

MEETING AGENDA

Meeting: Program & Planning Committee
Date: August 1-2, 2018
Time: 8:30 am
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (844) 740-1264 / Meeting Number: 806 564 609 # / Attendee Number: #
<http://thetrust.webex.com>
Trustees: Chris Cooke (Chair), Verné Boerner, Laraine Derr, Paula Easley, Mary Jane Michael, Jerome Selby, Carlton Smith

Wednesday, August 1, 2018

		<u>Page No.</u>
8:30a	Call to order (Chris Cooke, Chair) Announcements Approve agenda Ethics Disclosure Approval of Minutes: April 20, 2018	6
8:35	Investing in Early Childhood & Prevention <ul style="list-style-type: none">• Jimael Johnson	Hand-Out
9:50	COMP Plan Update <ul style="list-style-type: none">• Michael Baldwin	
10:35	Break	
10:45	Overview – FY20/21 Trust Stakeholder Meeting <ul style="list-style-type: none">• Steve Williams and Katie Baldwin	40
11:15	FY20/21 Budget Presentation <ul style="list-style-type: none">• Trust Program Staff	
12:00	Catered Lunch	
12:30	FY20/21 Budget Presentation <ul style="list-style-type: none">• Trust Program Staff	
2:30	Break	
2:45	FY20/21 Budget Presentation <ul style="list-style-type: none">• Trust Program Staff	
5:00	Recess	

Thursday, August 2, 2018

Page No.

- 8:30a** **Call to order (Chris Cooke, Chair)**
Announcements
- 8:35** **FY20/21 Budget Presentation**
• Trust Program Staff
- FY20/21 Capital Budget Recommendations – Advisory Boards**
• Alison Kulas (AMHB/ABADA)
• Denise Daniello (ACoA)
• Kristin Vandagriff (GCDSE)
- 9:35** **FY20/21 Budget Recommendations – Next Steps**
• Steve Williams & Katie Baldwin
- 9:50** **Break**
- 10:00** **Developing Projects**
Emerging Psychological & Behavioral Health Initiatives
• Department of Health & Social Services
- 10:30** Hiland Mountain Women's Mental Health Unit
• Department of Corrections
- 11:00** Pay for Success
• United Way, Social Finance
- 11:30** **Trustee Comments**
- 11:45** **Adjourn / Catered Lunch**

67

Future Meeting Dates

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

2018 / 2019 / 2020

(Updated – July 23, 2018)

- | | | |
|--------------------------------|--------------------------|------------------------|
| • Full Board of Trustee | Sep 5-6, <u>2018</u> | (Wed, Thu) – Anchorage |
| • Program & Planning Committee | October 17, <u>2018</u> | (Wed) |
| • Resource Mgt Committee | October 17, <u>2018</u> | (Wed) |
| • Audit & Risk Committee | October 17, <u>2018</u> | (Wed) |
| • Finance Committee | October 17, <u>2018</u> | (Wed) |
| • Full Board of Trustee | November 15, <u>2018</u> | (Thu) – Anchorage |

- | | | |
|--------------------------------|----------------------------|------------------------|
| • Program & Planning Committee | January 3, <u>2019</u> | (Thu) |
| • Resource Mgt Committee | January 3, <u>2019</u> | (Thu) |
| • Audit & Risk Committee | January 3, <u>2019</u> | (Thu) |
| • Finance Committee | January 3, <u>2019</u> | (Thu) |
| • Full Board of Trustee | January 30-31, <u>2019</u> | (Wed, Thu) – JUNEAU |
| • Program & Planning Committee | April 17, <u>2019</u> | (Wed) |
| • Resource Mgt Committee | April 17, <u>2019</u> | (Wed) |
| • Audit & Risk Committee | April 17, <u>2019</u> | (Wed) |
| • Finance Committee | April 17, <u>2019</u> | (Wed) |
| • Full Board of Trustee | May 8, <u>2019</u> | (Wed) – TBD |
| • Program & Planning Committee | July 30-31, <u>2019</u> | (Tue, Wed) |
| • Resource Mgt Committee | August 1, <u>2019</u> | (Thu) |
| • Audit & Risk Committee | August 1, <u>2019</u> | (Thu) |
| • Finance Committee | August 1, <u>2019</u> | (Thu) |
| • Full Board of Trustee | September 4-5, <u>2019</u> | (Wed, Thu) – Anchorage |
| • Program & Planning Committee | October 16, <u>2019</u> | (Wed) |
| • Resource Mgt Committee | October 16, <u>2019</u> | (Wed) |
| • Audit & Risk Committee | October 16, <u>2019</u> | (Wed) |
| • Finance Committee | October 16, <u>2019</u> | (Wed) |
| • Full Board of Trustee | November 14, <u>2019</u> | (Thu) – Anchorage |

Future Meeting Dates

Full Board of Trustee / Program & Planning / Resource Management / Audit & Risk / Finance 2018 / 2019 / 2020

(Updated – July 23, 2018)

-
- | | | |
|--------------------------------|----------------------------|---------------------------------|
| • Program & Planning Committee | January 3, <u>2020</u> | (Fri) |
| • Resource Mgt Committee | January 3, <u>2020</u> | (Fri) |
| • Audit & Risk Committee | January 3, <u>2020</u> | (Fri) |
| • Finance Committee | January 3, <u>2020</u> | (Fri) |
| • Full Board of Trustee | January 29-30, <u>2020</u> | (Wed, Thu) – JUNEAU |
| | | |
| • Program & Planning Committee | April 22, <u>2020</u> | (Wed) |
| • Resource Mgt Committee | April 22, <u>2020</u> | (Wed) |
| • Audit & Risk Committee | April 22, <u>2020</u> | (Wed) |
| • Finance Committee | April 22, <u>2020</u> | (Wed) |
| • Full Board of Trustee | May 7, <u>2020</u> | (Thu) – TBD |
| | | |
| • Program & Planning Committee | August 4-5, <u>2020</u> | (Tue, Wed) |
| • Resource Mgt Committee | August 6, <u>2020</u> | (Thu) |
| • Audit & Risk Committee | August 6, <u>2020</u> | (Thu) |
| • Finance Committee | August 6, <u>2020</u> | (Thu) |
| • Full Board of Trustee | September 2-3, <u>2020</u> | (Wed, Thu) – Anchorage
– TAB |
| | | |
| • Program & Planning Committee | October 21, <u>2020</u> | (Wed) |
| • Resource Mgt Committee | October 21, <u>2020</u> | (Wed) |
| • Audit & Risk Committee | October 21, <u>2020</u> | (Wed) |
| • Finance Committee | October 21, <u>2020</u> | (Wed) |
| • Full Board of Trustee | November 19, <u>2020</u> | (Thu) – Anchorage – TAB |

Future Meeting Dates

Statutory Advisory Boards - 2018

(Updated – July 23, 2018)

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

- Executive Committee – monthly via teleconference (First Wednesday of the Month)
- October 2018 - Kodiak <tentative>
- Spring 2019 – Juneau <tentative>

Governor’s Council on Disabilities and Special Education

- September 29-30, 2018 – Anchorage – Self Advocates Summit
- September 26-27, 2018 – Anchorage – Annual Aging & Disability Summit
- November 15, 2018 – Anchorage – Supported Decision Making Agreements Summit
- October 1, 2018 – Anchorage – Statewide Workgroup on FASD
- October 2-3, 2018 – Anchorage

Alaska Commission on Aging

- August 14-17 (face-to-face) or September 25 by video/teleconference <tentative>
- September 12–15 – Nome – Rural Outreach Board Meeting
- September 26-27 – Anchorage – Annual Aging & Disability Summit
- December 12 by video/teleconference <tentative>
- February 11-13, 2019 (face-to-face) or February 13 by video/teleconference <tentative>
- May 1, 2019 by video/teleconference <tentative>

ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE

April 20, 2018
9:30 a.m.

