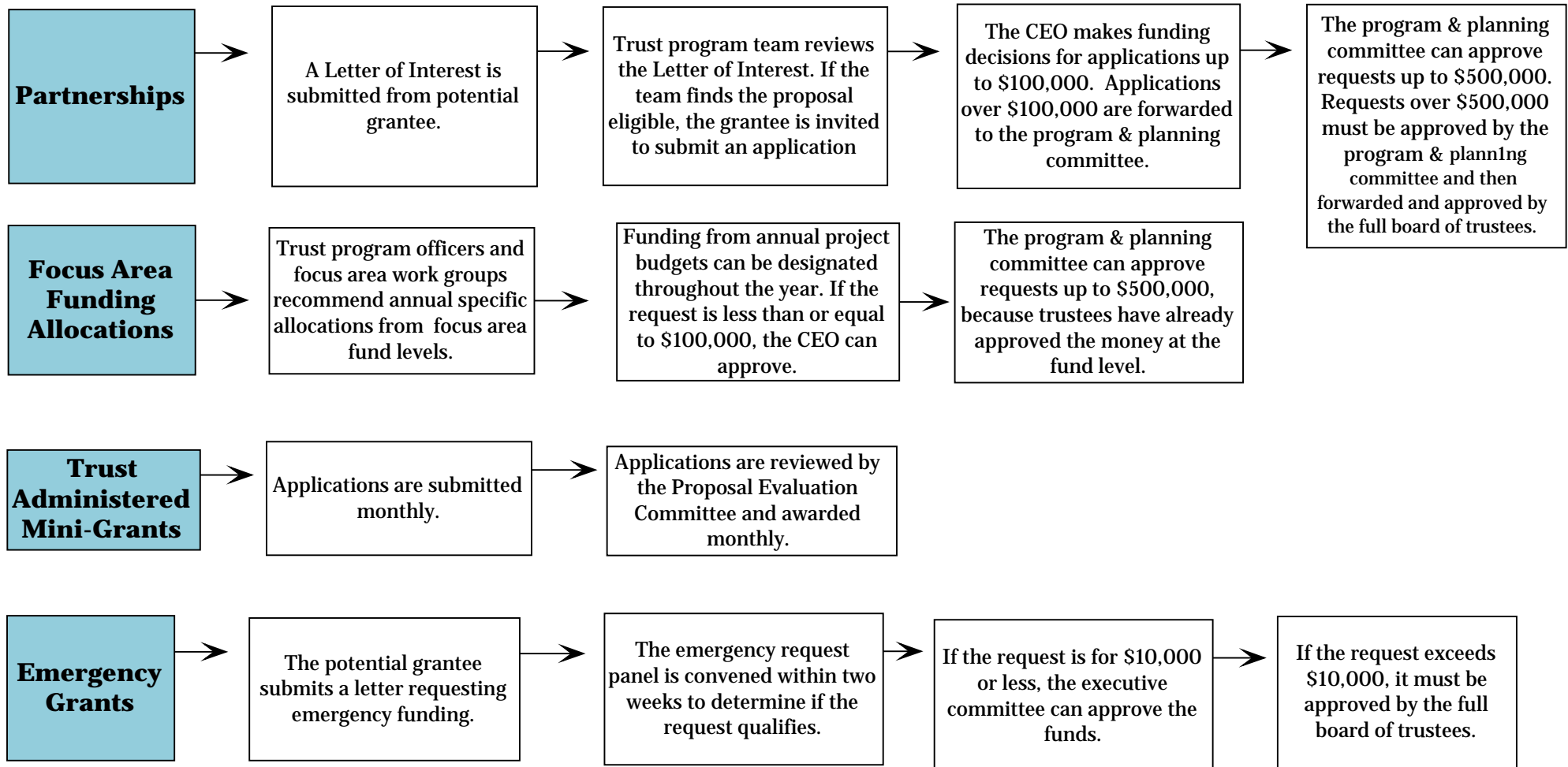


Note: timeline represents those items in the green boxes in the chart entitled "Alaska Mental Health Budget Process"

02/18/16

Grant Approval Process for Authority Grant Funds

All annual budgets are approved by the full board of trustees at the September meeting



Note: this chart depicts those items included in the blue box labeled "Authority Grants" on the chart entitled "Alaska Mental Health Trust Authority Budget Process"

Trust Annual Calendar

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Board Administration												
Trustee reports due to APOC – Mar 15			XX									
Trustee committee assignments					XX							
Officer elections									XX			
Board evaluations										XX	XX	
CEO evaluation											XX	
Trust Administration												
Legislature convenes	XX											
Trustees present budget to House/ Senate Finance Committees	XX	XX										
Legislature adjourns				XX								
Request for Recommendations (RFR) issued to partner boards April 30				XX								
Fiscal year ends June 30						XX						
Fiscal year begins July 1							XX					
RFRs due from partner boards July 30							XX					
Advocacy Summit											XX	
Staff drafts Trust office budget for next fiscal year								XX				
Staff coordinates w/DHSS on budget								XX	XX	XX	XX	XX
Trustee meeting to approve next fiscal year budget									XX			
Trust budget recommendations due September 15 to Governor/ Legislative Finance									XX			
Financial audit begins							XX					
Financial audit completed										XX		
Staff coordinates with OMB/DHSS on budget recommendations										XX	XX	XX
Trustees meet to finalize budget											XX	
Governor's budget released December 15												XX

04/17/15

**Minutes for the
October 17, 2018
Full Board of Trustee
Meeting**

ALASKA MENTAL HEALTH TRUST AUTHORITY
SPECIAL FULL BOARD OF TRUSTEES MEETING

October 17, 2018
5:38 p.m.

Taken at:
Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 120
Anchorage, Alaska

OFFICIAL MINUTES

Trustees present:

Mary Jane Michael, Chair
Chris Cooke
Laraine Derr
Carlton Smith
Paula Easley
Jerome Selby
Verne' Boerner

Trust staff present:

Mike Abbott
Steve Williams
Miri Smith-Coolidge
Kelda Barstad
Andy Stemp
Luke Lind
Michael Baldwin
Carrie Predeger
Katie Baldwin-Johnson
Jimael Johnson
Valette Keller
Eric Boyer
Travis Welch
Autumn Vea

PROCEEDINGS

CHAIR MICHAEL calls the Special Full Board meeting to order, acknowledging that all the trustees are present. She asks for any announcements. There being none, she asks for a motion to approve the agenda.

TRUSTEE DERR makes a motion to approve the agenda.

TRUSTEE SELBY seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL asks for any ethics disclosures. There being none, she moves to the CEO annual evaluation and planning.

TRUSTEE DERR makes a motion that the Board go into executive session to plan the annual evaluation of the chief executive officer in accordance with the Open Meetings Act AS 44.62.310(c).

TRUSTEE SELBY seconds.

There being no objection, the motion is approved.

(Executive Session from 5:40 p.m. until 6:25 p.m.)

CHAIR MICHAEL states that they are out of executive session.

TRUSTEE SELBY states, for the record, that the trustees have come out of executive session where the annual evaluation of the chief executive officer was completed, and no further action was taken.

CHAIR MICHAEL states that no action was taken in executive session.

TRUSTEE DERR makes a motion that the evaluation of the CEO and associated compensation changes be accepted, as discussed in executive session.

There being no objection, the motion is approved.

TRUSTEE SELBY makes a motion to adjourn the meeting.

TRUSTEE BOERNER seconds.

There being no objection, the motion is approved.

(Special Full Board meeting adjourned at 6:30 p.m.)

**Minutes for the
November 14, 2018
Full Board of Trustee
Meeting**

ALASKA MENTAL HEALTH TRUST AUTHORITY

FULL BOARD OF TRUSTEES MEETING

November 14, 2018

8:30 a.m.

Taken at:

3745 Community Park Loop, Suite 120
Anchorage, Alaska

OFFICIAL MINUTES

Trustees Present:

Mary Jane Michael, Chair

Jerome Selby

Paula Easley

Carlton Smith

Chris Cooke

Verne' Boerner

Trust Staff Present:

Mike Abbott

Steve Williams

Miri Smith-Coolidge

Kelda Barstad

Andy Stemp

Luke Lind

Michael Baldwin

Carrie Predeger

Katie Baldwin-Johnson

Jimael Johnson

Valette Keller

Eric Boyer

Autumn Ve

Trust Land Office:

Wyn Menefee

Jusdi Doucet

Other participants:

Alison Kulas; Patrick Reinhart; Judy Brady; Kathy Craft; Crystal Blair; Cynthia Scott; April Wilkerson; Laura Brooks; Karen Cann; Jake Wyckoff; Monique Martin; Jillian Gellings; Lauree Morton; Kristin Vandagriff; Faith Myers; Dorrance Collins; Robin Minard (via Speakerphone); Alison Sebastian (via Speakerphone).

CALL TO ORDER

CHAIR MICHAEL called the meeting to order and called the roll.

ROLL CALL

TRUSTEE SELBY, TRUSTEE SMITH, TRUSTEE BOERNER, TRUSTEE COOKE, TRUSTEE EASLEY were present. TRUSTEE DERR was absent.

REVIEW OF GUIDING PRINCIPLES

CHAIR MICHAEL stated that the Guiding Principles were in the packet and asked that they be looked at today.

ETHICS DISCLOSURE

There were no Ethics Disclosures.

APPROVAL OF AGENDA

MOTION: A motion to approve the agenda was made by TRUSTEE SELBY; seconded by TRUSTEE BOERNER.

There being no objection, the motion was approved.

APPROVAL OF MINUTES (September 5-6, 2018)

MOTION: A motion to approve the minutes of the September 5-6, 2018, was made by TRUSTEE SELBY; seconded by TRUSTEE EASLEY.

There being no objection, the motion was approved.

CURRENT BYLAWS

CHAIR MICHAEL stated that in the packet is a copy of the current bylaws.

MISSION MOMENT

ACCESS ALASKA TRAUMATIC & ACQUIRED BRAIN INJURY PEER SUPPORT

MS. JOHNSON introduced Crystal Blair and Cynthia Scott, who are both with the Access Alaska Traumatic and Acquired Traumatic Brain Injury Peer Support Program are here to discuss their experiences with the program. There is currently a funding request for a much needed service for this program that is not in the packet, but is being processed internally.

MS. BLAIR stated that she is the independent living manager for Access Alaska in the Mat-Su office, one of four offices. The biggest program that is in need is the traumatic and brain injury support. There is a State-funded program in the Anchorage and Fairbanks office, but not in Mat-Su. She explained that there are two separate programs, TBI, which is advocacy services; and TABI, which provides intensive case management. She stated that Cynthia Scott is a TABI case management client, and needs that extensive case management that she cannot get anywhere else in the Valley.

MS. SCOTT stated that she joined the program two years. She explained that she worked at the

Pioneer Home in Palmer, and fell at work, hit her head, leg, and her whole body, and got a brain injury and had a stroke. She continued that she has four kids at home, all teenagers.

MS. BLAIR explained about the Mat-Su Area Partnership -- that has 32 agencies within it. A program call Echo has been started for consumers who get services from agencies, and they get a team to work for them.

TRUSTEE COOKE stated that one of the issues is in the area of financial support and how services are paid for. He asked how services are provided to individual cases and what are the resources.

MS. BLAIR replied that Access Alaska is a free service and works with anyone with a disability. The TABI program requires a verification of diagnosis within six months.

CHAIR MICHAEL thanked them for their presentation which helped in understanding what the needs are in the community and how important case management is.

STAFF REPORT CEO UPDATE

MR. ABBOTT stated interest in the outcome of the gubernatorial transition and the Legislative transitions that are underway. That will have a lot to do with how the plan will build for the Legislative session and the January meeting. He continued that the gubernatorial transition and some key appointments will directly influence the work of the Trust over the next four years. He moved to the letter received from the Legislative Budget & Audit Committee chair asking for a status report on the response to the Legislative Audit. That is in the process of being drafted. A copy will be sent out to the trustees as soon as it is ready. He moved to the Southeast Land Exchange which seems to be close to bringing forward a recommendation to be accepted. The tentative plan is to bring that for approval at a special board meeting that would be held on the day of the committee meetings in early January. Last is API which will be presented by Alison Kulas later this afternoon on behalf of the Mental Health Board and ABADA.

COMMITTEE REPORT/UPDATE FINANCE COMMITTEE

TRUSTEE SELBY reported that the Finance Committee reviewed the cash management report with the CFO, and we are on track year to date. The committee picked up other matters that resulted in four recommended actions of the board.

MOTION: A motion that the Full Board of Trustees approve setting a target level for Trust Authority Development Account funds at \$4.05 million was made by TRUSTEE SELBY; seconded by TRUSTEE COOKE.

MR. STEMPEL explained that the target level of \$4.05 million is needed to fulfill the previously made commitments that the trustees authorized from that account. This will wrap up all of the outstanding open items, which should be fully funded.

TRUSTEE SELBY clarified, for the record, that the \$4.05 million is being used to continue to develop land opportunities that the Trust has historically done for almost 25 years. This is no variance from the way funds have been used for that entire 25-year time period. He stated that this is changing the way that business is being done fairly significantly, but is fully in keeping with the way the Trust has operated to present using principal funds to develop additional development of land that will result in significant increases of principal gain coming back to the Trust in the future.

TRUSTEE COOKE echoed what Trustee Selby said and stressed that this application is necessary to preserve, protect, enhance and realize value from the land that was transferred to the Trust at the outset so that the Trust and beneficiaries can realize the value of this asset. He asked if this \$4.05 million is sufficient to cover the obligations that have been discussed.

MR. ABBOTT replied that the belief is that all of the funds allocated for Icy Cape and all the funds allocated for the Southeast Land Exchange will be needed. Although there is a possibility that the Southeast Land Exchange will require additional funds. This is the \$6 million that was allocated from the TADA account. He added that the recommendation would not be to use TADA funds.

There being no objection, the motion was approved.

MOTION: A motion that the Full Board of Trustees authorize the Chief Financial Officer to transfer TADA funds that exceed the target level, \$16,883,000, to the Permanent Fund for investment was made by TRUSTEE SELBY; seconded by TRUSTEE COOKE.

MR. STEMP explained that this recommendation would move the cash into the Permanent Fund. They would then put that money to work as part of their regular investment strategy and help build up the Trust's portfolio.

TRUSTEE SELBY pointed out that this works in conjunction with the motions that were just adopted because this is shutting down the TADA account, which was used for almost 25 years for this process.

MR. ABBOTT stated that this move makes good sense for the Trust and recommended that this motion be adopted. This has the effect of essentially increasing the value of the corpus of the Mental Health Trust Fund by about 4 percent. The corpus will go from \$400 million to about \$417 million as a result of this move, and this will be one of the larger contributions historically.

TRUSTEE COOKE noted, for the record, that historically the Trust, has transferred funds from the TADA account to the Permanent Fund Mental Health Trust Fund account. That function and need has been reexamined, and as a consequence of the Legislative Audit, we are closing out that account by transferring all that money to the Mental Health Trust Fund except for the \$4 million as previously explained for the obligations already undertaken. He added that he supported the motion.

TRUSTEE SELBY stated that he may have misspoken and the TADA account is not going to go away. It will be where the principal is collected as it comes in, and each year at the November

meeting the approval for transfer to the Permanent Fund from the TADA account will occur.

MR. ABBOTT stated that there is a revenue impact of this choice and right now the TADA account is held in a relatively liquid investment state. It earns the lowest rate of return of any of the Trust assets. He continued that it is essentially managed like cash and is available for a variety of uses. Because of this, it was not wanted to be tied to the Permanent Fund or the Department of Revenue for management. By transferring it to the Permanent Fund, it will be subject to the 4.25 percent draw. That will have a material impact on the revenue over time.

CHAIR MICHAEL stated that there is a motion on the table and a second. She asked for any objections.

There being no objection, the motion was approved.

TRUSTEE SELBY moved to motion No. 3.

MOTION: A motion that the Full Board of Trustees approve establishing a new account to support the Trust Land Office development projects, with an initial funding commitment of \$8 million from reserves, (staff are authorized to develop and implement a cost recovery plan that will facilitate replenishing this account from the proceeds of future development projects), was made by TRUSTEE SELBY; seconded by TRUSTEE BOERNER.

MR. STEMPEL walked through the work plan for the cost recovery model. The goals were set up in consultation with the Land Office and with the advisers of the Department of Law. There are two key pieces: First is to protect the Trust and working through the regulatory process there is a presumption of regularity; second, by undertaking the process and opening it up for public comment and public consideration it will give people the opportunity to have input. It also protects from someone showing up at some future point with an objection, which was not raised during the process. He continued that it gives some certainty to be able to rely on the cost recovery plan in working through this. There is an informative effort and a mechanism where there is due process by having this go forward in a public way. People have equal protection because they have the opportunity to comment. He added that this was not a short process.

MR. ABBOTT stated that this represents a fundamental shift in how to fund TLO-related development works. He continued that by funding the TLO development account from reserves, as stated in the proposed motion, is a fundamental shift away from the use of principal and toward the use of income. He added that it means, as recommended by the Legislative Audit, a funding type is being deployed that could also be used for programs, which is a big shift from what has been done in the past. He also pointed out that no funds from the TLO Development account can be used without explicit authority of the trustees.

CHAIR MICHAEL stated that there is a motion on the table, and asked for any objections.

There being no objection, the motion was approved.

TRUSTEE SELBY moved to the final motion, motion No. 4.

MOTION: A motion was made that the Full Board of Trustees approve an allocation of \$4.8 million from reserves for addressing facility needs, subject to additional review and approval of specific projects by the Board, was made by TRUSTEE SELBY; seconded by TRUSTEE SMITH.

MR. STEMP stated that this recommendation is intended to provide some resources to address some items that fall outside the regular Trust operating budget. He continued that there will be some recommendations at a future point that will detail some potential uses of this money. This is the same amount discussed at the Finance Committee.

MR. ABBOTT stated that the allocation of the \$8 million and the \$4.8 million that is proposed here reflects roughly 50 percent of the surplus reserves at this time. He added that staff recommends adoption of this motion. He stated that this gives staff the guidance needed to know how much money there is to be able to bring forward recommendations.

CHAIR MICHAEL stated that there is a motion on the table, and asked for any objections.

There being no objection, the motion was approved.

TRUSTEE SELBY concluded the Finance Committee report. He requested staff to bring to the January 3rd meeting potential for some actions to deal with the real estate holdings currently in discussion with the Permanent Fund about potentially moving that whole group of real estate into the Permanent Fund. He stated that another option would be to figure out a way to recover the \$39 million of original principal that was invested into those properties. He would like a comprehensive look at the options and what the results of each of those options might bring down the road.

CHAIR MICHAEL called a recess.

(Break).

CHAIR MICHAEL called the meeting back to order.

FY19 APPROVALS & ALLOCATIONS

HILAND MOUNTAIN

MR. ABBOTT stated that there are a variety of important facility needs that are not currently being met for a variety of reasons around the state. He continued that the Trust has historically, often through the Program-Related Investment tool, been able to intervene in those situations and create a more sustainable service level for the beneficiaries in a variety of areas. The proposal is to advance three more of those program-related facility opportunities. One is a grant request that is related to expanding the substance abuse treatment capability at Hiland Mountain women's prison. The two others are program-related investment opportunities around peer support services and crisis stabilization.

MOTION: A motion that the Board approve a \$1,145,000 FY19 Authority Grant from the Trust Reserve Funds for the Hiland Mountain Correctional Center – Women’s Mental Health Unit Remodel project, granted to the Department of Corrections through a reimbursable services agreement, was made by TRUSTEE SELBY; seconded by TRUSTEE EASLEY.

MR. WILLIAMS noted that the Trust funds requested would be used to cover half of the costs of the mental health unit portion of the remodel. This project will be used to reconfigure existing space that will not only enhance the mental health unit, but also give the medical unit for the correctional center more bed capacity and will also add four new detoxification beds for women, which are not currently available. He stated that the Department is also contributing about 70 percent of the costs of the project. He added that this project will not require any additional operating costs to the Department.

MS. CANN thanked the Trust for the support because this project would not be able to move forward otherwise.

MR. WYCKOFF thanked the board for the consideration and acknowledged all of the work Director Wilkerson and Director Brooks put into this, as well as all the staff.

CHAIR MICHAEL commented that this has been a long process and was well worth it. There was a visit to the facility and it was remarkable how dedicated the staff is to working with people that the Trust cares about, and this plan is reflective of that concern to provide a better-quality space for people to receive services. She thanked all and called the vote.

There being no objection, the motion was approved.

MOTION: A motion for the Board to approve the allocation of \$3,655,000 from the Trust Budget Reserve for Program-Related Investments, including Crisis Stabilization Center and Beneficiary/Peer Support Services Facility, which funds will be set aside, and additional trustee authorization will be required for expenditures, was made by TRUSTEE SELBY; seconded by TRUSTEE EASLEY.

MS. BALDWIN-JOHNSON stated that this is a request to approve an allocation in the amount of \$3.655 million from budget reserve specifically for Program-Related Investments. There has been an attempt to work with partners in the Department to establish a crisis stabilization program specifically in Anchorage. She continued that the other item for consideration is a facility that would support the peer support, peer-based services that have been discussed and are specifically the outreach and engagement drop-in part of the continuum of care, and the intensive peer-based wrap-around services in the community. She began with crisis stabilization services and stated that the public safety response to the beneficiaries is not an adequate alternative to appropriately treat individuals in psychiatric crisis experiencing serious drug and alcohol issues. The Trust and the Department have continued working on the issue, and are keeping the options open in terms of the potential of the Trust playing a more significant role in potentially providing a facility or looking at other ways to support the community in implementing this service.

MR. ABBOTT stated that it was important for the Trust to make a commitment to ensure that

those services can be delivered in a sustainable manner. A key element of that is being able to secure facilities for those functions. He recommended approval of the motion, the allocation of those funds, knowing that no transaction will take place until the trustees explicitly authorize it.

TRUSTEE COOKE asked about the necessity of these motions, and why they are being done.

TRUSTEE SELBY explained that this tells the staff that the trustees are officially interested and think that a crisis intervention and peer operation are important additions to the programmatic network.

TRUSTEE EASLEY added that these kinds of services help keep people from entering the criminal justice system, which is very important.

CHAIR MICHAEL stated that there is a motion on the table, and asked for any objection.

There being no objection, the motion was approved.

(Break.)

COMP PLAN WORK GROUP UPDATE

VICE CHAIR SELBY called the meeting back to order and explained that the Chair had to depart. He moved to the comp plan and work group update. He recognized Steve Williams.

MR. WILLIAMS stated that all are here to give an update on the work that has been done since the October Program and Planning Committee.

MS. GELLINGS began by extending her thanks to everyone that has been working in this work group. Since the last update, the vision of the comp plan has remained the same, that Alaskans receive comprehensive prevention, treatment and support services at the appropriate level of care across the life-span to lead meaningful lives in their home communities. She identified “life-span” as a key term throughout the whole document and presentation. The focus is on those Trust beneficiaries and all Alaskans that need care, and services are throughout the life-span of them. She continued that a foundational goal has been identified, which is that the State of Alaska provides adequate resources and funding to support the comprehensive service system to promote independent healthy Alaskans so that they may live meaningful lives in communities of their choice. She highlighted that that is the overarching foundational goal of the comp plan. She continued that the goals were restructured and have been put into place that will make up this program.

TRUSTEE BOERNER stated that she fully believes in evidence-based approaches and suggested the need of being more cognizant of the underrepresented in populations, many of whom are also overrepresented as beneficiaries. She also suggested considering something like promoting policy and practices and evidence-based approaches.

MS. GELLINGS replied that was something that was discussed a lot, and we wanted to emphasize that throughout other things were looked at, other than just evidence-based

approaches. She pointed out that the goals were written in a way that does not emphasize action, but emphasizes what is wanted. She explained a few of the goals.

MS. KULAS added that a lot of the themes that are being addressed as goals or objectives are also present in other plans. Looked at were what other people were working on, striving for, and then we incorporated them into this plan. She continued that this is that big-picture systems approach that really referenced out to the existing plans for more detail.

MR. REINHART stated that we want to have some opportunity to educate the beneficiaries about their rights in terms of reporting what is actual harm and actual abuse.

TRUSTEE EASLEY stated that this says there are 40-plus optional services. She suggested that staff be ready to defend each one of them with some data. It will be very tenuous to see what happens with that. The other thing is under Trust beneficiaries being able to work, become employed and maintain employment, which is a major Trust goal. She stated concern on them losing their Medicaid benefits because of working.

MS. VANDAGRIFF replied that the expanded resources that promote successful long-term employment has strategies within the section that include a lot of information on the Alaska disability benefits 1-on-1 tool that explains the resources. There are a couple of programs to keep Medicaid in, maintain waiver services and everything else.

TRUSTEE EASLEY stated concern on making sure that the Medicaid services continue and asked if the Office of Children's Services participated in the discussions.

MS. GELLINGS replied that she had gotten information from them, but they have not yet gone through the document. That is actually the next step, each Division will go through the document and more information will be gathered. She continued her presentation, going through the different goals.

MS. KULAS stated that now that it has been presented to the Trust it will be shared with the boards for their review and comments. She added that they are committed to supporting the process of public input to make sure that no one or nothing is left out; and by the time it gets to that March/April time frame, there will be a solid product that the new Administration and all can support.

MS. GELLINGS stated that this was an update as to where the group is within the process of developing it; and it will be sent out for public comment. She explained that one of the strategies in developing this plan was to keep it at a very high level, and to keep it updated and moving.

VICE CHAIR SELBY thanked all for providing this update and also for all the hard work done by all. He stated that there is a fair amount of work left to do to get to a final overall plan that can be used to evaluate projects, how they contribute to accomplishing objectives, or, if they do not, then why are they being considered to be funded. He called for a break.

(Break.)

VICE CHAIR SELBY called the meeting back to order. Next on the agenda is the statutory advisor update from the Governor's Council on Disabilities and Special Education.

STATUTORY ADVISOR UPDATES GOVERNORS' COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

MR. REINHART stated that there has been a lot going on in the last month. He moved to the 4th annual Disability & Aging Summit and stated that there were 100 people there on Wednesday and Thursday, and another 30 or so that came for the signing of the supported decision-making bill that was passed this last year. The Trust, again, supported that Self-Advocacy Summit, which was very much appreciated. He explained that October was Disability Employment Awareness Month, and we were able to get another proclamation from the Governor. There was a "thank you" ad in the newspaper to employers that are known to be really good about employing people with disabilities, with a lot of positive feedback. He talked about a follow-up to the Disability Employment Initiative, with an opportunity to meet with folks from the National Governor's Association Madison, Wisconsin. He moved on to the new Administration on Community Living Grant that started September 30th. A five-year grant of \$392,000 per year, was awarded, and it is about moving the DD Vision forward. He stated that they will look at putting model approaches around community monitoring, community capacity-building to enhance the independence of integration and safety, health, and well-being of individuals living in the community; and also targets working with individuals with developmental disabilities and their families, guardians, and service providers. He explained this grant in greater detail, going through some of the specific strategies. The FASD work group has been moving along with the strategic plan, and they have a new logo. The Early Intervention Committee is working on the Universal Developmental Screening and all the efforts around that as they are looking at branding a campaign about universal screening. The Autism Ad Hoc Committee continues to push the ECHO Charter Collaboratives throughout the State, focusing their discussions on transitioning youth and adults. He continued with the new Web site that has gone up on supported decision-making, which is very comprehensive.

VICE CHAIR SELBY stated his appreciation for the report. He moved to Alison Kulas, with the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse.

ALASKA MENTAL HEALTH BOARD/ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE

MS. KULAS stated that part of the funding provided by the Trust is to provide planning services. One of the key areas is participating in the Comprehensive Integrated Mental Health Plan. She continued that the Traumatic and Acquired Brain Injury Work Group has been looking at updating that statewide plan for TABI Services and creating a statewide TABI registry. She moved to the Comprehensive Plan and stated they are really committed to making it successful, and it really will provide a good framework in going forward. Feedback will be taken in and we will support the public comment process to make sure that everybody, from providers to consumers, understand that process. She talked about addressing the psychiatric care in the state and shifted the API work group to a psychiatric care work group. There are currently four board members on it, all sharing information. It is understanding what communities are dealing with and how that should move forward. There are a lot of moving parts in understanding the system.

At the Department level, an emergency operations center structure began in October with an announcement of capacity issues at API. Mr. Mayes and Commissioner Butler are working together, along with other staff within DHSS and other key partners, to provide this emergency response. The focus is to make sure that the other less intense, less expensive, less intrusive service levels are provided around the state. She added that the Department and the boards agree that is the right step. She stated that a robust conversation on this is expected in Juneau next year. Their reaction is that expanding API at this time is probably not the right answer. It may be the ultimate answer, and getting API to the point that 80 people can be served at one time is important. She continued that they are currently, because of staffing limitation, serving between 40 to 60 daily, which floats with staff availability and patient acuity changes. She moved to the grievance process for psychiatric patients and stated that Faith Myers and Dorrance Collins have very strong opinions on what an appropriate grievance resolution process looks like for psychiatric patients around Alaska. There should be progress on that before January.

VICE CHAIR SELBY thanked Ms. Kulas and noted that there was a time conflict for the Alaska Commission on Aging for their report. He stated that the written report is in the packet, and any questions may be brought up at the next meeting.

COMMITTEE REPORT/UPDATE RESOURCE MANAGEMENT COMMITTEE

TRUSTEE SMITH stated that there were two consultations coming out of the Resource Management Committee for board concurrence.

MOTION: A motion that the Resource Management Committee recommends that the Mental Health Trust Authority Board of Trustees concurs with the Trust Land Office recommendation for the Executive Director to dispose of Trust parcel CRM-3392-02 through a negotiated sale or subsequent disposal was made by TRUSTEE COOKE; seconded by TRUSTEE BOERNER.

MS. DOUCET reported that on October 17th the TLO consulted the RMC on the disposal through a negotiated sale of 3.39 acres located about five miles south of Ketchikan. She continued that the Borough offered to purchase the parcel for 40 percent above fair market value. This offer came in after the TLO put in a request to rezone the parcel. She explained that the property is pretty wet and is currently used as a park. The total purchase price with the 40 percent premium is \$500,000.

VICE CHAIR SELBY asked for any objections.

There being no objection, the motion was approved.

TRUSTEE SMITH stated that the next is Item B, Icy Cape Closure.

MOTION: A motion that the Alaska Mental Health Trust Authority Board of Trustees concurs with Trust Land Office recommendations for the Executive Director to close the following Trust parcels to public use: CRM-0001, CRM-0002, CRM-0003, CRM-0004, CRM-0005, CRM-0006, CRM-0007-A, CRM-0008, and CRM-0009 was made by

TRUSTEE COOKE; seconded by TRUSTEE BOERNER.

MS. DOUCET stated that the RMC was consulted on the extension of the closure of the Icy Cape land block. This extension of the closure will preclude the public-use conflicts with the mining exploration of the timber harvests that are taking place in the Icy Cape area. She continued that this will likely generate more revenue in the future as the TLO moves forward in land blocks for taking and guiding.

VICE CHAIR SELBY asked for any objections.

There being no objection, the motion was approved.

TRUSTEE SMITH concluded his report.

TRUSTEE COMMENTS

TRUSTEE BOERNER thanked all that presented, and recognized the presenters for the Mission Moment. Their presentation helped her to understand the services provided by Access Alaska and their importance. She sent her best to Cynthia's family and all her children. That moment struck her, and she wanted to say something special about that.