Taken at:
Alaska Mental Health Authority
3745 Community Park Loop, Suite 120
Anchorage, Alaska 99508

OFFICIAL MINUTES

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

Trust staff present:
Mike Abbott
Steve Williams
Miri Smith-Coolidge
Kelda Barstad
Andy Stemp
Carley Lawrence
Luke Lind
Michael Baldwin
Katie Baldwin-Johnson
Jimael Johnson
Valette Keller

Also participating:
Kathy Craft; Brian Wilson; Cathy Stone; Daniel Delfino; Colleen Dushkin; Susan Musante;
Mike Sanders; Scott Ciambor and Irene Gallion; Nancy Burke; Jack Carson; Melina Breland;
Randall Burns; Alan Green; DeWayne Harris; Paul Cornils; Bruce Van Dusen; Jason Lessard;
Crystal Bourman; Monika Winkler; Dr. Monica Gross; Lisa Cauble.

PROCEEDINGS

CHAIR COOKE calls the Program & Planning Committee meeting to order and states that all trustees are present. He asks for any announcements. There being none, he moves to the agenda and asks for any additions, changes or corrections.

There being no objections, the agenda is approved.

CHAIR COOKE asks for any ethics disclosures, there being none he moves to the minutes from January 4, 2018.

TRUSTEE DERR makes a motion to approve the minutes of the January 4, 2018, meeting.

TRUSTEE SELBY seconds.

There being no objection, the motion is approved.

CHAIR COOKE states that the next item on the agenda is the update from the CEO, and he recognizes Mr. Abbott.

CEO UPDATE

MR. ABBOTT states that there are a lot of people here to start the discussion on housing and he does not have anything of importance to report to the board at this time. He continues that he may make a few comments later in the agenda.

CHAIR COOKE notes that a report from the administrative offices was distributed about the grants that were made during the last quarter. There is a lengthy chart of those, but there may be matters that the trustees want to delve into or have questions about the approvals. He states that there are some big topics on the agenda and he prefers continuing the CEO update at a later time during the meeting. He moves to the next topic, Housing.

HOUSING

MS. BARSTAD states appreciation for the trustees' time to hear about the issues of homelessness and affordable housing in Alaska. It is recognized as a basic need. She states that there is a movement called Housing First. This has identified the importance of having housing in place before any other intervention so that people can have a safe place and somewhere stable to live so they are able to work on their goals. She continues that she is a program officer and her focus areas are housing and long-term services and supports. She has been with the Trust for six months, and prior to that worked for the Department of Health and Social Services. She adds that she is a licensed master social worker and has been in the social work field for over 20 years. She states that it is incredibly important for housing to be used as an intervention for people to meet the goals they have for themselves, whether that be gaining employment, furthering education, or working on those health and behavioral health goals. Housing has been identified as a social determinant of health. She continues that hospitals are increasingly looking at housing as an intervention to stop repeated emergency room usage and repeat hospitalizations. She adds that it is a key intervention in reducing recidivism among populations that are being discharged from jail or prison. It is also necessary for people that need personal care assistance, home health care, or other interventions for chronic disease or long-term disabilities where people need hands-on help. She states that people without housing are more likely to use emergency services and also experience violence and other crises, which often leads to a very

high dollar amount of spending for the State, and is incredibly detrimental to the person. She continues that the beneficiaries disproportionately experience homelessness. The National Alliance to End Homelessness identified that 41 percent of people who are homeless in the U.S. experience a disability. Homeless individuals who identified as chronically homeless must have one or more disabilities to meet that definition. She moves to supportive housing services that are for homeless people with one or more disabilities and typically serve the chronically homeless. She states that those individuals need a wide range of support services to remain housed. She continues that people who are served through supportive housing often have a history of or a risk of institutionalization. Trustee beneficiaries have additional barriers to obtain and maintain housing. They are more likely to rely upon benefits for their income source or have low-wage jobs, which means that they are more likely to be at the poverty level. That requires affordable housing to maintain stability. Many need support services to complete tasks to obtain and maintain housing. She adds that some beneficiaries will need these support services long term. Some of them additionally have behaviors that place them at risk for eviction, without the availability of these additional support services. She states that the Trust has made considerable investments in housing initiatives to assist beneficiaries to obtain and maintain housing and support services. The Trust has supported permanent supportive housing congregate settings in Anchorage, Fairbanks, and Juneau. She continues that the local housing coordinators will also report on the happenings in their communities. She talks about some of the other housing efforts that the Trust assists with funding on, and states that some partners are here to talk about the status of affordable housing and homeless services in Alaska. She adds that the presenters have included materials in the packets that go with the topics presented in greater depth. She introduces Brian Wilson, the executive director of the Alaska Coalition on Housing and Homelessness.

MR. WILSON states that they are a 501(c)(3) organization that focuses on developing strategies to increase the availability of affordable housing, as well as to end homelessness in Alaska. The government considers them a continuum of care organization that is responsible for these activities in a certain geographic area. The Alaska Coalition on Housing and Homelessness is one of two continuum-of-care organizations in the state; the other is the Anchorage Coalition to End Homelessness. He continues that there are over 400 CoC geographies in the nation, with the Alaska Coalition being the largest. He adds, that comes with a lot of unique challenges which will be highlighted. The coalition depends on key partnerships with the Trust, the Alaska Housing Finance Corporation, the Anchorage Coalition, the Institute for Community Alliance, who manage the client level information database. He states that one of their key activities is managing a continuum-of-care grant program that funds 14 programs across the state. All but one are permanent supportive housing programs, and there is a transitional housing program in Kenai that is also funded. He clarifies “continuum of care,” as showing the full-service array of housing intervention. He explains his program and services in greater detail, focusing on the interventions and the supportive services. He continues that there are a lot of contributing factors to homelessness that need to be addressed as well to make sure that individual is cared for in the needed way. He adds that this also includes permanent affordable housing where only a couple of supports are needed, like temporary assistance. He states that data is important, particularly reliable and useful data. He talks about the importance of the Alaska Homeless Management Information System, which collects the universal data elements that HUD requires every grantee to enter. They also collect Trust beneficiary information for all the clients and are developing