TRUSTEE COOKE echoed Trustee Boerner's comments about the Mission Moment and added to that the value of the site visits. He encouraged continuing the visits whenever possible. He moved to the grant summary and the various additional documents that still need to be reviewed and to continue working on getting a useful format. He also asked for some additional time in the agenda format for questions and comments.

VICE CHAIR SELBY suggested including the number of grants and the amount of volume total in the CEO comments, so it becomes part of the actual meeting record.

MR. ABBOTT agreed and added that the TLO quarterly report will also be included. He noted that those reports are being posted to the Web site for general public awareness in realtime to get the information out to the community.

TRUSTEE SMITH thanked the staff for making the effort on the site visits. He also commented on the continued terrific progress in the PR area and public awareness of who and what the Trust is, and who is being served.

VICE CHAIR SELBY thanked the staff for the outstanding work done on a regular basis. He wished the board and staff a Happy Thanksgiving and also the rest of the audience. He recessed the meeting until public comment.

(Break.)

PUBLIC COMMENT

VICE CHAIR SELBY called the meeting back to order and read the rules for the public

comments. He recognized Faith Myers.

MS. MYERS introduced herself and read the patient injury statistics. “In 2017 at Alaska Psychiatric Institute, there were 116 patients injured, 90 needing medical treatment or hospitalization. There are approximately 10,000 acute-care psychiatric patients annually in Alaska. Not one Trust beneficiary has access to a fair grievance and appeal process.” She asked that the Mental Health Trust Board commit staff and resources towards a Legislative improvement of the grievance rights for Trust beneficiaries. She stated that managers decide if psychiatric patients are informed of their right by law to bring their grievance to an impartial body, and patients are not informed of their rights. When psychiatric patients cannot file a grievance or appeal in a fair way, psychiatric institutions and units tend to develop very bad habits. She asked the Trust board to commit resources to revise AS 47.30.847 to include all Trust beneficiaries.

VICE CHAIR SELBY thanked Ms. Myers, and introduced Dorrance Collins.

MR. COLLINS stated that there is a loophole in the psychiatric patient grievance law that has allowed Trust beneficiaries to be mistreated for 25 years. He continued that psychiatric patients have a right, by the grievance law, to bring their grievance to an impartial body. In the same law, psychiatric facilities must have a trained patient advocate who will assist the patient in bringing a grievance or other redress. The loophole is that psychiatric facilities produce their own patient grievance procedure and explain it to the patients. They do not have to inform patients of their right to an impartial body because that was not put in the patient grievance procedure. Trust beneficiaries are being intentionally mistreated for the convenience and economics of psychiatric facilities, not just API. He asked the Trust board to commit staff, resources and money to improve the grievance rights legislatively for all Trust beneficiaries.

VICE CHAIR SELBY thanked Mr. Collins, and recognized Robin Minard, on the phone.

MS. MINARD stated that she serves as Chief Communications Officer for the Mat-Su Health Foundation. She called to thank the Alaska Mental Health Trust Authority for their support of the Innovative Alaska Court Systems Therapeutic Court, known as the Palmer Families with Infants and Toddlers Court, or PFIT Court. It serves families with children ages zero to 36 months that have open child welfare cases and families can opt in with the primary goal of achieving permanency within 12 months to reunify young children with their families. She explained that the PFIT Court seeks to reduce child maltreatment by building strong supports around the family. It is currently serving ten families, and 30 percent of the cases have been identified as Alaska Native. She also mentioned that therapeutic courts in Alaska are planned with long-term sustainability plans and this one is being funded by the Trust and other funders.

VICE CHAIR SELBY thanked Ms. Minard, and asked for anyone else on the phone that would like to testify.

MS. SEBASTIAN stated that she is Alison Sebastian, calling from Haines. She is the executive director of Linknow Conservation, LLCC, grassroots conservation organization based in Haines with a mission to protect watersheds and the quality of life in Northern Southeast Alaska. Represented are 190 members, mostly local. She stated concern about the communities of

Haines and Klawock being left in the dark about ongoing plans for underground exploration in 2019 by Constantine Metal Resources on Mental Health Trust land at the headwaters of Glacier Creek. In the interest of maintaining the good relations with the Haines community, the public should be informed about Constantine's development plan on the Mental Health Trust Haines block. She continued that the LLCC would like to receive a copy of the Mental Health Trust document approving Constantine's plan of operations, and additional documents related to it. She also asked to be informed of any forms that may be needed or used to request these. She added that it would be helpful if the Mental Health Trust held a public presentation in Haines to keep the community informed about developing the Trust Haines block which is currently leased to Constantine. She thanked the Trust, and stated that she will share her contact information.

VICE CHAIR SELBY thanked Ms. Sebastian, and asked for anyone else on the phone that would like to provide public comment. He asked for any further business. There being none, he adjourned the meeting.

(Alaska Mental Health Trust Authority Full Board meeting adjourned at 4:43 p.m.)

Current Trust Bylaws

1
2
3 ALASKA MENTAL HEALTH TRUST AUTHORITY
4 BYLAWS
5

6
7 ARTICLE I
8 NAME
9

10 The name of this organization is the Alaska Mental Health Trust Authority.
11

12
13 ARTICLE II
14 PURPOSE OF THE AUTHORITY
15

16 The Alaska Mental Health Trust Authority acts in the best interest of the beneficiaries
17 of the trust. It is accountable to:

- 18 (a) Provide for sound governance, fiduciary oversight and direction in achieving the
19 mission of the Trust Authority;
20 (b) Ensure an integrated, comprehensive mental health program for the State of Alaska
21 in partnership with Department of Health and Social Services (DHSS); and
22 (c) Preserve, protect, and grow the trust corpus and administer trust assets.
23
24

25 ARTICLE III
26 BOARD OF TRUSTEE MEMBERSHIP AND TERMS OF OFFICE
27

28 Section 1. Trust Authority board of trustees composition:

- 29 (a) The Trust Authority shall be governed by its board of trustees.
30 (b) The Trust Authority board of trustees, hereafter referred to as the board, consists of
31 seven members appointed by the governor in accordance with AS 47.30.016 and
32 confirmed by the legislature.
33

34 Section 2. Term of office, vacancies, and removal:

- 35 (a) The members of the board serve staggered five-year terms. A member shall continue
36 to serve until the member's successor is appointed and confirmed by the legislature.
37 (b) A vacancy occurring in the membership of the board shall be filled within 60 days by
38 appointment of the governor for the unexpired portion of the vacated term.
39 (c) The governor may remove a member of the board only for cause per AS 47.30.021.
40 (d) Except for a trustee who has served two consecutive five-year terms, a member of
41 the board may be reappointed. A member of the board who has served two
42 consecutive five-year terms is not eligible for reappointment to the board until one
43 year has intervened as per AS 47.30.021(d).
44
45

ARTICLE IV
BOARD OF TRUSTEE DUTIES

Section 1: The role of the board is to:

- (a) Set the vision for the organization;
- (b) Set policies for the organization, including adoption of regulations as appropriate under AS 47.30.031;
- (c) Adopt charters that define the role, authority, operating procedures, duties, and responsibilities of the board and standing committees; and
- (d) Approve contractual agreements with advisors as defined in statute and the settlement agreement, specifically Alaska Permanent Fund Corporation (APFC), Department of Natural Resources (DNR), and Statutory Advisory Boards.
- (e) Fulfill the duties listed in AS 37.14.007(b)(1)-(12).

Section 2: The board will conduct business in accordance with AS 47.30.036.

ARTICLE V
OFFICERS AND DUTIES

Section 1. The board, by a majority vote of its membership, shall annually elect a Chair, Vice Chair, and Secretary from its membership.

Section 2. The officers will be elected by a majority vote at the annual budget approval meeting, and officers' terms of office commence upon adjournment of that meeting. Officers' terms of office end effective at adjournment of the meeting in which new officers are elected.

Section 3. Officers may be re-elected to the office in which they serve by vote of the membership of the board as above. The board's intention is to allow board members the opportunity to serve in officer roles in support of ongoing board development. To that end, no member may serve more than 2 consecutive terms in the same office except as provided for by affirmative vote of 5 board members.

Section 4. If the office of the Chair becomes vacant, the Vice Chair succeeds to the office of the Chair and serves until an election held at the next board meeting. The newly elected Chair will serve until the next annual election.

Section 5. Except for the office of Chair, if an office of the board becomes vacant, an election shall be held to fill the vacancy at the next regular meeting following the vacancy. The officer will serve until the next annual election.

Section 6. The duties of the officers shall be as follows:

(a) Chair

- 1. Call all meetings. Preside at all meetings.
- 2. Appoint chairs of committees and committee members.

3. Serve as ex-officio (voting) member of all committees, but may not concurrently serve as board Chair and chair of any standing committee, with the exception of the Executive Committee.
4. Act as primary spokesperson for the board.
5. Act as one of the official spokespersons for the Trust Authority, together with the Chief Executive Officer (CEO), when requested by the Chief Communications Officer.

(b) Vice Chair

1. Assist the Chair in the discharge of his/her duties.
2. Perform the duties of the Chair in the absence or incapacity of the Chair.
3. Perform other duties as assigned by the board.

(c) Secretary

1. Assume duties of the Chair when Chair and Vice Chair are unavailable.
2. Perform other duties as assigned by the board.
3. Assure that the records of board proceedings are maintained in accordance with these bylaws and in accordance with AS 37.14.007(b)(2) and the Records Management Act (AS 40.21).

ARTICLE VI
MEETINGS

Section 1. The board will hold four regular meetings each fiscal year. Committees will meet as necessary to accomplish their responsibilities.

Section 2. Special or emergency meetings of the board may be held at such time and place as the Chair may order; or upon the written request to the Chair of any four trustees.

Section 3. Reasonable public notice of board and committee meetings shall be provided in accordance with AS 44.62.310. Meetings of the board and its committees are subject to the Open Meetings Act, AS 44.62.310 and 44.62.312.

Section 4. A quorum at all board meetings shall consist of four board members. A quorum at committee meetings is a majority of the committee's members.

Section 5. No member of the board may designate a proxy.

Section 6. The board will schedule at least one period for public comment during each regularly scheduled board meeting.

Section 7. Formal actions by the board are accomplished through adoption of motions.

ARTICLE VII
COMMITTEES OF THE BOARD

There will be five standing committees of the board. Standing committee chairs and members will be appointed by the Chair after polling the board regarding individual trustee's interest and ability to serve. A member may serve as chair of only one standing committee at any time except as a stand-in until the next regularly scheduled board meeting. Standing committees will have a minimum of 3 committee members. The board chair may designate ad hoc committees to accomplish special purposes. Persons other than board members may serve on the board's ad hoc committees; however, such persons may not be voting members of such committees, only appointed board members may vote on committee actions. Committee recommendations will be reported to the board for action at the next regular board meeting.

Section 1. The Executive Committee of the board is composed of three board officers, the Chair, the Vice Chair, and the Secretary. The Executive Committee will:

- (a) Ensure development of policies for governing the Trust Authority for approval by the board.
- (b) Oversee implementation of governance policies at the direction of and on behalf of the board in accordance with law and the committee charter adopted by the board.
- (c) The Executive Committee will meet only as needed.

Section 2. The Resource Management Committee will, in consultation with the CEO and Executive Director (ED) of the TLO:

- (a) Ensure development of policies for protecting, enhancing, and managing the trust's non-cash resources in the best interests of the beneficiaries for approval by the board.
- (b) Oversee implementation of plans at the direction of and on behalf of the board in accordance with law and the committee charter adopted by the board.

Section 3. The Program and Planning Committee will, in consultation with the CEO and Executive Director (ED) of Mental Health Policy and Programs.:

- (a) Ensure development of policies to meet needs and improve the circumstances of beneficiaries; and recommends to the board for approval.
- (b) Oversee implementation of plans at the direction of and on behalf of the board in accordance with Trust Authority statutes and regulations and the committee charter adopted by the board.

Section 4. The Finance Committee will, in consultation with the CEO and Chief Financial Officer (CFO):

- (a) Ensure development of policies for investment and fiscal management for approval by the board.
- (b) Oversee implementation of approved investment and fiscal management policies on behalf of the board in accordance with Trust Authority statutes and regulations and the committee charter adopted by the board.

- 1 Section 5. The Audit and Risk Committee will, in consultation with the CEO and CFO:
2 (a) Ensure development of policies for managing the annual audit process and
3 identifying and addressing organizational risk for approval by the board.
4 (b) Oversee implementation of approved audit and risk management policies on behalf
5 of the board in accordance with Trust Authority statutes and regulations and the
6 committee charter adopted by the board.

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9 ARTICLE VIII
10 CHIEF EXECUTIVE OFFICER
11

12 Section 1. The board shall select and employ a Chief Executive Officer as provided by law.

13
14 Section 2. The Chief Executive Officer is responsible for day-to-day operations of the Trust
15 Authority including planning, organizing, coordinating, and directing all activities
16 necessary to enable the Trust Authority to exercise its powers and duties, and
17 fulfill the purpose of the Trust Authority. The CEO will operate and conduct the
18 business and affairs of the Trust Authority according to the statutes, regulations,
19 bylaws, policies, and charters adopted by the board. The CEO duties and
20 responsibilities shall be set forth in a CEO Job description to be adopted by the
21 board.

22
23 Section 3. The Chief Executive Officer shall oversee administration of the contract with the
24 Trust Land Office on behalf of the Trust Authority to ensure compliance with
25 AS 37.14.009(a)(2).
26

27
28 Section 4. The board will evaluate the Chief Executive Officer's performance annually in
29 writing. The board will define the process for conducting annual reviews and
30 include it in the Board Operations Manual.
31

32 Section 5. Termination of employment of the Chief Executive Officer is by majority vote of
33 the board.
34
35

36 ARTICLE IX
37 PARLIAMENTARY AUTHORITY
38

39 Unless otherwise provided by law or these bylaws, the board's procedures shall be
40 governed by Robert's Rules of Order Newly Revised. The Chair may appoint an appropriate
41 person to serve as parliamentarian.
42
43

44 ARTICLE X
45 ETHICS
46

47 Board members are required to comply with the Alaska Executive Branch Ethics Act
48 (AS 39.52) and AS 47.30.016(c)(2).

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3 ARTICLE XI
4 AMENDMENT OF BYLAWS
5

6 These bylaws may be amended at any meeting of the board. Amendment of these
7 bylaws requires 5 affirmative votes of board members provided that written notice and
8 copies of the proposed amendment have been submitted to the members 30 days prior to
9 the meeting, or by unanimous vote without notice.
10

11
12 ARTICLE XII
13 DEFINITIONS
14

15 In these bylaws,
16

17 **The Alaska Mental Health Trust** means the sum of all assets owned by the Alaska
18 Mental Health Trust as established by the Alaska Mental Health Trust Enabling Act, P.L. 84-
19 830, 70 Stat. 709 (1956) and the Mental Health Settlement Agreement (June 10, 1994),
20 including cash and non-cash assets.
21

22 **The Alaska Mental Health Trust Authority (the Trust Authority)** means the entity
23 charged with administering the trust, as trustee, is governed by a seven-member board. (AS
24 37.14.007, AS 47.30.011, AS 47.30.016)
25

26 **The Trust Land Office (TLO)** means the unit of the Alaska Department of Natural
27 Resources that is charged with managing the trust's natural resources, land, and other fixed
28 assets. (AS 44.37.050)
29

30 **Regular Meeting** means a board meeting that is scheduled at the annual budget
31 meeting to occur during the succeeding year, provided that a regular meeting that is
32 rescheduled on reasonable notice to the public is still a regular board meeting.
33

34 **Special Meeting** means any board meeting other than a regular meeting, including
35 an emergency meeting.
36

37 **Emergency Meeting** means any board meeting conducted for the purpose of
38 addressing time sensitive matters that may not be capable of resolution within the statutory
39 or delegated authority of the Executive Committee or the CEO. If an emergency meeting is
40 conducted on less than the customary public notice, public notice shall be published as
41 soon as practicable. If the agenda of an emergency meeting is not available in advance, the
42 agenda will be published as soon as practicable after the emergency meeting.

Mary Jane Michael, Chair

Laraine Derr, Secretary

Audit & Risk Committee Report / Update

To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Andrew Stemp, Chief Financial Officer
Date: January 16, 2019
Re: Audit & Risk Committee Report

REQUESTED MOTION:

The Audit & Risk Committee recommends that the full Board of Trustees accept the Trust audit report as presented by BDO on January 3, 2019.

Meeting Summary:

There has been one meeting of the Audit & Risk Committee since the last board report, occurring on January 3, 2019. The meeting was attended by trustees Mary Jane Michael (acting chair), Vernè Boerner, Christopher Cooke, Paula Easley, and Carlton Smith. Trustees Laraine Derr (chair) and Jerome Selby participated via teleconference.

The January 3, 2019 Audit & Risk Committee addressed one item:

Acceptance of the FY2018 Annual Audit Report: The Committee reviewed the final audit report prepared by BDO LLP. The Committee moved to recommend acceptance of the report by the full board.

The Audit & Risk Committee concluded at approximately 8:55 am. The next scheduled meeting of the Audit & Risk Committee is ***April 17, 2019.***

Finance Committee Report / Update

To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Andrew Stemp, Chief Financial Officer
Date: January 16, 2019
Re: Finance Committee Report

REQUESTED MOTION:

The Finance Committee recommends that the full Board of Trustees approve the FY2019 Payout of \$22,195,000 from Trust investments.

Meeting Summary:

There has been one meeting of the Finance Committee since the last board report, occurring on January 3, 2019. The meeting was attended by trustees Mary Jane Michael (acting chair), Vernè Boerner, Christopher Cooke, Paula Easley, and Carlton Smith. Trustees Laraine Derr and Jerome Selby (chair) participated via teleconference.

The January 3, 2019 Finance Committee addressed four items:

Revised Cash Management Report: The Committee reviewed the report provided, and provided feedback and suggestions to staff. This input will be followed up on by the staff and incorporated into future versions of the report.

FY 2019 Payout Memo: The Committee reviewed the request for distributing money out of the investment portfolio to fund the current year budget. The Committee moved to recommend approval of the FY 2019 Payout by the full board.

Real Estate Management through APFC Update: The staff presented an update on the discussions with the Alaska Permanent Fund Management Corporation on potentially managing the Trust real estate investment portfolio. Due to the financial impacts on the beneficiaries, Trust staff recommended deferring a decision on this topic.

Alternative Real Estate Management Strategies: Staff presented options on alternative strategies to manage the real estate investments. After discussion, the Committee requested that additional work be done on this topic and that time be made available for additional discussion at the upcoming January full board meeting.

The Finance Committee concluded at approximately 10:20 am. The next scheduled meeting of the Finance Committee is **April 17, 2019.**

To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Andrew Stemp, Chief Financial Officer
Date: January 31, 2019
Re: Reallocation for FY19 Focus Area Grants

REQUESTED MOTION:

The trustees authorize the transfer of \$450,000 in unallocated FY17 and FY19 Authority Grant funds into the FY19 Focus Area Authority Grants. \$200,000 will be allocated to Substance Abuse Prevention & Treatment, \$150,000 will be allocated to Housing & Long-Term Services & Supports, and \$100,000 will be allocated to Beneficiary Employment & Engagement.

STAFF ANALYSIS:

Based on the efforts of Trust program staff, in FY19 the Trust has had an increase in funding proposals that fit within our focus areas. The Trust has unallocated focus area grant funds projected to be lapsed back into the budget calculation. Typically, these funds would be lapsed back into the budget using a four-year averaging process and these funds would not be fully available until FY21 (for FY17 funds) and FY23 (for FY19 funds). As part of identifying these funds for consideration, the program officers were consulted to make sure that there would be no adverse impact on existing projects if this money was released and redirected for FY19 focus area projects.

Transferring \$450,000 into the focus areas will reduce the money available for use in future budgets by approximately \$112,500 (\$450,000 that would have been lapsed, averaged over four years). This is expected to be offset by other income generated by TLO activities and GEFONSI interest.

These focus area funds will be granted out in FY19 to meet beneficiary needs.

FUNDS TO BE REALLOCATED:

Focus Area	Budget Category FROM	Budget Category TO	Amount
Non-Focus Area	FY19 Comprehensive Program Planning & Consultative Services	FY19 H<SS Focus Area Funds	\$100,000
Housing & Long-Term Services & Supports	FY19 Senior Psychiatric Outreach Team Planning	FY19 H<SS Focus Area Funds	\$50,000
Substance Abuse Prevention & Treatment	FY17 Recover Alaska	FY19 SAPT Focus Area Funds	\$100,000
Substance Abuse Prevention & Treatment	FY17 Statute Review & Analysis: Title 4	FY19 SAPT Focus Area Funds	\$50,000
Substance Abuse Prevention & Treatment	FY17 Data Analysis/Recommendation: Child Protection/Incarcerated Families	FY19 SAPT Focus Area Funds	\$50,000
Beneficiary Employment & Engagement	FY17 Development of Core Data Systems Across Partners	FY19 BEE Focus Area Funds	\$80,000

Beneficiary Employment & Engagement	FY17 Self-Sufficiency Training	FY19 BEE Focus Area Funds	\$20,000
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BACKGROUND:

Annually, the trustees approve a budget that includes Mental Health Trust Authority Authorized Receipt (MHTAAR) and Authority Grant funds. The Authority Grant funds are generally granted to non-state government entities to either forward Trust focus area efforts or enhance the community-based system of care supporting Trust beneficiaries (non-focus area allocations).

Authority Grant funds have a four-year appropriation term. From time to time, Authority Grant funds are not awarded to grantees during their appropriation term (this is referred to as unallocated money), or grant recipients may complete their projects without expending their full grant award (unexpended grant award). Together these two amounts comprise the unallocated balance. At the end of each fiscal year the unallocated funds and unexpended grant awards that have reached the end of their four-year term lapse and become part of the Trust's four-year averaging payout calculation for a future budget year. This four-year averaging allows the funds to be brought back into service with a "smoothing" effect on the overall budget, effectively mitigating a "balloon effect" resulting from one year's lapsed amount.

RECOMMENDATION:

Staff recommends adopting the motion to meet FY19 Focus Area grant needs. Taking this action allows the Trust to bring lapsed money into service faster for the benefit of Trust beneficiaries and still protect Trust reserves; with limited impact on the amount of resources available for future budgets. There will be no adverse impact on existing Trust projects or ongoing grant activities.

MEMO

To: Mary Jane Michael, Chair, Board of Trustees
Through: Mike Abbott, Chief Executive Officer
From: Kelda Barstad, Program Officer
Date: January 31, 2019
Re: FY19 Housing & Long Term Services & Supports Focus Area Allocation
Amount: \$150,000.00
Grantee: Rural Alaska Community Action Program, Inc.
Project Title: Sitka Place Permanent Supportive Housing

REQUESTED MOTION:

Approve a \$150,000 FY19 Housing & Long Term Services and Supports focus area allocation to the Rural Alaska Community Action Program for the Sitka Place Permanent Supportive Housing program.

STAFF ANALYSIS

Rural Alaska Community Action Program, Inc.'s (RurAL CAP) Sitka Place, a permanent supportive housing program, provides affordable, safe, dignified housing to vulnerable Alaskans. Currently, 100% of residents are beneficiaries. There exists a high demand for affordable, permanent housing for individuals experiencing chronic homelessness in Anchorage with severe needs and co-occurring disorders, but a lack of supportive services to provide tenants with the resources, supports, and skills necessary to maintain safe and secure housing and to move them forward in recovery. RurAL CAP seeks funding from the Alaska Mental Health Trust Authority in support of program operations for one year to sustain this essential service for Anchorage's most vulnerable population at our Sitka Place location.

Sitka Place has an active proposal with a special round of GOAL funding with AHFC. If funded, the property is scheduled to begin remodeling in 2019-2020 to make needed updates and improve the safety and usability of common space. The request includes both long-term operational funding and capital funding. RurALCAP will upgrade the units from single room occupancy units to efficiency units allowing two-person beneficiary households to reside on the property. This is a population that is currently underserved. Often if a couple is homeless and one person is notified that housing will be available, they will decline the housing because their partner is not able to move in with them. The remodeling project will create 51 efficiency units that can house more than one person. Existing tenants will not be displaced from the building so the units will serve both single adults and couples. This project is recommended for funding as it aligns with the focus areas of Housing and Long Term Services and Supports. RurALCAP has a proven track record of successful permanent supportive housing project implementation.

PROJECT DESCRIPTION

RurAL CAP provides the only project-based, permanent supportive housing projects in Anchorage who serve individuals experiencing chronic homelessness and co-occurring disorders. This population is drastically underserved, in part because traditional mental health and substance abuse treatment services have failed to meet their challenging and unique needs.

Spanning project development through successful operation, RurAL CAP has the support of the following community partners and Anchorage service providers for the Sitka Place project: Veterans Affairs (VA), CHOICES, Catholic Social Services, State of Alaska Division of Behavioral Health, United Way of Anchorage, Anchorage Community Land Trust, Southcentral Foundation, Anchorage Mental Health Services, NeighborWorks Anchorage, and the Municipality of Anchorage.

Sitka Place prioritizes serving chronically homeless individuals, with incomes at 50% of the Area Median Income, who have a history of hospitalization and/or law enforcement contacts, are top users of the Anchorage Safety Center, and who have a high vulnerability rating and a substance abuse diagnosis. This project serves 100% Trust Beneficiaries, including those experiencing mental illness, developmental disabilities, chronic alcoholism and other substance related disorders, and traumatic brain injuries. One hundred percent of the target population are formerly chronically homeless individuals living in Anchorage with severe needs. RurAL CAP's outreach workers and other agency providers utilize a vulnerability assessment tool to generate scores for potential clients and prioritizes the most vulnerable for services. If funded in the GOAL round, RurAL CAP will include the project in the Anchorage Coalition to End Homelessness Coordinated Entry system.

RurAL CAP's Supportive Housing Division helps individuals move to economic independence and increases access to affordable housing for low-income individuals. The Supportive Housing Division operates case management, community reintegration, daily living skills training, benefit acquisition assistance, housing retention, tenancy support, supportive employment services, coordinates payee services, goal setting/assessment and treatment planning, Dual Diagnosis Groups, medication observation, assistance with access to and transportation for medical appointments, and primary care referrals for housing clients.

EVALUATION CRITERIA

The outcome of this project is the provision of housing and supportive services for 54 vulnerable Alaskans in need. It is anticipated that by combining a permanent home with behavioral health services and tenancy support, individuals can address the cause of their homelessness and receive the support and services needed to obtain stability and move forward in their recovery.

The project will measure the following outcomes:

- 85% of tenants will retain housing for a year or more (Note: This is the national standard for permanent supportive housing);
- 30% of tenants will increase their income annual income through benefits or employment;
- The project will continue to build partnerships with providers and community members by hosting a minimum of four sober groups and activities monthly;
- 80% of tenants will receive intensive case management behavioral health services from RurAL CAP (Note: Some tenants are receiving clinical services from partner providers and services are voluntary); and
- The Supportive Housing Division will participate in the on-going community evaluation efforts of permanent supportive housing under the Pay for Success Initiative.

The Supportive Housing Division (SHD) has several data systems. The SHD enters information for Sitka Place into the Alaska Homelessness Information System (AKHMIS), a statewide database. This database collects housing retention data, income data, demographic data, Trust beneficiary status, and is SHD's clinical record. All services are logged into the system daily in accordance with SHD standard operating procedures.

SUSTAINABILITY

The Division is in the process of working on the following sustainability options for Sitka Place:

- RurAL CAP received Human Services Matching Grant funding through the Municipality of Anchorage for two years for a total of \$300,000;
- Apply for available funding options through Alaska Housing Finance Corporation such as the Special Purpose GOAL round;
- Continuing to work with the State of Alaska on including tenancy supports in the 1115 Waiver;
- Rate rebasing opportunities through Medicaid;
- Utilizing the property in the Pay for Success program as a housing option. Pay for Success is a performance-based contract for Permanent Supportive Housing. RurAL CAP has been selected as a Pay for Success contractor and is anticipating entering into a contract in the winter of 2019;
- Work in partnership with the Alaska Mental Health Trust Authority to explore working with Anchorage based hospitals to house high cost users; and
- Continue to apply for Continuum of Care funding through the Department of Housing and Urban Development.

WHO WE SERVE

One hundred percent of clients served by Sitka Place are Trust Beneficiaries including those experiencing substance abuse, mental illness, traumatic brain injury, and developmental disabilities. Sitka Place serves a target population of chronically homeless individuals with severe needs located in Anchorage, Alaska including (1) Those who experience a primary diagnosis of substance abuse and high use of the Anchorage Safety Center; (2) those with severe and persistent mental illness, functional impairment, criminal justice system interaction, or high use

of psychiatric emergency services; (3) and chronically homeless Veterans, especially those categorized as most disabled.

Trust Beneficiaries served will be housed and have access to critical supportive services. RurAL CAP is committed in mission and action to housing as an essential human right and a requirement for individuals to stabilize and move forward in recovery. The philosophy of Housing First states that housing is a basic human right, not a reward for clinical success; once the chaos of homelessness is eliminated from a person's life, clinical and social stabilization can occur faster and changes are more enduring. Through Sitka Place, RurAL CAP addresses the interrelated nature and circumstances of homelessness, addiction, and mental illness, among other co-occurring disorders. By combining a permanent home with behavioral health services and intensive case management, Trust Beneficiaries are able to address the cause of their homelessness and receive the support and services needed to obtain stability and move forward in their recovery.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING	
Mental Illness:	40
Developmental Disabilities:	2
Substance Abuse	45
Traumatic Brain Injuries:	2

BUDGET

Personnel Services Costs	\$274,990.00
Personnel Services Costs (Other Sources)	\$428,521.00
Personnel Services Narrative:	<p>Operations Technician – this position provides general supervision of residents in a supportive housing setting. Oversight includes monitoring and maintaining safety of residents, facility and grounds; assessing crisis situations calling emergency services personnel and providing First Aid/CPR as necessary; and building rapport and engaging with residents to promote positive interactions.</p> <p>6 FTE Operations Technicians @ 14.45 per hour x 40 hours a week x 52 weeks a year @ 35% Fringe and with OT = \$259,655</p> <p>1 PTE Operations Technician @ 14.45 per hour (on-call) @ 13.2% Fringe = \$15,335</p> <p>Total personnel requested from AMHTA: \$274,990</p>

	RurAL CAP's fringe rate will be 35% for full time employees. Fringe Rate includes: FICA, Worker's Compensation, Unemployment Insurance, Disability Insurance, Health/Dental/Life Insurance, Retirement, and Employee Assistance Program.
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Other Costs	\$25,010.00
Other Costs (Other Sources)	\$80,939.00
Other Costs Narrative:	Other costs (Indirect): RurAL CAP's federally negotiated indirect cost rate is 10.8%. A copy of the current federally approved Indirect Cost Rate Agreement is included as an attachment to the proposal. Total Indirect requested from AMHTA: \$25,010

Total Amount to be Funded by the Trust	\$500,000.00
Total Amount Funded by Other Sources	\$509,460.00

Other Funding Sources	
Rural Alaska Community Action Program, Inc. - Program and Activity Fees; Secured	\$353,300.00
Community Services Block Grant; Secured	\$84,660.00
Municipality of Anchorage - Public Service; Secured	\$71,500.00
Total Leveraged Funds	\$509,460.00

MEMO

To: Mary Jane Michael, Chair, Board of Trustees
Through: Mike Abbott, Chief Executive Officer
From: Kelda Barstad, Program Officer
Date: January 31, 2019
Re: FY20 Partnership Grant Approval
Amount: \$500,000.00
Grantee: United Way Of Anchorage
Project Title: Anchored Home Pay for Success (Ramp-Up Support)

REQUESTED MOTION:

Approve a \$500,000 FY20 partnership grant to the United Way of Anchorage for the Anchored Home Pay for Success project.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

Approximately 1,100 people experience homelessness in Anchorage. Between 300 and 400 of these are the most vulnerable, who cycle in and out of jail, suffer from mental illness and substance use disorders, require frequent police, fire and paramedic calls, strain homeless shelters and emergency rooms, and make camps of parks, trails, bus stops and doorways. These individuals are the hardest to serve and have the hardest time maintaining stable housing. The purpose of this project is to improve their lives and better use public resources to fund expansion of an effective solution—Permanent Supportive Housing (PSH).