some tools that will be helpful to see where beneficiaries are accessing housing services. He encourages visiting their website, Alaska Housing-Homeless.org. He moves to Housing First, which is a national movement. He states that its core philosophies are that homelessness should be rare, brief, and nonrecurring; and that housing is an essential component of health care. It looks at ways to eliminate barriers for people to access housing. He continues that it should be expected that everyone have a safe place to reside at night. If not, then it is more difficult to address all the other factors: Medical, behavioral health, mental health, experiencing trauma when there is no home. It takes away the fail points that may exist as traditional barriers and getting someone into housing first and then surrounding them with the supports. He adds that all of the funded programs through the CoC grants are Housing First programs. He states that there are two models in Housing First: permanent supportive housing is clients with leases; and Rapid Rehousing, which there is a gross shortage of in the state. It is temporary assistance, looking to assist those that do not have as high vulnerability needs or vulnerability scores; just someone that needs temporary assistance, which is usually in the form of assistance with deposits and several months of rent, so they can get back on their feet. He states that the few units in the state that are Rapid Rehousing are performing better than national rapid rehousing figures. There is significant evidence that Housing First works, and he goes through the studies to reduce homelessness, reduce hospital utilization among individuals with mental illness and problems with substance abuse.

CHAIR COOKE asks if, in this survey and compilation of data, neighborhood attitudes toward the project were also covered.

MR. WILSON replies that, for the Forget-Me-Not Manor, there is a current evaluation being conducted by Dr. Heidi Brosius from UAS. He states that a piece of that evaluation is surveying adjacent businesses to a downtown shelter to try to identify if there was a change in perception of neighborhood safety after 32 individuals were moved in. He continues that the facility is in an industrial area with a couple of businesses and not a lot of folks out there. He adds that evaluation has not yet been released.

He continues on to Coordinated Entry, which is a massive paradigm shift nationwide. It basically looks at how services are being delivered and resources are allocated from a client's perspective. It is a client-centered approach to resource allocation and access. He states that the balance of the state is implementing their Coordinated Entry system in the next two months. He continues that Anchorage has been operating for about a year and a half. He adds that, basically, an individual is accessing a Coordinated Entry system to try to get a voucher. They are all being assessed in the same way, and there is one community list. It is a fair and equitable system that is allocating beds to individuals that are in the most need first because they are the ones that need it more. He states that the outcomes for those peoples' individual experience is going to be greater. It is prioritizing folks based on vulnerability and a history of homelessness. This has never happened in the state and has only happened nationwide in the last few years. He moves on and states that there is a resource problem in the state. He shares a map of where all of the resources are statewide by census block per capita. He states that more of the services are seen in the densely populated areas, but not all beds are basically for all people; which he explains. He continues that essentially what is being done in the state is operating a really outdated shelter system that needs to transition more into best practices. He wraps up, explaining some of the

opportunities. There is a Permanent Supportive Housing Plan to be implemented that calls for things like a funders' collaborative. He continues that no one has all the resources to address this problem, but working together can make a greater impact. He adds that the Trust's participation in those types of discussions is imperative to make progress. He states that creating guidebooks for communities to set up these services and better identify community needs are being worked on. There is a need of a legislative committee on housing, which is being discussed with the Legislature right now, which is an important topic. He adds that 1115 Medicaid waivers are going to allow Medicaid services for certain subpopulations, which will help with the permanent supportive housing. He continues that DHSS has been doing an amazing job with their innovative accelerator program which addresses a litany of the Permanent Supportive Housing Plan Action items. He states that Alaska is one of three states without a state housing trust fund, which is a huge need in the state to start having a discussion on setting aside funds to increase affordable housing and homelessness.

MS. BARSTAD introduces Cathy Stone, director of the Public Housing Division, and Daniel Delfino, director of Planning and Program Development at the Alaska Housing Finance Corporation.

MR. DELFINO thanks the Trust for being an important partner in Alaska Housing. He begins with the housing programs at AHFC, focusing on the statewide service area and some of the general housing issues that are being addressed with the resources. He states that Savoonga is one of the communities being served through the Teacher, Health and Public Safety Program that tries to recruit professionals for rural communities offering housing if they get a job. He continues to the three primary programs that were funded: The Special Needs Housing Grant program that has been operated since the late '90s with Trust participation; The Teacher, Health and Public Safety Professionals Program that focuses on rural communities; the Greater Opportunities for Affordable Living Program which is a hodgepodge of funding resources that are allocated under a one-stop shop for folks. The GOAL program focuses on affordable housing for seniors, homeless families, the disabled; developing funding and getting to the basic question of affordability. He talks about the programmatic limits for the Tax Credit Program, which mirrors the Affordable Program, for a household making 50 percent of the area median income, and explains its challenges. The fundamental problem is trying to close the gap between the rent that is charged and the rent that a person with income constraints can afford to pay. He states that there is a presumption that rental assistance can solve a lot of the problems. He explains that it helps, but this development has a lot of rental assistance that would not be enough without an additional grant or funding to make that deal viable.

CHAIR COOKE recognizes Cathy Stone.

MS. STONE states that her handout is a generic fact sheet that gives an overview of the Public Housing Division and what is done there. She continues that the Division is fully funded with about \$60 million from HUD. Of that, \$40 million goes toward the voucher program, and \$20 million goes to the public housing which is owned, maintained and managed throughout the state. She adds that they are in 16 locations throughout the state. She continues that the value of the Housing First programs or providing rental assistance through the Public Housing Division has been recognized for Karluk Manor and Forget-Me-Not Manor. Rental assistance is also

being provided to Covenant House for their new Dena'ina House for Homeless Youth. She states that the Moving Home Program, a voucher referral program for persons with disabilities, has 150 units throughout the state. She continues that the Public Housing Division provides the Rental Assistance Programs. The HUD calculations, the details that are needed to get to HUD and the federal funding relies on the DHSS providing case management and identifying the folks that need assistance throughout the state. She states that, currently, 135 of the 150 units are being utilized; 20 percent of the participants are children under 18 years of age. For persons with disabilities with children this provides the stability that is needed for those households. She continues that the average income is around \$11,500, extremely low income. The rent they pay averages \$276, and the rest is provided through the HUD voucher program. She adds that half of the participants in the voucher and public housing program are elderly or persons with disabilities.

CHAIR COOKE states that he saw an article in the paper and asks how that program fits into the bigger picture of what AHFC is doing to provide folks housing.

MS. STONE replies that program credit goes to Cook Inlet Housing and Gabe Layman, who reached out and wanted feedback on how the subset programs work. She states that technical assistance and guidance was provided on how to structure an agreement with Weidner to open up some of those units for affordable housing. She continues that it is for homeless people transitioning out of homelessness into those units. The rental assistance is going to be provided through the grants received and with a certain percentage coming from their income. She adds, that is the private partnership with the organization and Weidner.

CHAIR COOKE asks if more of this will be seen in the future.

MS. STONE replies that it is possible and recognizes the Division of Behavioral Health, which recently provided additional funds to expand the Returning Home Program for people coming out of prison. She states that these funds will add 20 more of the assistive units per year for people under parole and probation with case management provided. She continues that recidivism rates dropped significantly for those with rental assistance coming out of prison.