Over the next four years, the Pay For Success project will expand Permanent Supportive Housing (PSH) in Anchorage by adding an additional 270 PSH units for individuals experiencing homelessness who are high utilizers of public services, including corrections and emergency services. This application is to support the service delivery components for the first year of the project, which will ramp up services up to the first 60 participants. The individuals who meet the criteria for the target population circulate between systems, many facing mental illness, substance use disorders, mental illness, and/or developmental disabilities. Permanent supportive housing is a proven intervention that disrupts the hospital, corrections, homelessness cycle to allow people to remain stably housed and have the opportunity to engage in supportive services to meet their goals. This project is recommended for funding as it aligns with the focus areas of Housing and Long Term Services and Supports and prevents the institutionalization of trust beneficiaries.

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

PROJECT DESCRIPTION

The project will serve Anchorage over the course of four years, expanding PSH by 270 units. The expected outcomes include housing stability (measuring continuous days/months in permanent housing), reduced recidivism, and reduced use of emergency health care services (e.g. emergency department visits, hospitalizations). In the initial ramp-up year, the project will add up to 60 PSH units.

The Trust beneficiary groups that will be the focus of the project include individuals with mental illness, developmental disabilities, and/or chronic alcoholism or other substance-related disorders. The target population for PSH eligibility (defined by the HUD/DOJ grant) includes individuals with high use of corrections (two stays in the last three years, one in the last year), patterns of homelessness, and a history of high cost utilization of crisis services OR significant health or behavioral health challenges. These eligibility criteria will lead the project to serve many of Anchorage's most vulnerable people with behavioral health challenges, and it is anticipated that most, if not all, would be Trust beneficiaries.

Providing Permanent Supportive Housing for this population group will create a healthier community with cleaner parks, less crime, fewer panhandlers at intersections, and reduced calls for emergency medical personnel and police, allowing for greater focus on other community needs. Most importantly, it will improve the quality of life for individuals who are left behind by the status quo and need effective, long-term support.

In the current phase, the project is led by a core collaboration between the United Way of Anchorage, the Anchorage Coalition to End Homelessness, the Municipality of Anchorage, and national technical assistance providers the Corporation for Supportive Housing and Social Finance. However, this project has and will continue to rely on community support across all the systems affected by homelessness. The HUD/DOJ grant supported a feasibility study that shed new light on the magnitude of the challenge in Anchorage, and inspired collaboration among the United Way of Anchorage, Agnew::Beck, the Municipality of Anchorage, the Department of Corrections, the Department of Health and Social Services, Alaska Housing Finance Corporation, the Anchorage Coalition to End Homelessness, the Alaska Coalition on Housing and Homelessness, RurAL CAP, Catholic Social Services, CHOICES, NeighborWorks, and many others. Now the project leads are in the process of securing funding commitments from multiple public and private entities (known as "outcome payers"), including the Municipality of Anchorage, the Department of Corrections, and health stakeholders. Alongside this request, the project leads have requested funding from the Rasmuson Foundation. As Pay for Success transaction structuring proceeds, the project leads expect to build additional funding partnerships with local and national funders.

EVALUATION CRITERIA

In this project, payment is directly linked to outcomes achieved for beneficiaries, as measured by third party evaluation. The partners will know the extent to which participants are better off through clear, independent results that determine how many high-need individuals received housing and supportive services, whether they maintained housing, and what type of jail or healthcare interactions they experienced after being housed.

The project's evaluation will be led by Janet Johnston of Institute for Circumpolar Health Studies and Marny Rivera of NPC Research. The evaluation design will be finalized in Q1 2019. The project outcomes linked to payment will be selected and refined after outcome payers commit to the project, but they will include measures such as housing stability (i.e. whether participants remained in PSH), reduced recidivism (e.g. reduced jail days, reduced bookings), and reduced health care utilization (e.g. reduced emergency room visits). With appropriate data sharing protection, the evaluation may also assess other outcomes for the purpose of learning, including more detail on health care services used, participant satisfaction, and other survey measures. During the ramp-up year, the project partners will track and report all of the key outcome metrics to assess early performance; however, the outcomes will not be linked to payment until the PFS years.

Outcomes will be documented through a rigorous reporting process, defined in the evaluation plan and the Pay for Success contract. A series of data-sharing agreements will facilitate information-sharing between service providers and administrative data sources (including HMIS and DOC) so that the evaluators can track project results on a quarterly basis. In addition, the project intermediaries will assess ongoing performance on programmatic measures including referrals and enrollment to ensure early operations are on track to meet these outcomes.

SUSTAINABILITY

The funding requested in this application will kick-start the project in Phase 1 during the ramp-up year (2019). With support from the Corporation for Supportive Housing, a national expert on PSH, the partners held a Request for Qualifications process in Fall 2018 and selected RurAL CAP, Southcentral Foundation, Daybreak, and CHOICES as service delivery providers, and NeighborWorks Alaska and Front Range Apartments as housing providers. The project will begin enrolling clients in January 2019 and placing clients in housing by February 2019. Pending the contracting process with both housing and service providers, we expect the 60 clients enrolled during the ramp-up year to be served by RurAL CAP and Southcentral Foundation.

As the project transitions into the PFS phase beginning in 2020, the project partners may seek additional funding from the Trust for the upfront capital to expand PSH to 270 units in Anchorage. At the end of the PFS project period, four years after service delivery begins, the project moves to Phase 2, which will sustain the PSH intervention through an evergreen fund consisting of ongoing outcome payer contributions. By the beginning of Phase 2, these outcome payers (including the Municipality of Anchorage, the Department of Corrections, and local hospitals and/or health care payers) will know the extent to which PSH is working based on four

years of program implementation and a detailed evaluation of the project’s performance. At this point, the outcomes payers will sustain the 270 PSH units and supportive services for participants to the extent that this intervention is successful in producing desired outcomes.

The Trust’s funding during the ramp-up year will help accelerate the timeline to housing people who need the support, and enable service providers to build capacity and refine the delivery of PSH as they prepare for continued expansion during the PFS years.

WHO WE SERVE

By expanding PSH in Anchorage, this project aims to provide an effective, long-term solution for some of the Trust’s most vulnerable beneficiaries—individuals who experience persistent homelessness. Without stable housing, individuals struggling with a substance use disorder, mental illness, developmental disability, or a traumatic brain injury are more likely to fall into a vicious cycle—moving from the streets, to the ER, to jail, without ever received the in-depth support needed to stabilize their condition or address the problem.

While the eligibility criteria for the target population is based on interactions with the homeless services, jail, and medical systems, studies of similar populations suggest that the individuals who meet these criteria overlap with one or more of the following Trust’s beneficiary groups—those experiencing mental illness, chronic alcoholism and other substance related disorders, a developmental disability, or a traumatic brain injury. Many participants in the Alaska Housing First study (which is a similar, though distinct target population), reported significant behavioral health challenges at baseline—62% had PTSD, 33% were depressed or bipolar, and most had high alcohol consumption (86% typically had eight or more drinks per day). [“Evaluating Housing First Programs in Anchorage and Fairbanks, Alaska.” (2017).]

Anchorage’s Coordinated Entry system uses the Vulnerability Index – Service Prioritization Decision Tool (VI-SPDAT), which assesses clients’ vulnerability and matches them to the appropriate level of services. This project will target individuals with high VI-SPDAT scores (9+). Clients who score this high often exhibit substance-related disorders, mental illness, or other signals that match the Trust beneficiary population.

By providing permanent housing plus intensive support services, Trust beneficiaries will receive the level of support required to stabilize and improve their lives. In addition to consistent housing, reduced time in jail and ERs, we expect beneficiaries to improve their behavioral and physical health, reduce substance use, and increase employment.

Note: the estimated number of beneficiaries is specific to the ramp-up year, as is the budget.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	42
Developmental Disabilities:	6
Substance Abuse	48
Traumatic Brain Injuries:	11
Number of people to be trained	15

BUDGET

Personnel Services Costs	\$489,400.00
Personnel Services Costs (Other Sources)	\$402,700.00
Personnel Services Narrative:	The Trust's personnel services costs are fully dedicated to the personnel costs associated with the service delivery (i.e. supportive services and tenancy support). The remaining personnel services costs include housing personnel costs and transaction management personnel costs; these costs will be covered by other sources. Based on past provider budgets, we assume 79% of service delivery costs will be personnel, 39% of housing costs, and 100% of transaction management costs.

Travel Costs	\$0.00
Travel Costs (Other Sources)	\$14,000.00
Travel Narrative:	Based on past housing provider budgets, the project anticipates costs associated with truck maintenance for travel for housing personnel (expected to be 3% of total housing costs).

Space or Facilities Costs	\$10,600.00
Space or Facilities Costs (Other Sources)	\$166,900.00
Space or Facilities Narrative:	The Trust's Space or Facilities Costs represent a portion of the expected costs specifically to service delivery. The remaining Space and Facility costs for service delivery and housing are covered by other sources. Based on past provider budgets, we assume 4% of service delivery costs will be spent on Space or Facilities and 35% of housing costs will be spent on Space or Facilities (includes maintenance and utilities).

Supplies Costs	\$0.00
Supplies Costs (Other Sources)	\$65,800.00
Supplies Narrative:	Based on past provider budgets, the project expects 11% of service delivery costs will be spent on supplies. These costs will be covered by other sources.

Other Costs	\$0.00
Other Costs (Other Sources)	\$1,240,100.00
Other Costs Narrative:	The project anticipates 7% of service delivery costs will be "other costs;" this includes insurance and indirect costs.

	<p>We expect 23% of housing costs to be "other costs;" including reserves, the landlord mitigation fund, and other costs. This cost total also includes the overall project indirect costs (\$46,280), the contingency fund (\$50,000), and the capital costs. The project is requesting \$1,000,000 capital budget for expected renovations to housing units. The breakdown of these costs is pending contract negotiations with pilot housing providers. A "Other Costs" will be covered by other sources.</p>
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Total Amount to be Funded by the Trust	\$500,000.00
Total Amount Funded by Other Sources	\$1,889,500.00

Other Funding Sources	
Rasmuson Foundation (pending)	\$1,500,000.00
HUD/DOJ Pay for Success Grant (secured)	\$93,100.00
Rental assistance and tenant income (pending)	\$183,200.00
Medicaid billing	\$20,600.00
Rasmuson Foundation (secured)	\$60,000.00
Budget shortfall - TBD	\$32,600.00
Total Leveraged Funds	\$1,889,500.00

MEMO

To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Travis Welch, Program Officer
Date: January 31, 2019
Re: FY19 MHTAAR Change of Intent – Alaska Court System
Amount: \$19,400
Grantee: Alaska Court System
Project Title: Change of Intent of FY19 MHTAAR Juneau Mental Health Court

REQUESTED MOTION:

Approve a change of intent to allow the Alaska Court System to use \$19,400 of FY19 MHTAAR funds, originally approved for the Juneau Mental Health Court, for staff support to manage the Centralized Competency Calendar.

STAFF ANALYSIS

The number of Trust beneficiaries charged with a crime and where an evaluation for legal competency has been ordered has risen from 2-4 cases/week to 6-12 cases/week. For Trust beneficiaries, this can result in spending increased amounts of time incarcerated and in some cases, more time incarcerated waiting for this legal question to be answered, than if they had just pled guilty and been sentenced from the outset. In FY18 it took on average 34 days for a competency evaluation to be completed and an additional 34 days for a beneficiary defendant to be admitted to the Alaska Psychiatric Institute (API) for legal competency restoration.

In FY19, trustees approved \$204,400 in MHTAAR funds to the Alaska Court System (ACS) to support the Juneau Mental Health Court. ACS has projected that \$86,700 of those MHTAAR funds will be unexpended and has requested that \$19,400 of those projected unexpected funds be used to fund a paralegal position to assist with the management and data collection and tracking of the 3rd Judicial District's Centralized Competency Calendar. The requested funds will support the new position for the last quarter of FY19. This specialized court calendar in Anchorage tracks all 3rd Judicial District criminal cases where the court has ordered a legal competency evaluation, and when appropriate, competency restoration.

Trust staff recommends this request to be approved. The management of the Centralized Competency Calendar and the collection, tracking and reporting of these cases and trends are not manageable with the current ACS staffing levels. These responsibilities are critical to understanding the reasons for the delays in evaluation and restoration orders as well as making recommendations for solutions. Finally, Trust staff will work the ACS staff to develop a funding plan for FY20 to maintain this position and possibly present a similar reallocation request at a later date.

PROJECT DESCRIPTION

Trustees approved a total of \$204,400 in FY19 MHTAAR funding to fund the Juneau Mental Health Court, a therapeutic court alternative for Trust beneficiaries involved with the criminal justice system. The Juneau Mental Health Court serves a critical component of the Disability Justice Focus Area and has expanded the presence of mental health courts to the Southeast region.

At this point in time, the Alaska Court System (ACS) projects there will be \$86,700 of unexpended funds from the \$204,400 previously approved for the Juneau Mental Health Court. ACS is requesting these funds be re-allocated to address a present issue with their Centralized Competency Calendar.

During 2014, the Alaska Court System issued a standard order creating a Centralized Competency Calendar in Anchorage. This was initiated in an effort to ensure hearings for Trust beneficiary defendants presenting with competency concerns were: (1) scheduled expeditiously, (2) tracked, and (3) these cases did not unnecessarily languish in the criminal justice process. Additionally, the Centralized Competency Calendar was intended to improve communication between the parties involved in the case (the Alaska Court System, the Alaska Psychiatric Institute, the Department of Corrections, and the prosecuting and defense attorneys).

Currently, the Anchorage Mental Health Court staff assume many of the tasks associated with these additional cases. This includes maintaining a database to track the cases and regular communication with API to expedite or continue hearings (dependent upon when evaluations can be scheduled, beds are available at API for restoration or people are restored and need a finding made by the court to move them back to DOC). This detracts from the necessary work and attention required to facilitate smooth operations of the Anchorage Mental Health Court.

Since the Anchorage Mental Health Court staff assumed these tasks, the number of competency cases has increased exponentially, with even longer waiting periods for services from API. There is now a backlog of cases awaiting services at API (competency evaluations or beds for restoration) resulting in an increased amount of staff time spent rescheduling hearings and communicating with parties as defendants await services – often while in DOC custody.

ACS understands the importance of assuring Trust beneficiaries receive timely needed treatment services versus being incarcerated, and intends to continue to facilitate access to these critically-needed services. However, due to the increased number of cases, the Anchorage Centralized Competency Calendar needs additional staff resources. ACS is requesting that some of the funds currently allocated for the Juneau Mental Health Court in FY19 be reallocated for a new staff position to assist in this process.