CHAIR COOKE thanks Ms. Stone and states that she has touched upon some of the Trust's focus areas.

TRUSTEE MICHAEL thanks them for all their work. They are incredible, and it has been a great partnership.

CHAIR COOKE calls for a 15-minute recess.

(Break.)

CHAIR COOKE reconvenes the meeting.

MS. BARSTAD introduces Colleen Dushkin, the administrator of the Association of Alaska Housing Authorities.

MS. DUSHKIN begins by explaining that the Association of Alaska Housing Authorities' members are the 14 Regional Housing Authorities in the state and the Alaska Housing Finance Corporation. Both came together to strategize and, in the effort, provide safe, sanitary, affordable housing across the state. She continues that there are two main functions: the Training and Technical Assistance Program, which provides training on an array of different program-related issues for housing and is focused on the Indian Housing Cooperative recipients; then there is a direct onsite technical assistance program where contractors that are experts in housing go into communities and help housing entities develop and run their programs. She adds that they also advocate for a lot of AHFC programs that the Regional Housing Authorities have access to: the Supplemental Housing Program, which is key for access to fill development gaps to make projects move forward; the Weatherization Program takes the Savoonga houses and does upgrades for energy efficiency basically to preservice what is already in rural communities and is also available in urban centers. She moves to the federal priorities and states that the Regional Housing Authorities and 41 additional tribes in the state have funding through the Native American Housing and Self-Determination Act. NAHASDA is a piece of legislation that holds a lot of the housing programs and is the driver of development across the state. She continues that funding authorized the Indian Housing Block Grant, which is distributed to 137 tribal entities, many of which are represented by the Regional Housing Authorities. NAHASDA also authorizes loan programs and other loan products available to Regional Housing Authorities and tribes. The BIA HIP Program, which can help build homes in rural communities for tribal members that are the lowest of low incomes, is also supported. She states that the Regional Housing Authorities' rehab is addressing substandard conditions and rehabs about 500 homes per year, and weatherize another 100. She continues that funding has been cut 73 percent since 2014. She talks about the infrastructure and how the Infrastructure Committee was developed to keep things moving so homes are not sitting for three years before IHS is able to deliver and provide the infrastructure to that development or home. She states that one of the struggles is the definition of "homeless." The definition of homeless does not meet within the rural communities because 16 people in a 700-square-foot home means that they are essentially homeless. She continues that one of the biggest barriers to developing homes in the communities and even doing rehabilitation to existing homes is the transportation costs. A lot of the Regional Housing Authorities are paying 70 per cent of their development costs to shipping because of the barges. It leaves Seattle and gets to Nome two months later. She adds that it is a delicate balance to try to provide the services and transportation. The transportation cost is a huge barrier to the communities that are being served. In talking about permanent supportive housing and these services, there is a need to be cognizant about the services available in those communities and how the services are developed.

TRUSTEE SMITH asks if it is a fair assumption that HUD plays a significant role in funding for housing in rural Alaska, and what does this funding look like with the new administration.

MS. DUSHKIN replies that HUD absolutely does play a critical role in that funding. That is where the Indian Housing block Grant and NAHASDA come. She states that, with the new administration, the proposed budget was cut significantly, but Congress did put a \$5 million bump in the nationwide Indian Housing Block Grant Program. She adds that Congress also put an extra \$100 million in a competitive grant. That is on a national scale with 530-plus tribes

nationwide. The funding is distributed through a funding formula that considers the number of different factors from ACS data and different data elements negotiated on the federal level.

MS. BARSTAD introduces Susan Musante, the social services program officer of the Integrated Housing and Services Unit for the Division of Behavioral Health with the Department of Health and Social Services.

MS. MUSANTE states that her unit oversees services and provides some policy related to matters of housing, which include homelessness issues for DBH clientele who are also Trust beneficiaries. She continues that they are also involved in community integration housing for people who are in a restrictive setting. There are also some projects related to helping them become integrated into lesser restrictive settings from institutions and assisted living homes. The unit also works to help impact on people's ability to become economically empowered with some projects related to employment for people who have not had access to employment. She states that they are very involved in developing workforce. In particular, developing a workforce that embraces people who are qualified to provide services and supports, but come with limited experience related to behavioral health issues. She continues that recovery is talked about but does not include people with serious behavioral health issues and histories that can only recover in certain situations. One of those situations is a top-down vision that people can recover, and it is important for those that make policy and strategy for funding to understand that. She explains some of the highlights happening in the Department of Health and Social Services and the Division of Behavioral Health. She states that the ACT Team is the most inexpensive program to run. It is one of the most effective programs, and there is only one ACT Team in the state. She continues that it is successful because services are provided to people to stay in their homes, and the Moving Home Program vouchers were made available so that housing could be affordable. The preliminary report on its effectiveness has been received and hospitalization stays, number of days, number of people at API, and general reduced costs for high-end services have all been reduced. She continues that another approach geared more for people with substance use disorders is the intensive case management approach. She adds that none of these programs would be successful without funding for housing, funding for supports and having robust outreach and engagement. It is something that is struggled with because of relying heavily on Medicaid funding, which does not pay for outreach and engagement, but pays for treatment services when someone is engaged. One way this is done is with Project for Assistance in Transition from Homelessness, and is a federal program. It has been located in Anchorage, but this year the funding was split up so that it is partially located in Anchorage. She continues that there are other programs that are dedicated to people to move into the community from a restricted setting. One of those is the 811 Project Rental Assistance, which is a great partnership with Alaska Housing Finance Corporation. The Trust is assisting with transition funds, SDS and DBH. This program helps people who have been living in assisted living homes who could live in an independent community setting if they had the proper supports and the availability of affordable housing. She states that the first person moved out of an assisted living home into their own apartment in April, and the next person is moving in the next week or so. There is a host of others and there will be 200 units. She moves on to the Medicaid Innovation Accelerator Program which is a CMS-funded technical assistance project. It has allowed continued work in planned development strategizing and working through some of the barriers that hinder housing efforts. She states that the primary goal of this program is to help all of the

partners to be in the room, particularly the Medicaid and housing folks. She continues that the IAP has four work groups, one of which is addressing the data need for the ability to move forward and cross reference data. Some of the barriers had to do with pieces of information, data-sharing agreements and have a whole work group on this to solve the problems. She continues that they are looking at the notion of using peer workers, people who have been homeless and have behavioral health issues to do some outreach and engagement. She moves back to the strategy of helping people become economically self-sufficient, so they do not fall back into homelessness. Randall Burns will be overseeing, with others, the movement toward the action steps and making sure the permanent supportive housing plan that has been developed remains consistent. She adds that it is being updated through this IAP process.

MS. BARSTAD continues that the original vision was for the Trust to have a housing coordinator in Anchorage. That vision has expanded to Fairbanks and Juneau. The Trust funds housing coordinators in these three communities to be catalysts for change in these communities, to tackle the problem of homelessness and to work on housing issues that affect these communities. She continues that Mike Sanders is the Housing and Homeless Coordinator for the City of Fairbanks; Irene Gallion is here from the City and Borough of Juneau; and Nancy Burke from the Municipality of Anchorage.