EVALUATION CRITERIA

1. By April 1st the paralegal position will be filled.
2. By May 1st, ACS will provide a written report to the Trust on the status of all cases on the 3rd Judicial Districts Centralized Competency Calendar for the period of January 1, 2019 through April 30, 2019. The report will include, but is not limited to the following:
 - a. Name and Case number
 - b. Case type (misdemeanor or felony and state or municipal)
 - c. Custody status (in or out of custody)
 - d. Date of court order for a competency evaluation
 - e. Date competency evaluation was performed
 - f. Date API provided the court the competency evaluation

- g. Date of court hearing to address the legal competency evaluation and the court finding (legally competent, non-competent but restorable, incompetent to stand trial/non-restorable)
- h. Date of court order for a competency restoration
- i. Date defendant was transferred to API for restoration
- j. Date API provided the court a report on defendant's restoration status
- k. Date of court hearing to address the defendant's restoration status and the court finding (legally competent, non-competent request to extend restoration period, incompetent to stand trial/non-restorable)
- l. Case disposition (regular court, dismissal by prosecution vs by the court)
- m. Other

BUDGET	
Personnel Services Amount:	\$19,400
Total Amount to be Funded by the Trust	\$19,400

MEMO

To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Katie Baldwin-Johnson, Senior Program Officer
Date: January 31, 2019
Re: FY19 Pre Development Funding – Funding Re-designation
Amount: \$225,000
Project Title: Re-designation of FY19 Pre Development (Foraker) Authority Grant funding

REQUESTED MOTION 1:

Recommend approval of the Re-designation of \$225,000 of FY19 Pre Development (Foraker) funding to FY19 Partnerships for the purpose of supporting organizations serving Trust beneficiaries pursuing capital projects.

Assigned Program Officer: Katie Baldwin-Johnson

STAFF ANALYSIS

The Foraker Pre-Development Program, which has been in existence for over a decade and funded by the Trust and multiple funding partners, has discontinued the program as it has operated historically. This move comes out of recognition of a changing fiscal environment and changing priorities of participating funding partners.

The technical assistance provided through Foraker's Pre-Development Program has been invaluable to non-profit organizations serving Trust beneficiaries for many years. While the program is discontinuing in its current structure, staff recognize the Trust will continue to receive requests from beneficiary-serving organizations for assistance with capital related projects. Staff recommends re-designating these funds to the FY19 Partnerships for beneficiary-serving projects.

PROJECT DESCRIPTION/BACKGROUND

Trustees approved \$225,000 for a FY19 Authority Grant to Foraker for capital predevelopment support for nonprofit organizations serving Trust beneficiaries. Many of the core services formerly offered through Foraker's program will continue to reflect the technical needs of beneficiary-serving organizations pursuing capital projects, such as architectural programming, code and condition surveys, concept design, cost estimates, various feasibility and business planning needs as well as construction cost. Designating these funds to FY19 Partnerships will enable deployment of funding expediently to non-profit organizations serving Trust beneficiaries.

Program & Planning Committee Report / Update

To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Steve Williams, Chief Operating Officer
Date: January 30, 2019
Re: Program and Planning Committee Report

There has been one meeting of the Program and Planning Committee since the last board report. The meeting occurred on January 3, 2019 and was attended by trustees Christopher Cooke (chair), Carlton Smith, Vernè Boerner, Laraine Derr, Paula Easley, and Mary Jane Michael. Trustee Jerome Selby was absent.

Meeting Summary:

The following funding request was presented to and considered by the committee.

1) *Juneau Housing First Collaborative - Phase 2* (\$350,000)

Trust funds were requested for this project to develop 32 additional units of permanent supportive housing for chronically homeless adults who suffer from alcoholism, co-occurring disorders, and have a history of high emergency service utilization. The additional units will be located right next to the *Juneau Housing First Collaborative - Phase 1*, which has been operating successfully since October 2017. In addition to housing, supportive services will be provided to the residents which are all Alaska Mental Health Trust Authority beneficiaries. This project is a collaboration between many community partners and is a priority for Juneau's comprehensive continuum of care plan.

Action taken: The committee unanimously approved a \$350,000 Substance Abuse Prevention and Treatment focus area allocation to the *Juneau Housing First Collaborative* for the *Juneau Housing First Collaborative - Phase 2*.

The following items were presented and discussed by the committee.

1) Developing Projects Update

Trust staff provided updates on two projects that should positively impact housing and supportive services for lives of Trust beneficiaries. The projects were:

a) *Anchored Home Pay for Success*

This project will expand permanent supportive housing access by 270 units in Anchorage over four years. The target population are the most vulnerable Trust beneficiaries, who cycle in and out of jail, suffer from mental illness and substance use disorders, require frequent police, fire and paramedic calls, strain homeless shelters and emergency rooms.

Trust staff provided the committee an update on this project and their work with the Municipality of Anchorage (MOA) and the United Way of Alaska. Additional information was presented to the committee by Nancy Burke, the MOA's Homeless and Housing Coordinator.

b) Rural Alaska Community Action Program, Inc. (RurAL CAP) - Sitka Place

This project provides the only project-based, permanent supportive housing projects in Anchorage who serve Trust beneficiaries experiencing chronic homelessness and co-occurring disorders. Sitka Place provides housing and supportive services for 54 beneficiaries.

Trust staff provided the committee an update on this project and their work with the RurAL CAP. Patrick Anderson (CEO), Tiel Smith (COO) and Corrine O'Neill (Director of Supportive Housing) for RurAL CAP provided the committee information about RurAL CAP and the services it provides as well as additional information about Sitka Place and its services.

The individual presentations provided overviews and were informational in nature, no action was requested or taken by the committee. However, trust staff did indicate their intention to bring forward and present funding requests when appropriate. There was no objection by the committee or individual trustees to that direction.

2) Governor's Proposed FY2020 Budget

Trust staff provided an overview of the Governor's Proposed FY2020 budget. Staff reported there was very little difference from the board of trustees recommendations submitted to the Governor and legislature in September. There was one exception, there was an increased GF/MH increment for the Holistic Defense Project from \$193.8 (GF/MH) to \$372.7 (GF/MH). Staff noted, the proposed FY2020 was largely reflective of Governor Walker's proposed budget and that Governor Dunleavy will release an amended budget by February 15th. Staff reported that the FY2020 Amended Budget is very likely to be very different and staff will do analysis once it is released.

3) Legislative Advocacy

Staff presented an overview of two key areas that staff will be focusing energy, advocacy efforts, Medicaid reform, Criminal Justice reform. Staff noted there were not exclusive areas and that other budget and legislation affecting beneficiaries will be identified and tracked as they arise during the legislative session. Trustee Michael requested that staff provide a one-pager overview on Trust priorities for trustees, similar to what was developed last year. Staff stated they would prepare the requested documents and distribute to trustees in advance or at the January board of trustees meeting.

4) Alaska Psychiatric Institute (API) Update

Staff provided an update on API as well as other external efforts to address emergency psychiatric service issues and gaps. The update included the following:

- a) API's CEO leadership change from Duane Mayes to Gavin Carmichael (API Chief Operating Officer) as the interim CEO

- b) Dr. Guris being named as the API Medical Director
- c) API addressing working through Joint commission and Centers for Medicare and Medicaid Services (CMS) survey findings with another Joint Commission and CMS survey by the end of January.
- d) The Department of Health and Social Services is reviewing the mental health civil involuntary commitment statutes for possible updates or changes.
- e) The Trust funded project with the Alaska State Hospital & Nursing Home Association to evaluate how to improve the care for psychiatric patients presenting to hospitals and to develop solutions to re-align the system so that these individuals receive proper treatment in the appropriate locations and programs and to identify strategies to intervene before patients present to emergency departments
- f) Alaska Mental Health Board (AMHB) has a committee focused on API, the current issues and the role of the AMHB board to help address identified issues.
- g) Duane Mayes is now new Director of Division of Vocational Rehabilitation at the Department of Labor and Workforce Development.

The Program and Planning Committee adjourned at approximately 4:15 p.m. The next scheduled meeting of the committee is ***April 17, 2019.***

Resource Management Committee Report / Update

Memorandum



To: Mary Jane Michael, Chair
Through: Mike Abbott, Chief Executive Officer
From: Wyn Menefee, Executive Director
Date: January 9, 2019
Subject: January 3rd, 2019 – Resource Management Committee Meeting Summary

The Resource Management Committee met on January 3rd, 2019 and received an update of key TLO activities during the Executive Director report.

The Resource Management Committee ended with a presentation on the status of the Trust's 1 million acre entitlement by Deputy Director, Jusdi Doucet.

There were no consultations or approvals presented to the RMC.

cc: Board of Trustees
Mike Abbott, CEO Alaska Mental Health Trust Authority
Wyn Menefee, Executive Director, Trust Land Office

Alaska Medicaid Program Background Information

Alaska Medicaid Program

The Alaska Medicaid Program is made up of three main programs: Medicaid, Denali KidCare and Chronic and Acute Medical Assistance.

Medicaid Background

The purpose of Medicaid is to ensure access to health care services. Medicaid is an entitlement program that is jointly funded by federal and state governments. The percentages paid by each changes from time to time and varies per program, with a minimum of a 50/50 rate. Tribal health services and referred services that meet strict criteria can be reimbursed for 100% federal payment.

There are many types of Medicaid. The eligibility criteria for each category is different.

Here are a couple of examples:

- **Family Medicaid** offers Medicaid health insurance to low income families.
- **Medicaid Expansion** offers coverage to adults ages 19-64 who are not eligible for another category of Medicaid and have an income of less than 138% of the federal poverty level.
- **Adult Public Assistance Medicaid** provides Medicaid health insurance coverage to low income single adults who qualify for Adult Public Assistance: people over age 65 or have severe long term disabilities that impose mental and physical limitation on their day to day functioning.
- **Home and Community Based Waiver Services** ("The Waivers") cover a preselected group of optional services for people who meet specific income, age and disability or medical diagnosis criteria. The intent of this Medicaid program is to serve people who qualify for institutional care in the community.
- **TEFRA** is a program for families who make too much money to qualify for Medicaid and have children who meet institutional level of care. The child's income must meet specific income criteria. The services received through Medicaid are those that are not covered through regular health insurance.

Resources

Link to Medicaid Recipient Handbook:

<http://www.dhss.alaska.gov/dhcs/Documents/PDF/Recipient-Handbook.pdf>

Medicaid and CHIP (Denali KidCare) in Alaska:

<https://www.medicaid.gov/stateoverviews/stateprofile.html?state=alaska>

2018 Poverty Guidelines for Alaska

Persons in family/household		Poverty guideline	
1	\$15,180	5	36,780
2	20,580	6	42,180
3	25,980	7	47,580
4	31,380	8	52,980

For families/households with more than 8 persons, add \$5,400 for each additional person.

<https://www.federalregister.gov/documents/2018/01/18/2018-00814/annual-update-of-the-hhs-poverty-guidelines>

This is a brief overview; do not use this to determine eligibility, instead contact public assistance.



MEDICAID IN ALASKA

December 31, 2018 Report Month

46,967

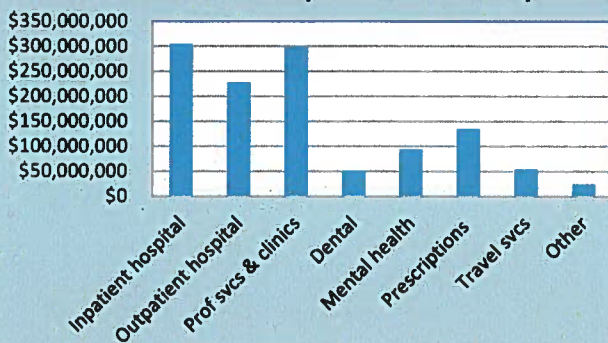
Lives covered by Medicaid expansion

Demographics of Medicaid expansion enrollees

	19-34	35-44	45-54	55-64
Enrollee count	19,024	8,424	9,039	10,480
Male	27,246		19,721	
Female				

Medicaid expansion began on Sept. 1, 2015 in Alaska.

Medicaid expansion claims paid to date



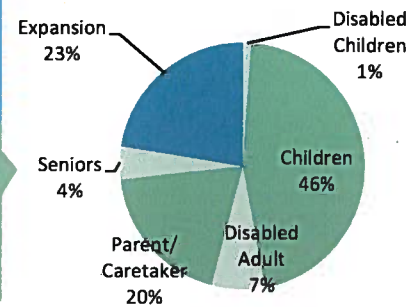
Total
\$1,191,524,925

**Note: Total represents the summed reimbursement amounts for paid Medicaid expansion claims from 9/9/2015 to 1/1/2019.*

100% federally funded through CY16 and will transition to 90% in 2020 and beyond.

Medicaid provides health benefits to many Alaskans.

All Medicaid enrollees by category



Medicaid enrollees by region

Alaskans across the state benefit from Medicaid.

Northern
All Medicaid: 11,432
Expansion only: 1,889

Southwest
All Medicaid: 22,164
Expansion only: 3,552

Interior
All Medicaid: 24,708
Expansion only: 5,709

Mat-Su
All Medicaid: 31,211
Expansion only: 6,729

Anchorage
All Medicaid: 76,230
Expansion only: 18,092

Southeast
All Medicaid: 19,739
Expansion only: 5,122

Gulf Coast
All Medicaid: 23,342
Expansion only: 5,766

Out of state*
All Medicaid: 549
Expansion only: 108

*Temporarily absent or in an out of state medical institution.

209,375

Lives covered by all Medicaid

Demographics of all Medicaid enrollees

	18 or less	19-34	35-44	45-54	55-64	65+
Enrollee count	92,295	48,598	22,378	17,209	17,770	11,125
Male	103,503			105,872		
Female						

Medicaid Expansion

Medicaid expansion provides basic health, behavioral health, and long term care services to low income uninsured adults who are not eligible for another type of Medicaid, are 19-64 years of age, and not eligible for Medicare.

Because this population has not been historically served by the Medicaid program and states were concerned about the cost, the federal government incentivized states to expand Medicaid through an enhanced Federal Medical Assistance Percentage (table below) covering almost all costs federally.

Medicaid Expansion Federal Medical Assistance Percentage (FMAP, per 42 CFR 433.10)	
Calendar Year 2016	100%
Calendar Year 2017	95%
Calendar Year 2018	94%
Calendar Year 2019	93%
Calendar Year 2020 and beyond	90%

Additionally, the federal government reimburses the State at 100% FMAP for services provided to American Indian/Alaska Native (AI/AN) Medicaid enrollees served at or through an Indian Health Services facility, including Alaska's tribally operated facilities.

Medicaid expansion is a critical component of behavioral health and substance abuse treatment access.

Some examples of who may gain access to health care:

- Adults who have a low wage job without insurance.
- Adults who provide to the community primarily through subsistence activities.
- Parents whose children are in the custody of the child welfare system and are no longer eligible for family Medicaid.
- Adults who are not disabled per social security but experience chronic or serious medical conditions that are a barrier to consistent employment.
- Adults re-entering the community from institutions who are not yet employed or are currently employed in a low wage job.
- Adults not working or working part time while in job training or coursework.

Resources

Link to Medicaid Expansion Enrollment Information:

<http://dhss.alaska.gov/HealthyAlaska/Pages/enrollment.aspx>

This is a brief overview; do not use this to determine eligibility, instead contact public assistance.