CHAIR COOKE welcomes all three and asks the housing coordinators to continue.

MR. SANDERS states that he is the housing and homeless coordinator for the City of Fairbanks and has been in this position for about 13 months. He continues that he started in the winter and was not expecting there to be a lot of homeless encampments in Fairbanks. He went out with outreach teams and found between three and four dozen people living in tents. It was about 20 below with snow on the ground; a real eye-opener. He states that the HMIS data for 2017 shows that Fairbanks agencies provide services to 1,571 people; this data does not include the DB folks. There were another 876 people that were fleeing domestic abuse violence in 2017. Combining those two numbers, there were 2,447 people that experienced homelessness in Fairbanks in 2017. He continues that on any given night there are about 200 to 250 people experiencing homelessness. He has ascertained that about 39 percent of the folks that receive services are Trust beneficiaries, but that number does not include all those that refuse. He adds that he strongly believes that all of the people that refuse services are beneficiaries. He states that not only the Trust beneficiaries are suffering, it is also their family members. All too often there are murders. The CDC has recognized that homelessness lowers a person's life expectancy by 20 to 30 years, which is very significant. Half of all people experiencing homelessness will be the victim of a violent crime. Fairbanks has a high crime rate. The crime index rate is 91 percent higher than all other cities in the United States. Fairbanks also has a high unemployment, 7 percent. He adds that ANFC's 2018 assessment showed Fairbanks having the highest cost burden in the state with 36 percent of the renters paying more than 30 percent of their income in rent. He states that there are also some really great things going on in Fairbanks. The F-35s are coming to Eielson Air Force Base which will be a big shot in the arm. He continues that Fort Greely is going to do a satellite dish, and there are natural gas and oil projects on the horizon. He adds that this will turn the economy around, and with the influx of people and jobs, the housing market will be tight. He states that he is impressed with how the nonprofit agencies are acting and consolidating. There was a Symposium on Homelessness where different housing

solutions that were possible for Fairbanks were discussed. It was more than talk; it was action planning. He continues that five hours of planning was done to figure out what was needed to do the best, and they came up with the need for a rapid rehousing plan that models after the supportive services professional plan. He explains this fully and states it is having a phenomenal success rate and is working all over the country. He adds that about 80 percent of the graduates from a rapid rehousing program exit into a permanent residence; and two to three years later, those folks are still in a private market rental and have not had any relapses back into homelessness. He states that it is the most effective, positive solution there is right now. He moves to the Housing First permanent supportive housing in Fairbanks which performs great work. He believes that the majority of the new people in the permanent supportive housing in Fairbanks have been due to tenants dying there. There is no move-out strategy. He explains that a rapid rehousing program in Fairbanks to house 40 people would be about \$300,000. Every year there would be a new 40 people, and it is for a third of the cost of the permanent supportive housing.

CHAIR COOKE recognizes Irene Gallion.

MS. GALLION states that she is the housing and homelessness services coordinator for the City and Borough of Juneau, which is a grant-funded position from the Trust. She begins with the Housing First project and states that the Trust participated for about \$400,000. There were some additional grants from agencies in the area, and we partnered with the University of Alaska Fairbanks to look at cost savings. She looks at 21 to 22 residents for the six months before they entered Housing First and the services they were using and then the numbers six months after. There was a 66 percent decreased usage in Bartlett Emergency Room visits; the Rain Forest Recovery Center, the sleep-off, 99 percent decrease in services; contact with Juneau police down 77.6 percent. She talks about the emergency cold weather shelter which supplements the emergency shelter when there are nights below freezing. There were 70 nights, 158 unique individuals, 715 total bed nights; 72 percent of the people used it twice; 34 of them are chronically homeless. She states that the estimated cost for CBJ will come in at about \$65,000, and leadership feels that is a good cost for saving lives. She adds that a formal report will be made to the Assembly at the end of April, and the Trust will get more details on this later. She continues that the Glory Hole is the emergency program and were at capacity for the first time in years; they are usually at overcapacity. It is also the DV shelter and had low numbers that have not been seen in years. She adds that the emergency services providers, the police, fire and sleep-off, are also overwhelmingly positive about this option. She thanks the Trust for their participation. The Assertive Community Treatment Team has had behavioral health put out an RFI for an agency to participate with to get federal funding for these services. There are two agencies in Juneau that have shown an interest. She states that her first goal is getting coordinated entry established in Juneau and has the first work session scheduled for May 1st. She continues that a more systemic look at funding homelessness services is also part of the plan. She talks about the funding plan and then moves on to the challenges. One local challenge is the reentry population. In partnership with the Juneau Reentry Coalition there are about 150 people annually. The reentry group works on supporting these people coming back into society. She states the need for support on behavioral issues, a stable environment, and self-sustenance. Of those 150, about 60 come out with no housing. She continues that affordability is an issue. The average apartment in Juneau costs about 50 percent of their income. Then there is paying for

restitution, legal services, child support, making big barrier for reentrance. She states that Housing First is pursuing a grant for behavioral health technicians to get folks signed up and enrolled in the program. CBJ takes homelessness seriously, and is taking steps to reduce it. There are some challenges, but we are hopeful about working with the partners and finding some solutions. She thanks all.

MR. ABBOTT states that the warming center facility is likely not going to be available for that use until next year. He asks if there are plans to provide that service in a different way.

MS. GALLION replies that at the Assembly meeting it was talked about putting that building up for sale. She states that it is her understanding that the city manager was talking to the Assembly about purchasing that building. She continues, that building is in poor shape and not a long-term solution. It may be put up for demolition for next year, so it may be available this fall. She adds if that does not work, word has been put out with the providers that a space is needed.

CHAIR COOKE moves on to recognizing Nancy Burke.

MS. BURKE begins by acknowledging that they have had strong partners going forward on this initiative from the time it was piloted. She brings forward a two-year action plan and talks through some of the numbers in the formula of how this is being brought together as she goes through the presentation. She states that the Coalition and has talked to the Trust about assisting with a contractor to help develop an action plan that can bring together all the elements in a simple formula. The Assembly Committee on Homelessness has been asking for that for several meetings, and we are well positioned to bring that document to them over the summer. She goes through the trends of homelessness in Anchorage and states that the Coalition is sifting through the point-in-time data which is a national report showing that homelessness generally is holding steady or on a slight uptick, but there was a 13 percent increase in chronic homelessness, which means there is a delay of getting people from being homeless into housing. She adds that the longer people are in homelessness the more mental health and trauma outcomes they have. She states excitement with the numbers and talked about outreach in Anchorage. She asks Lt. Carson to talk about the connection of the team with social services.

LT. CARSON states that law enforcement and social services have dealt with miscommunication for a long time. He continues that it is actually getting the people connected and getting firmer solutions to some of the homeless camps versus what was being done before. The team is now finally seeing and hearing where these cases are going. He gives an example of a family of four, two adults and two high-school-age children living in a van in the front parking lot of the Rescue Mission. These people had no idea of how to get that outreach help. The team found out about them and were able to get them off the street and into housing. They were in the housing for a few short months, are now back on their feet and doing it on their own.

MS. BURKE states that Melina Breland previously led the outreach team with Anchorage Community Mental Health Services, which closed and now works with us.

MS. BRELAND states that a lot of work is being done on the Brother Francis and Bean's Café campus. Bean's staff alerted the team to a woman who was having a rough day screaming about

Santa Claus and sitting in a puddle of her own urine in January. It was 10 degrees and she was starting to freeze. The team went over and introduced themselves and tried to figure out how to get her some assistance. She needed a higher level of care than was available at Bean's or BFS. She was transported to a hospital, and over the next four days was discharged three times. The team found her at midnight, she had no case management, and her guardian did not know where she was. She was becoming increasingly delusional. Everyone coordinated together, and she is doing well and has been housed since January. She is now able to communicate, and all of her needs are being met. She continues that the biggest problem was if an APS referral was made, they had a couple of days before they could find her, and she needed immediate care. She was discharged from her assisted living home and no one was tracking that. The team was able to bring that all together.

MS. BURKE states that the concept of the Mobile Intervention Team was taken in part from Denver. They worked with their police department to integrate mental health personnel. She continues that there is a lot of potential in this, particularly for Mental Health Trust beneficiaries. She adds that this woman would not have made it this winter if she had not been found. She was close to hypothermia the night she was found. She states that the key outcomes that are being searched for are the length of time, the quality of the connection, the ability to do assessment and triage to get people to the right resources at the right time, and to then monitor the number or reentrants into the system. She continues, stating that their shelter location has one of the highest frequency call volumes in the country with about 7,000 calls for emergency service to the Brother Francis Shelter and the Bean's Café location. The big three areas in the assessment for homelessness are substance use, mental health, and medical problems. She adds that by addressing those needs for the people at the shelter, where there is a large congregation of people, that call volume will be brought down. She moves to the topic of developing a capitalized plan, an operations plan. There is affordable housing with some means to make housing work for people with certain income limits, but there is no operations plan that works.

DR. GROSS states that the Pay for Success Grant from HUD and Department of Justice is looking at the cost of the very high-cost individuals: People with mental health issues or other medical disorders, in and out of corrections and homeless; assess those costs and then apply those towards grants for the housing. She continues that the feasibility report will be May 1st, 9:30, at the Mountain View Library and are all invited. She adds that Agnew::Beck will give a report on the exact costs and how those costs can be redirected to permanent housing.

MS. BURKE states that the following day the plan is looking at the elements that need to come together to sustain that plan.

CHAIR COOKE states that the budget update will take place after lunch, which leaves the trustees some time to ask any questions or if staff has any supplemental comments.

MS. BURKE states that Anchorage Police Department's ability to interact with Trust beneficiaries is very high compared to a lot of other communities. She continues that it is very important for the team and the other departments.

TRUSTEE MICHAEL comments that the Trust has done a lot of significant things and this is the one that she is most proud of. She states that there is a significant impact when not only direct care is affected, but also policy. Talking about the involvement of the police force and all the nonprofits involved and being able to coordinate all those efforts speaks loudly about the community and the significance of this project.

TRUSTEE SMITH states that, since these programs are fairly new, he is interested in hearing more about the engagement of the Assembly and Mike Sanders' leadership in Fairbanks. He asks about the trend line; if more leaders becoming more engaged; and what that looks like.

MR. SANDERS replies that it is different because Fairbanks is a home-rule city and is in a second-class borough. Their ability to do things like this is really limited. He states that the mayors of Fairbanks, North Pole, and the Borough have listed housing and homelessness as their No. 1 concern at the February Arctic Sustainability Conference in Fairbanks. For example, the Borough is not allowed to talk about homelessness; it is against the rules for them to even mention it. Fairbanks is hurting for funds and thinks it will change in the next few years when the economy changes.

CHAIR COOKE recognizes Mr. Abbott.

MR. ABBOTT states that this is an inspired decision by the trustees ultimately to fund these positions and to initiate this sort of community-based coordination of homeless services at the local level.

TRUSTEE BOERNER states appreciation for recognizing the potential to impact policy, as well. She continues that it was very striking to hear that the definition of homelessness is an issue, especially in Alaska, given its unique conditions. She wonders how many actual homeless people are not counted in the state. She adds that having that and raising awareness is a critical point, and we need to try to provide services and garner resources for those in need.

CHAIR COOKE thanks all again for their efforts, participation and presentations today.

MS. BARSTAD appreciates everyone making themselves available today. She adds that everyone's commitment, expertise, time and agencies, municipalities, financially working very hard to solve this very complex homelessness problem and make affordable housing available within the communities is also valued. Speaking from the program team side, an increase in the numbers of requests to support shelter care, to support different types of housing programs, permanent supportive housing are being received. These agencies are doing a phenomenal job addressing the issues with the resources available. She states that there are additional opportunities to provide a different way to look at potentially funding some of these initiatives with the state, and with opportunities to research how other cities and states are solving some of these problems. She requests researching and working with the staff and trustees to present options for potential funders' collaboratives. This is a very unique opportunity to create a legacy of giving with a funders' collaborative.

CHAIR COOKE thanks everyone for their efforts and presentations. Mentioned was the role of the Trust making it possible to create these various positions, but the positions would not mean much without the committed and dedicated people to staff them and do the daily work. He states that the beneficiaries that are being reached out to and assisted are part of the Trust, part of us, and we are all one Alaskan family. He breaks for lunch.

(Lunch break.)

CHAIR COOKE reconvenes and states that the next item on the agenda is the FY20/21 Budget Planning Update. He recognizes Mike Abbott.

FY20/21 BUDGET PLANNING UPDATE

MR. ABBOTT states that, under the charters, the Program and Planning Committee is where the responsibility for developing the budget resides. He continues that this is the start of a two-year cycle and is his first time through the process. He asks Steve Williams to continue.

MR. WILLIAMS states the this will lay the foundation for what is going to be happening internally at the Trust with the staff and all of the stakeholders as well as with the trustees throughout the summer, culminating in the September board meeting where the Board of Trustees approves its budget recommendation that gets sent to the Governor and the Legislature for FY20 and '21. He continues that, by statute, the Trustees approve a two-year budget. The first year of the two-year budget cycle is a heavy lift internally for staff, as well as all of the partners. This process is not done in isolation by the program officers or other Trust staff. This is done with the partners, who either provide direct services to beneficiaries, who are involved at policy and systems levels that impact programs for beneficiaries. He continues explaining the process in greater detail. He states that today is a set-up for what is going to be happening between now and September, and continues describing the process. He adds that in mid-June a two-day budget planning workshop will convene. The conversation will include identified key stakeholders at a direct-service level, as well as a policy level. The goal of that two days is to provide an opportunity for all of those stakeholders, who sometimes are aware of what the activities and issues are but do not always get to see the thread of how it all connects, to participate. He states that at the end of that two days there will be information that will then be incorporated into the decision-making process of how to present to the Program and Planning Committee on July 31 and August 1, the first presentation of the FY20/21 budget. After that meeting, staff will have about three weeks to take the feedback and make any adjustments or gather additional information that the committee may be looking for in advance of the September board meeting. He continues that at the September board meeting this is presented, and the trustees actually formally approve an FY20 and FY21 budget that then gets submitted to the Governor and the Legislature no later than September 15th, which is in the statute. He asks for any questions.