Medicaid (non-expansion) Federal Medical Assistance Percentage (FMAP)		
Category	FMAP	Comment
Regular/Basic Medicaid	50%	There have been times when Alaska's regular/basic Medicaid FMAP was higher than the 50% minimum, most recently during the 2009 American Recovery and Reinvestment Act (ARRA) stimulus package which followed the 2008 recession. Between 10/1/2008 and 9/30/2011, the state's FMAP for Medicaid fluctuated between 58.68% and 62.46%.
Administrative	50% (some higher rates apply for certain administrative activities)	Generally speaking, the administrative rate for Medicaid is 50% (for both regular Medicaid and Medicaid Expansion) with some higher rates for certain activities (e.g. 75% for professional training, 90% for design, development, or installation of mechanized claims systems, etc.). The CHIP administrative rate is assigned the direct CHIP service FMAP of 88%.
Indian Health Services (IHS)	100%	Alaska receives 100% federal reimbursement for services provided through an IHS facility, including services that American Indian/Alaska Native (AI/AN) Medicaid beneficiaries receive "through" a Tribal Health Organization. Tribal providers may enter into care coordination agreements with non-tribal providers to provide certain services to their AI/AN Medicaid beneficiaries.
Children's Health Insurance Program (CHIP)	88%	CHIP currently receives an enhanced FMAP of 88% (an increase from the prior "enhanced" rate of 65% due to the Affordable Care Act (ACA). CHIP's FMAP will start transitioning back to 65% in FFY2020 as follows: - decrease to 76.5% on 10/1/2019 (FFY2020); and - decrease to 65% on 10/1/2020 (FFY2021).
Breast and Cervical Cancer	65%	Applies to expenditures for breast and cervical cancer.
Family Planning	90%	Applies to expenditures for family planning services and supplies.

The Federal Medicaid Assistance Percentage (FMAP) for regular Medicaid is calculated based on a three year average of state per capita personal income compared to the national average. It also includes both a minimum and maximum range so no state receives less than 50% or more than 83%.

SFY2018 Medicaid Enrollment and Corresponding Expenditures							
Medicaid Type	Enrollee Count <i>(annual unduplicated)</i>	State Spend	Federal Spend	Total Spend	Per Enrollee State Spend	Per Enrollee Federal Spend	Per Enrollee Total Spend
Expansion	50,552	\$ 15,555,889	\$ 404,512,114	\$ 420,068,003	\$ 308	\$ 8,002	\$ 8,310
Non-Expansion	187,372	\$ 569,995,342	\$ 1,033,190,019	\$ 1,603,185,361	\$ 3,042	\$ 5,514	\$ 8,556
Total	237,924	\$ 585,551,231	\$ 1,437,702,133	\$ 2,023,253,364	\$ 2,461	\$ 6,043	\$ 8,504

SFY2017 Medicaid Enrollment and Corresponding Expenditures							
Medicaid Type	Enrollee Count <i>(annual unduplicated)</i>	State Spend	Federal Spend	Total Spend	Per Enrollee State Spend	Per Enrollee Federal Spend	Per Enrollee Total Spend
Expansion	40,717	\$ 6,819,742	\$ 364,270,779	\$ 371,090,521	\$ 167	\$ 8,946	\$ 9,114
Non-Expansion	178,274	\$ 645,613,301	\$ 1,045,836,878	\$ 1,691,450,179	\$ 3,621	\$ 5,866	\$ 9,488
Total	218,991	\$ 652,433,043	\$ 1,410,107,657	\$ 2,062,540,700	\$ 2,979	\$ 6,439	\$ 9,418

SFY2016 Medicaid Enrollment and Corresponding Expenditures							
Medicaid Type	Enrollee Count <i>(annual unduplicated)</i>	State Spend	Federal Spend	Total Spend	Per Enrollee State Spend	Per Enrollee Federal Spend	Per Enrollee Total Spend
Expansion	23,694	\$ -	\$ 138,015,413	\$ 138,015,413	\$ -	\$ 5,825	\$ 5,825
Non-Expansion	167,354	\$ 604,500,262	\$ 940,750,982	\$ 1,545,251,244	\$ 3,612	\$ 5,621	\$ 9,233
Total	191,048	\$ 604,500,262	\$ 1,078,766,395	\$ 1,683,266,657	\$ 3,164	\$ 5,647	\$ 8,811

* data provided by DHSS/ Medicaid Management Information System (MMIS)/COGNOS

(1) MMIS expenditure amounts do not include state accounting system adjustments (e.g. drug rebates).

(2) Annual unduplicated enrollee counts reflect number of persons eligible for Medicaid and enrolled for at least 1 month during the fiscal year.

SFY2018 Medicaid Recipients and Corresponding Percentage of Expenditures								
Eligibility Group	Recipients	% of Recipient Category	Total Spend	% of Total Spend	Total Cost per Recipient	GF Spend	% of GF Spend	GF Cost per Recipient
Children	85,608	42.2%	\$ 504,821,890	25.0%	\$ 5,897	\$ 149,150,717	25.5%	\$ 1,742
Adults	89,416	44.1%	\$ 776,430,106	38.4%	\$ 8,683	\$ 115,195,803	19.7%	\$ 1,288
Disabled Children	2,448	1.2%	\$ 77,346,333	3.8%	\$ 31,596	\$ 34,652,174	5.9%	\$ 14,155
Disabled Adults	13,455	6.6%	\$ 433,676,447	21.4%	\$ 32,232	\$ 191,107,282	32.6%	\$ 14,203
Elderly	11,879	5.9%	\$ 230,978,588	11.4%	\$ 19,444	\$ 95,445,254	16.3%	\$ 8,035

**data provided by DHSS for SFY2018*

Average expenditures per recipient vary by eligibility group. Expenditures per recipient are higher among the elderly and individuals with disabilities due to the higher use of complex acute services and long -term supports and services. Conversely, expenditures are lower for adults and children.

Per DHSS, there were 202,806 Medicaid recipients (individuals having Medicaid claims paid or adjusted) in SFY2018. The number of *enrollees* (annual unduplicated) in SFY2018 was 237,924. This figure is larger than the recipient count as it reflects the number of unique individuals enrolled in Medicaid for at least 1 month in SFY1018. Not all enrollees are recipients of services.

State FY 2018 DEPARTMENT LEVEL SUMMARY By Federal and State Spending		MEDICAID CLAIMS AND ENROLLMENT									
		RECIPIENTS		PAYMENTS				COST per RECIPIENT per YEAR	ENROLLMENT		PARTICIPATION (Recipients as Percent of Enrollment)
		Percent of Category	Year Count	Percent of Category	YEAR Total	State Spend	Federal Spend		Percent of Category	YEAR Count	
Medicaid, Department Annual Totals			202,806		\$2,023,263,363	\$585,561,230	\$1,437,702,133	\$9,976		237,924	85.2%
Gender											
	Female	53.5%	108,492	53.9%	\$ 1,090,050,495	\$ 317,298,614	\$ 772,751,881	\$10,047	51.1%	121,695	89.2%
	Male	46.5%	94,314	46.1%	\$ 933,202,868	\$ 268,252,616	\$ 664,950,251	\$9,895	48.9%	116,229	81.1%
	Unknown	0.0%	-	0.0%	\$ -	\$ -	\$ -	\$0	0.0%	0	
Medicaid Type											
	Expansion Medicaid	18.4%	37,295	21%	\$ 420,068,003	\$ 15,555,889	\$ 404,512,114	11,263	21%	50,552	74%
	Non-Expansion Medicaid	81.6%	165,511	79%	\$ 1,603,185,360	\$ 569,995,342	\$ 1,033,190,019	9,686	79%	187,372	88%
Race											
	Alaska Native	38.9%	78,843	43.6%	\$ 882,789,661	\$ 145,584,867	\$ 737,204,794	\$11,197	35.2%	83,840	94.0%
	American Indian	1.5%	3,004	1.5%	\$ 30,544,162	\$ 7,622,090	\$ 22,922,072	\$10,168	1.4%	3,412	88.0%
	Asian	5.1%	10,374	3.7%	\$ 75,697,420	\$ 33,253,627	\$ 42,443,792	\$7,297	5.6%	13,289	78.1%
	Pacific Islander	4.0%	8,151	2.6%	\$ 52,851,375	\$ 23,533,265	\$ 29,318,110	\$6,484	4.3%	10,229	79.7%
	Black	4.6%	9,379	4.0%	\$ 80,533,310	\$ 32,330,028	\$ 48,203,282	\$8,587	4.8%	11,380	82.4%
	Hispanic	2.7%	5,577	2.2%	\$ 45,438,574	\$ 18,550,193	\$ 26,888,381	\$8,147	2.8%	6,591	84.6%
	White	37.2%	75,461	37.7%	\$ 761,929,150	\$ 293,706,085	\$ 468,223,066	\$10,087	39.1%	93,042	81.1%
	Other	5.9%	12,017	4.6%	\$ 93,469,712	\$ 30,971,075	\$ 62,498,636	\$7,778	6.8%	16,141	74.5%
	Native	40.4%	81,847	45.1%	\$ 913,333,823	\$ 153,206,957	\$ 760,126,866	\$11,159	36.7%	87,252	93.8%
	Non-Native	59.6%	120,959	54.9%	\$ 1,109,919,540	\$ 432,344,274	\$ 677,575,266	\$9,176	63.3%	150,672	80.3%
Age											
	under 1	5.4%	10,989	5.8%	\$ 117,014,564	\$ 37,304,825	\$ 79,709,738	\$10,648	5.2%	12,312	89.3%
	1 through 12	28.0%	56,729	13.7%	\$ 276,848,001	\$ 83,556,165	\$ 193,291,836	\$4,880	26.0%	61,948	91.6%
	13 through 18	11.6%	23,450	10.3%	\$ 209,382,988	\$ 69,712,085	\$ 139,670,903	\$8,929	11.6%	27,567	85.1%
	19 through 20	2.7%	5,545	2.1%	\$ 41,796,720	\$ 13,925,274	\$ 27,871,445	\$7,538	3.3%	7,967	69.6%
	21 through 30	14.3%	29,019	13.7%	\$ 277,881,120	\$ 73,021,028	\$ 204,860,092	\$9,576	15.3%	36,425	79.7%
	31 through 54	23.9%	48,384	29.4%	\$ 595,594,261	\$ 147,218,759	\$ 448,375,502	\$12,310	24.7%	58,819	82.3%
	55 through 64	8.3%	16,889	13.7%	\$ 276,273,929	\$ 66,419,383	\$ 209,854,545	\$16,358	8.2%	19,606	86.1%
	65 through 84	5.1%	10,344	8.4%	\$ 170,616,304	\$ 69,646,792	\$ 100,969,512	\$16,484	5.0%	11,782	87.8%
	85 or older	0.7%	1,457	2.9%	\$ 57,845,478	\$ 24,746,920	\$ 33,098,558	\$39,702	0.6%	1,498	97.3%
Benefit Group											
	Children	42.2%	85,608	25.0%	\$ 504,821,880	\$ 149,150,717	\$ 355,671,173	\$5,897	43.5%	103,391	82.8%
	Adults	44.1%	89,416	38.4%	\$ 776,430,106	\$ 115,195,803	\$ 661,234,303	\$8,683	43.6%	103,656	86.3%
	Disabled Children	1.2%	2,448	3.8%	\$ 77,346,333	\$ 34,652,174	\$ 42,694,158	\$31,596	1.1%	2,703	90.6%
	Disabled Adults	6.6%	13,455	21.4%	\$ 433,676,447	\$ 191,107,282	\$ 242,569,165	\$32,232	6.2%	14,810	90.9%
	Elderly	5.9%	11,879	11.4%	\$ 230,978,588	\$ 95,445,254	\$ 135,533,333	\$19,444	5.6%	13,364	88.9%
Location (DHSS Region)											
	Anchorage/Mat-Su	51.6%	104,724	51.9%	\$ 1,049,599,788	\$ 349,285,350	\$ 700,314,438	\$10,023	52.4%	124,647	84.0%
	SouthCentral	12.9%	26,204	13.8%	\$ 279,491,421	\$ 89,586,754	\$ 189,904,667	\$10,666	13.0%	30,963	84.6%
	Northern	11.7%	23,764	10.9%	\$ 219,564,981	\$ 60,094,996	\$ 159,469,985	\$9,239	12.1%	28,852	82.4%
	Western	13.4%	27,256	12.0%	\$ 242,560,297	\$ 16,229,292	\$ 226,331,005	\$8,899	12.3%	29,180	93.4%
	SouthEast	9.2%	18,692	10.5%	\$ 212,137,119	\$ 62,835,217	\$ 149,301,902	\$11,349	9.1%	21,556	86.7%
	Out Of State	0.9%	1,898	0.8%	\$ 17,107,580	\$ 6,679,554	\$ 10,428,026	\$9,013	1.0%	2,325	81.6%
	Zip Unavailable	0.1%	268	0.1%	\$ 2,792,177	\$ 840,068	\$ 1,952,109	\$10,419	0.2%	401	66.8%

Split between State and Federal payment amounts was calculated based FMAP assigned to payment code. Payment amounts are net of all claims paid during the State Fiscal Year. Amounts do not reflect payments for Medicaid services made outside of the Medicaid Management Information System (MMIS) such as lump sum payments, recoveries, or accounting adjustments and may therefore not equal expenditure totals in the state accounting or budget systems.

Enrollment: Number of persons eligible for Medicaid and enrolled for at least 1 month during SFY 2018. Counts are unduplicated on the Medicaid recipient identifier at the department and group level (gender, race, age, and benefit group, and region categories). Some duplications may occur between subgroup counts. For example, an infant with a May birthdate would count in the under 1 age subgroup based on enrollment activity in April and May but would also be counted in the 1 through 12 age subgroup based on enrollment activity in June.

Recipients: Counts of Medicaid Expansion Recipients are based on recipients Medicaid Subtype. Number of persons having Medicaid claims paid or adjusted during the SFY 2018 (service may have been incurred in a prior quarter). Grouping is based on status on the date when service was provided. Counts are unduplicated on the Medicaid recipient identifier at the department and group level (gender, race, age, and benefit group categories) but some duplication may occur between subgroup counts. For example, if a 12 year old child with a May birthdate obtained vision services in Jan or Feb, they would be included in the 1 through 12 age group fiscal year count if that claim was processed for payment anytime before Mar 31, 2018. If they later obtained dental services in Dec 2018, they would also be included in the 13 through 18 age subgroup count if the claim was paid anytime before Mar 31, 2018.

Participation: Recipients as a percent of enrollment. An estimate of the proportion of enrollees receiving medical services, based on claims paid or adjusted during the fiscal year. Participation values in this report may exceed 100% because recipient counts include some persons with service incurred in prior years (but paid or adjusted during the current year) while enrollment counts reflect only the current year enrollment activity.

Department-wide recipient counts are unduplicated across divisions.

Location is based on residence of the recipient or enrollee, not the location where service was provided.

Source: MMIS/COGNOS.

Alaska Medicaid Optional Services

State Fiscal Year 2018

Federal law entitles Medicaid enrollees to a basic set of services state Medicaid programs are required to cover. AS 47.07.030(a) authorizes the Alaska Medicaid program to cover the federally mandated services. Mandatory services include hospital, nursing home, and physician services.

Federal law also includes a list of certain additional optional services state Medicaid programs are permitted but not required to cover. The legislature has authorized coverage of a number of the optional services by the Alaska Medicaid program under AS 47.07.030(b). Medicaid optional services covered in Alaska include personal care services, prescription medications, and substance abuse treatment.

Optional services are offered as covered services because they generally are cost-effective alternatives to otherwise mandatory services. For example, optional dental services help prevent more acute health problems from developing that could result in much more costly medical interventions, including the possibility of hospitalization. Hospital care is a mandatory service. Another example is home and community-based services, which are offered through waivers in lieu of much more costly nursing home services. Nursing home services are mandatory services.

Outside of the waivers, all medically necessary services are considered mandatory for children. All Medicaid enrolled children receive the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit as a mandatory service. Under EPSDT, all medically necessary services for a child requiring treatment are considered mandatory and must be covered if they are within the scope of mandatory or optional services under federal law, regardless of whether the services are included in the State Medicaid Plan.

In addition, certain optional services are mandatory for Medicare cost-sharing for “dual eligibles.” Dual eligibles are people who qualify for both Medicaid and Medicare. Some optional services also have coverage limitations. Following are links to information about optional services that are only available for dual eligibles, as well as information on optional services for which there are coverage limitations.