CHAIR COOKE asks the trustees for any questions regarding the budget update.

MR. WILLIAMS added that the two-day work session in June is a facilitated work session so that the Trust staff and any trustees who want to participate are welcome to participate. It is a

facilitated discussion so that Trust staff can be a part of the active conversation and engaged in the process, as opposed to being distracted with the work of facilitating that conversation. The dates for that session are June 20 and 21 and will be the longest meeting of the year.

A discussion on the focus areas and the process as well as the strategies and the mechanisms ensues.

CHAIR COOKE asks for anything further from the trustees, and states that the budget will be revisited again soon. He recognizes Randall Burns for the API strategy.

API STRATEGY

MR. BURNS states that he is the director of the Division of Behavioral Health for the Department of Health and Social Services and will talk about the highlights of where API is. He begins with the book that was produced by the University of Alaska Anchorage. Their Psychology Department created a special unit for the API 2000 Project called Alaska Comprehensive and Specialized Evaluation Services. The evaluation services grant is attached to the SAMHSA \$15 million that was awarded to the State in the late 1999/2000 year. He continues that it is a history of API and all of the changes, discussion, politics and funding that went on during the period of time when API was looked at being downsized, building a new API, and what was going to be done in terms of replacing those services for building up the community in the face of a reduced API. It is Alaska history and its political and policy history, and it is important to what work is done and its impact on Trust beneficiaries.

TRUSTEE EASLEY asks if there was a study on privatizing API, and asks the status of that.

MR. BURNS replies that the feasibility study was a part of the SB 74 and Medicaid reform. Six months of pretty intensive working with PCG out of Boston and other locations was spent on looking at whether or not that would be a financial benefit to try to privatize. It turned out to be a wash and was actually not cost effective. He thinks that the consultants concluded that there would not be significant interest from the private sector in taking on API.

TRUSTEE EASLEY thanks Mr. Burns for the explanation.

MR. BURNS states that the retrofitting of API because of the Joint Commission Hospital requirements around the ligature problems and all of the bathrooms and bedrooms work has been done. He continues that, technically, it should be up and running at 80 beds because all the construction is done, but the other problem at API has been staffing issues. Even though the work is done, and the contractors are out of the building, they will not be operating at 80 beds anytime soon. It will still continue with one 10-bed unit closed, and half of the large 24-bed adult unit closed, as well. That will be the number until staff can actually be hired. He adds that it is strictly and primarily an RN issue. There are not enough actively working RNs to staff all five units 24 hours a day, seven days a week. This is most unfortunate. The hospitals across the state, but particularly here in Southcentral, have been dealing with very serious repercussions from so many emergency rooms. Beneficiaries are being boarded in EDs because there is no place to transfer them to. He states that one of the major problems is the State pays \$8 to \$12 an

hour less than the pay in the private sector in Anchorage. For example, there is a nurse who currently works at API who also works at the Providence Psych Emergency Department. She makes \$31 an hour at API and \$39 an hour at Providence. That is a real-world example of the difference in salaries. He continues that most private hospitals have 12-hour or 12-and-a-half hour shifts for their nurses. It is a preference, so they don't have to work five days or seven days. They can work just three days a week. He adds that API is a State institution and its employees are members of unions. So the State workday is 7.5 hours, not 8; and it is difficult to run a 24/7 facility on seven-and-a-half hour shifts. So, by definition, overtime is already being paid. He states that there is a lot of interest in the majority of the RNs to work 12-hour shifts, which requires a union agreement. If any of the RNs are not willing to sign off on that agreement, then the working hours are not changed. He moved to the workplace safety investigation, which is a serious issue. He states that the Commissioner asked Governor Walker to seek the appointment of an investigator, someone unrelated to API, in the hospital and the State system. Attorney Bill Evans was asked and agreed to be the investigator and has started meeting with staff. The hope is to have a report in four to five months. He moves to the forensic population and states the other pressure on API is a 10-bed forensic unit for the criminal defendants, whether or not they are competent to stand trial is at issue. Every part of the system, including the criminal system, is making demands upon API that API cannot meet in a timely manner. This is creating issues for the court system and is placing real constitutional questions around the rights of individuals who are waiting for transfer for restoration to API. They are being held in DOC, even though actually they are in the custody of the Department of Health and Social Services. There are only 10 beds, and they can only take 10 at a time. The concern is that some of these individuals, if restored, would be out. So they are serving more time than the crime which was committed would require them to serve. He continues that this is why a forensic study, a feasibility study to look at the idea of getting a forensic hospital in the state has been requested. He states that the other thing that is being worked on with Trust support is the idea of expanding API. Mr. Fishback has agreed to look at API and whether there is the possibility of expanding it at all partly as a response to the current situation. He continues that even before the staffing problem there were people being held in emergency departments because API did not have a sufficient number of beds. He adds that looking at the issue makes some sense. He mentions that they have the two CLNs that were recently awarded; one to Mat-Su Regional, and one to Alaska Regional. Although both of them were approved, the timeline for Alaska Regional to come on-line has been set back. They have not received permission from their parent corporation to go ahead and do the remodel within their facility. Mat-Su Regional is moving forward, but they have just recently also put in a Certificate of Need to expand their emergency department, which they truly need, including room for psychiatric beds. They are waiting for that process to finish and then are doing some work on their third floor. Once that is done, and the CLN is approved, the remodeled ED and the new psych wing will begin.

CHAIR COOKE asks Mr. Fishback if he could share what he has found out so far.

MR. FISHBACK states that he is an architect here in town and has done a lot of work with the State, and with the Division over the years. He adds that most of the work done now is early planning work. He continues that when that hospital was built, the property had not been separated. So there was one piece of property that the old hospital was on, and the new one was constructed with no property line between them. He states that part of what they are trying to do

is establish how much room there is to expand the building. The building was originally planned to have an expansion, and everyone went into it with that understanding. He continues that the little bit of research that he has been able to do leads him to believe that not much was cut away. It looks like all the utilities are in place to expand the building. He found that there is about 170 feet beyond the building to construct another wing, which there is plenty of space for. He adds that food service has the capacity to be expanded for an additional population. Right now most of the laundry goes out and is done by a third party. The laundry would not be able to facilitate the whole hospital, but if it continues to be sent out, then there would not be a problem. He states that, overall, the first step was to find out if the land and the building will support an increased population. It looks like it probably will. He continues that the next part will be talking to the folks that have been running the hospital and asking how well this property works for them and are there things that could be done in another wing that would make it work better. He would also like to talk to the Division and the people that are running the place about capacities and what they would like to see. He adds that the last thing is to come up with a rudimentary concept design after gathering all of the information. The reason for that is to establish a price so that the Division can come back and look for funding for the expansion.

TRUSTEE MICHAEL asks about the energy efficiencies in the existing building, and if there would be some cost savings by upgrading the existing facility or not.