- **Chiropractic Care:** From page 9 of the Medicaid Recipient Handbook at <http://dhss.alaska.gov/dhcs/Documents/PDF/Recipient-Handbook.pdf>
 - Only offered to dual eligibles and children.
- **Dental Services:** See pages 9 & 10 for information on coverage limitations <http://dhss.alaska.gov/dhcs/Documents/PDF/Recipient-Handbook.pdf>
- **Hearing Services:** See pages 12 for additional information on coverage limitations <http://dhss.alaska.gov/dhcs/Documents/PDF/Recipient-Handbook.pdf>
- **Podiatry:** From page 17 of the Medicaid Recipient Handbook at <http://dhss.alaska.gov/dhcs/Documents/PDF/Recipient-Handbook.pdf>
 - Only offered to children and dual eligibles.
- **Vision Services:** From page 23 of the Medicaid Recipient Handbook at <http://dhss.alaska.gov/dhcs/Documents/PDF/Recipient-Handbook.pdf>
 - One vision exam per calendar year to determine if glasses are required and for treatment of diseases of the eye. One pair of Medicaid-approved glasses per calendar year.
 - Additional vision coverage may be authorized if medically necessary.

Please see the tables on the following pages for state fiscal year (FY) 2018 expenditures for optional services.

FY2018 MMIS Medicaid Claim Activity

Medicaid Waiver Services

MMIS Category of Service	Medicaid Waiver Services Only							
	Adults (21 or older)				Children (under age 21)			
	Mandatory / Optional	Claim Payments	Recipients (1)	Cost per Client	Mandatory / Optional	Claim Payments	Recipients (1)	Cost per Client
ADULT DAY CARE	O	\$ 4,912,941	485	\$ 10,130	O	\$ -	-	\$ -
CARE COORDINATION	O	\$ 10,310,646	3551	\$ 2,904	O	\$ 2,756,139	1,399	\$ 1,970
CHORE SERVICES	O	\$ 1,696,715	265	\$ 6,403	O	\$ 11,202	1	\$ 11,202
DAY HABILITATION	O	\$ 35,530,499	1434	\$ 24,777	O	\$ 10,771,350	624	\$ 17,262
ENVIRONMENTAL MODIFICATIONS	O	\$ 329,472	47	\$ 7,010	O	\$ 66,150	9	\$ 7,350
INTENSIVE ACTIVE TREATMENT/THERAPY	O	\$ 554,302	116	\$ 4,778	O	\$ 1,178,046	257	\$ 4,584
MEALS	O	\$ 2,237,516	503	\$ 4,448	O	\$ -	-	\$ -
RESIDENTIAL HABILITATION	O	\$ 111,504,134	1374	\$ 81,153	O	\$ 16,562,408	546	\$ 30,334
RESIDENTIAL SUPPORTED LIVING	O	\$ 45,702,319	1176	\$ 38,863	O	\$ 32,795	1	\$ 32,795
RESPIRE CARE	O	\$ 9,231,586	1103	\$ 8,370	O	\$ 3,348,702	523	\$ 6,403
SPECIALIZED EQUIPMENT AND SUPPLIES	O	\$ 142,020	461	\$ 308	O	\$ 38,068	21	\$ 1,813
SPECIALIZED PRIVATE DUTY NURSING	O	\$ 142,679	6	\$ 23,780	O	\$ -	-	\$ -
SUPPORTED EMPLOYMENT	O	\$ 7,876,582	452	\$ 17,426	O	\$ 169,639	13	\$ 13,049
TRANSPORTATION	O	\$ 2,308,313	908	\$ 2,542	O	\$ 10,738	4	\$ 2,685
All Waiver Services		\$ 232,479,723	3,859	\$ 60,244		\$ 34,945,236	1,442	\$ 24,234
			(2)	(3)			(2)	(3)

Source: DHSS, FMS, Budget Section, Medicaid Budget Group using MMIS/COGNOS data for FY2018.

This data is based on the date a claim was paid. Please keep in mind that Medicaid providers can submit claims up to one year after the date of service.

- 1) Recipient figures are unduplicated within each Category of Service. Many Medicaid recipients use one or more categories of service.
- 2) Recipient totals for the categories Mandatory Services, Optional Services, and All Waivers are unduplicated.
- 3) The average annual cost per client is the total payments divided by the unduplicated total for annual recipients.
- 4) The Centers for Medicare and Medicaid Services (CMS) considers non-emergency Medicaid transportation, including accommodations, to be optional services. However, in order to provide access to medically necessary health care, these services are mandatory for Alaska.
- 5) For dual-enrolled Medicare/Medicaid recipients, Medicaid is required to pay the co-pay amount, even if the service is optional.
- 6) In the table on the following page, Mandatory Services are highlighted in green and the Optional Services are in white.

These notes also apply to the table on the following page

FY2018 MMIS Medicaid Claim Activity

FY 2018 Alaska DHSS Annual Medicaid Reform Report: **APPENDIX H**

Medicaid Mandatory and Optional Services

MMIS Category of Service	Medicaid Services, excluding Waivers and CAMA							
	Adults (21 or older)				Children (under age 21)			
	Mandatory / Optional	Claim Payments	Recipients (1)	Cost per Client	Mandatory / Optional	Claim Payments	Recipients (1)	Cost per Client
ACCOMMODATION SERVICES (4)	M	\$ 11,222,089	10,850	\$ 1,034	M	\$ 5,023,484	7,558	\$ 665
ADVANCED NURSE PRACTITIONER	M	\$ 14,115,070	30,091	\$ 469	M	\$ 5,747,948	20,628	\$ 279
EARLY PERIODIC SCREENING DIAGNOSIS TREATMENT SCREENING	M	\$ 9,807	124	\$ 79	M	\$ 16,235,685	36,980	\$ 439
FAMILY PLANNING SERVICES	M	\$ 3,173,313	6,643	\$ 478	M	\$ 1,068,560	2,566	\$ 416
FEDERALLY QUALIFIED HEALTH CLINIC	M	\$ 10,771,737	11,286	\$ 954	M	\$ 2,405,800	3,130	\$ 769
FREE STANDING BIRTH CENTER	M	\$ 439,836	207	\$ 2,125	M	\$ 33,171	15	\$ 2,211
HOME HEALTH SERVICES	M	\$ 1,357,935	348	\$ 3,902	M	\$ 8,138	7	\$ 1,163
INTENSIVE CARE FACILITY NURSING HOME	M	\$ 107,286,991	726	\$ 147,778	M	\$ 2,258	1	\$ 2,258
INPATIENT HOSPITAL SERVICES	M	\$ 199,220,792	11,915	\$ 16,720	M	\$ 120,467,673	6,861	\$ 17,558
LABORATORY SERVICES	M	\$ 6,897,344	23,874	\$ 289	M	\$ 553,679	4,753	\$ 116
MIDWIFERY SERVICES	M	\$ 2,639,014	3,870	\$ 682	M	\$ 568,954	1,217	\$ 468
OUTPATIENT HOSPITAL SERVICES	M	\$ 169,173,797	65,026	\$ 2,602	M	\$ 64,740,442	43,185	\$ 1,499
OUTPATIENT SURGERY SERVICE	M	\$ 5,048,452	3,981	\$ 1,268	M	\$ 1,961,464	1,628	\$ 1,205
PHYSICIAN IHS CLINIC	M	\$ 63,217,756	24,338	\$ 2,597	M	\$ 36,941,622	22,744	\$ 1,624
PHYSICIAN SERVICES	M	\$ 136,218,318	77,999	\$ 1,746	M	\$ 48,641,018	59,686	\$ 815
RURAL HEALTH SERVICES	M	\$ -	-	\$ -	M	\$ -	-	\$ -
SHORT TERM/LONG TERM CARE SERVICES	M	\$ 5,861,585	165	\$ 35,525	M	\$ 106,418	2	\$ 53,209
SKILLED NURSING FACILITY NURSING HOME	M	\$ 13,189,686	349	\$ 37,793	M	\$ 538,852	4	\$ 134,713
TRANSPORTATION SERVICES (4)	M	\$ 46,759,602	26,119	\$ 1,790	M	\$ 29,670,201	14,733	\$ 2,014
X-RAY SERVICES	M	\$ 41,899	194	\$ 216	M	\$ -	-	\$ -
CARE COORDINATION	O	\$ -	-	\$ -	M	\$ -	-	\$ -
CASE MANAGEMENT SERVICES	O	\$ 1,425	2	\$ 713	M	\$ 2,023,631	1,355	\$ 1,493
CHIROPRACTIC SERVICES	O	\$ 54,825	474	\$ 116	M	\$ 313,630	1,163	\$ 270
DENTAL SERVICES	O	\$ 42,354,409	39,899	\$ 1,062	M	\$ 58,161,623	53,665	\$ 1,084
DURABLE MEDICAL EQUIPMENT/MEDICAL SUPPLIES	O	\$ 7,202,673	9,130	\$ 789	M	\$ 1,915,705	1,629	\$ 1,176
DRUG ABUSE CENTER	O	\$ 20,156,454	3,367	\$ 5,986	M	\$ 3,612,519	303	\$ 11,923
END STAGE RENAL DISEASE SERVICES	O	\$ 5,937,636	388	\$ 15,303	M	\$ 266,977	8	\$ 33,372
HEARING SERVICES	O	\$ 2,932,843	2,446	\$ 1,199	M	\$ 485,462	1,342	\$ 362
HOSPICE CARE	O	\$ 526,016	71	\$ 7,409	M	\$ -	-	\$ -
INTENSIVE CARE FACILITY/INTELLECTUALLY DISABLED SERVICE	O	\$ 1,990,834	11	\$ 180,985	M	\$ 626,013	3	\$ 208,671
INPATIENT PSYCHIATRIC SERVICES	O	\$ 306,737	80	\$ 3,834	M	\$ 48,892,011	954	\$ 51,249
MEDICAL SUPPLIES SERVICES	O	\$ 6,436,639	9,539	\$ 675	M	\$ 3,952,283	3,861	\$ 1,024
MENTAL HEALTH SERVICES	O	\$ 67,526,469	13,752	\$ 4,910	M	\$ 88,288,342	7,248	\$ 12,181
NUTRITION SERVICES	O	\$ 21,954	399	\$ 55	M	\$ -	-	\$ -
NUTRITION SERVICES UNDER 21	O	\$ -	-	\$ -	M	\$ 53,568	1,978	\$ 27
OCCUPATIONAL THERAPY	O	\$ 660,656	614	\$ 1,076	M	\$ 8,155,653	1,988	\$ 4,102
PERSONAL CARE SERVICES	O	\$ 60,259,301	3,962	\$ 15,209	M	\$ 1,950,928	86	\$ 22,685
PODIATRY	O	\$ 88,811	1,094	\$ 81	M	\$ 170,064	345	\$ 493
PRESCRIBED DRUGS	O	\$ 110,420,403	61,496	\$ 1,796	M	\$ 25,901,922	44,479	\$ 582
PRIVATE DUTY NURSING	O	\$ -	-	\$ -	M	\$ 9,550,247	53	\$ 180,193
PROSTHETICS AND ORTHOTICS	O	\$ 954,284	671	\$ 1,422	M	\$ 530,968	393	\$ 1,351
PSYCHOLOGY SERVICES	O	\$ 1,074,592	768	\$ 1,399	M	\$ 2,775,998	1,577	\$ 1,760
REHABILITATIVE SERVICES	O	\$ 7,608,855	6,104	\$ 1,247	M	\$ 19,474,329	6,592	\$ 2,954
VISION SERVICES	O	\$ 6,320,578	27,780	\$ 228	M	\$ 4,529,746	19,642	\$ 231
Mandatory Services	M	\$ 796,645,024	96,017	\$ 8,297	M	\$ 616,346,987	96,278	\$ 6,402
Optional Services (excluding waivers)	O	\$ 342,836,393	86,951	\$ 3,943	O	\$ -	-	\$ -
All Non-Waivers Services	M + O	\$ 1,139,481,417	105,328 (2)	\$ 10,818 (3)	M + O	\$ 616,346,987	96,278 (2)	\$ 6,402 (3)

SFY 2018 Medicaid Expenditures for Optional Services by Fund Source

	STATE	FEDERAL	TOTAL SPENDING
ADULT DAY CARE	\$2,456,471	\$2,456,471	\$4,912,941
CARE COORDINATION	\$6,253,145	\$6,813,641	\$13,066,785
CHORE SERVICES	\$852,059	\$855,859	\$1,707,918
DAY HABILITATION	\$22,701,453	\$23,600,396	\$46,301,848
ENVIRONMENTAL MODIFICATIONS	\$197,811	\$197,811	\$395,621
INTENSIVE ACTIVE TREATMENT/THERAPY	\$859,128	\$873,220	\$1,732,348
MEALS	\$1,118,461	\$1,119,054	\$2,237,516
RESIDENTIAL HABILITATION	\$62,388,443	\$65,678,099	\$128,066,542
RESIDENTIAL SUPPORTED LIVING	\$22,675,776	\$23,059,337	\$45,735,113
RESPIRE CARE	\$6,109,218	\$6,471,069	\$12,580,287
SPECIALIZED EQUIPMENT AND SUPPLIES	\$90,044	\$90,044	\$180,088
SPECIALIZED PRIVATE DUTY NURSING	\$71,340	\$71,340	\$142,679
SUPPORTED EMPLOYMENT	\$4,023,110	\$4,023,110	\$8,046,221
TRANSPORTATION	\$1,159,502	\$1,159,550	\$2,319,051
TOTAL WAIVER EXPENDITURES	\$130,955,959	\$136,469,000	\$267,424,959
CASE MANAGEMENT SERVICES	\$0	\$1,425	\$1,425
CHIROPRACTIC SERVICES	\$27,473	\$27,352	\$54,825
DENTAL SERVICES.	\$10,300,622	\$32,053,787	\$42,354,409
DRUG ABUSE CENTER	\$1,895,108	\$18,261,346	\$20,156,454
DURABLE MEDICAL EQUIPMENT/MEDICAL SUPPLIES	\$2,736,865	\$4,465,808	\$7,202,673
END STAGE RENAL DISEASE SERVICES	\$2,661,159	\$3,276,476	\$5,937,636
HEARING SERVICES	\$1,016,960	\$1,915,883	\$2,932,843
HOSPICE CARE	\$197,925	\$328,091	\$526,016
INPATIENT PSYCH SERVICE	\$153,368	\$153,368	\$306,737
INTENSIVE CARE FACILITY/INTELLECTUALLY DISABLED SERVICE	\$911,097	\$1,079,736	\$1,990,834
MEDICAL SUPPLIES SERVICE	\$2,983,272	\$3,453,367	\$6,436,639
MENTAL HEALTH SERVICE	\$14,620,935	\$52,905,534	\$67,526,469
NUTRITION SERVICES	\$7,951	\$14,003	\$21,954
OCCUPATIONAL THERAPY	\$198,563	\$462,093	\$660,656
PERSONAL CARE SERVICES	\$29,886,477	\$30,372,824	\$60,259,301
PODIATRY	\$41,716	\$47,096	\$88,811
PRESCRIBED DRUGS	\$26,086,317	\$84,334,087	\$110,420,403
PROSTHETICS & ORTHOTICS	\$316,794	\$637,490	\$954,284
PSYCHOLOGY SERVICES	\$277,877	\$796,715	\$1,074,592
REHABILITATIVE SERVICES	\$2,326,947	\$5,281,908	\$7,608,855
VISION SERVICES	\$2,159,161	\$4,161,416	\$6,320,578
TOTAL OPTIONAL SERVICE EXPENDITURES	\$98,806,586	\$244,029,807	\$342,836,393
GRAND TOTAL	\$229,762,545	\$380,498,806	\$610,261,352