MR. FISHBACK replies that he was involved with the ligature protection work that was just completed and as part of that all the light fixtures were replaced, all of which were ligature prone. They were replaced with fixtures that have LED lights. He also talks about upgrading the boilers and having mechanical ventilation which would be looking at putting heat exchangers on that. He states that everything he mentioned is expensive and something that the Division needs to talk about.

TRUSTEE MICHAEL asks if the operating costs could be kept similar to what they are in terms of utilities because she thinks the State will be looking at the long-term operating costs, as well as the capital costs. She states that she is just thinking ahead.

MR. FISHBACK states that they always try to use the newest technology, but there will come a time when a tradeoff just does not make sense. That would be something that has to be explored, and then budgets set accordingly. It is an interesting process to establish new budgets and get in what is wanted and leave out what is absolutely unnecessary.

TRUSTEE MICHAEL states the need to be as cost effective as possible.

TRUSTEE SELBY asks if there is a time frame on when this will be brought to some conclusion.

MR. FISHBACK replies that the funding is coming from the Trust and is going through Foraker's Predevelopment Program. He got involved because he is a consultant for Foraker.

TRUSTEE SELBY asks, once it gets going, how long will it take.

MR. FISHBACK replies that a lot of the rudimentary work has been done and there should be a good understanding of that by the end of the summer.

TRUSTEE EASLEY asks, in talking about a forensic hospital, if space that might be available in some other facility could be converted.

MR BURNS states that once the feasibility study passes and is funded, one of the specific requests in it is to look at the Anchorage area for other facilities that could be converted for this purpose before having to build something else.

CHAIR COOKE asks if there are any questions or comments. He states that his question deals with the primary focus on the physical plant and the land size of the property. He asks if the review will also consider the concerns that have been part of the recent publicity about API, safety for both patients and staff.

MR. FISHBACK replies that what he knows about staffing numbers was read in the paper and he cannot deal with that. He states that he has a lot of experience in that type of work and adds that it is pretty basic. Places where people can conceal activities are not wanted, and good audio and video access is wanted.

MR. BURNS states that he has one other thing on the API issue, generally. There are two major issues besides what has been discussed. There are significant discharge barriers besides having insufficient beds. They are also filling up with people that they cannot discharge. He continues that they have six people, 65 and older, who are very difficult to place. There are five individuals, two of which are adolescents, who are on home- and community-based waivers for whom they cannot find placement and are struggling. A lot of that is also tied to another topic, guardianships. It is a significant issue for beneficiaries and is complicated.

A brief discussion ensues.

CHAIR COOKE asks for any other questions or comments from the trustees.

MR. WILLIAMS follows up on the comments about the Office of Public Advocacy and public guardians. He reminds the trustees that this past fall they were engaged in that very issue, to support the Office of Public Advocacy and their long-term plan for increasing not only public guardians, but other positions within the Office of Public Advocacy to get their caseloads to a level that was actually reasonable for them to follow the mandated State law, which cannot currently be done because of staffing levels; and also to provide the level of care that is requisite for beneficiaries to make sure their needs are met.

CHAIR COOKE states that ten beds at API are committed to Corrections for forensic exams; people who are deemed not responsible for criminal acts by virtue of mental illness. If they are a danger to themselves or the community they are held in a mental facility like API. He asks if it would make sense to think about separating those people who come into a mental health facility through the criminal justice system from those who are there because of their mental health issues.

MR. BURNS replies that is one of the reasons why they have been thinking about the forensic because they pose an entirely different situation. He states that is one population that they struggle with.

CHAIR COOKE asks if DOC pays for those beds.

MR. BURNS replies no, that those individuals are committed to API.

The discussion continues.

CHAIR COOKE calls for a break.

(Break.)

CHAIR COOKE reconvenes the meeting and states that the next item on the agenda are the program matters that staff has prepared. He asks Mr. Williams to begin.

MR. WILLIAMS states that this is the first time the Program and Planning Committee has gone through a funding approval process. Historically, this has gone through Finance. He points out the master spreadsheet of the approvals; the first six are focus area allocations, and the next three are partnership approvals. The last four are asking approval to reallocate some of the funding that trustees had previously approved to the Department for an ASO.

CHAIR COOKE states that all of these involve appropriations of substantial sums of money, and asks how does that interface with the budget.

MR. WILLIAMS explains that the trustees, in September, approved a lump sum of funding for the Beneficiary Employment Engagement, which are the beneficiary projects that have been funded over several years. He states that funds are being allocated to the six individual projects. He adds that these were already approved in the budget, and are now designating from that to a particular agency.

TRUSTEE SELBY makes a motion to approve \$440,179 FY19 Beneficiary Employment and Engagement focus area allocation to CHOICES, Inc. for the FY19 CHOICES Community Options Program Grant.

TRUSTEE DERR seconds.

CHAIR COOKE asks for a presentation from staff and then discussion.

MS. JOHNSON explains that the primary purpose of the initiative was to develop safe, effective, and sustainable services for Trust beneficiaries, and really focusing on peer-to-peer support, which is a common theme among the six grantees that will be heard from. She begins with CHOICES and states that they are looking for a continuation of funding from previous years, plus an additional allocation to cover health-care support for the staff of the agency.

MR. GREEN states that he has been with CHOICES for two years, and one of the frustrating things was that with all the grants there was no allocation for any kind of health insurance. He continues that they are at the point of building this in, and this generous stipend would offer full benefits to the staff. He adds that there have been four or five staff vacancies because of not being able to be competitive with other organizations. This is a critical component.

CHAIR COOKE asks what is specifically included within the \$440,000 proposal.

MR. GREEN replies that there is the stipend for the health benefit, the peer programs, recovery coordination, which all the case managers with recovery coordination are self-identified as people living with behavioral health issues. All the programs that are being funded by the Trust are run by peers, and CHOICES is a peer-run organization.

CHAIR COOKE asks for any other questions regarding this proposal, or any further comments or recommendations from staff.

TRUSTEE MICHAEL comments that it is a great program with great leadership, and she supports it.

CHAIR COOKE asks if there are any objections to the motion.

There being no objection, the motion is approved.

TRUSTEE SELBY makes a motion to approve a \$333,600 FY19 Beneficiary Employment and Engagement focus area allocation to the Alaska Mental Health Consumer Web for the FY19 Alaska Mental Health Consumer Web BPI grant.

TRUSTEE SMITH seconds.

MS. JOHNSON states that the Alaska Mental Health Consumer Web is an Anchorage-based drop-in center. She asks Mr. Harris to continue.

MR. HARRIS clarifies that the Web is 100 percent beneficiaries serving beneficiaries. He explains that the staff had that unique perspective when the life experience was talked about. He states that they have more work to do for the beneficiaries who work out in the field.

TRUSTEE DERR asks how sustainability will be continued with the Trust funding staff benefits.

MR. HARRIS replies that part of the initial plan with the benefits, and as a whole, are continuing to look at the revenue sources. He states that the new website was launched this past November, and we are now able to receive online donations. Last fall their first ever appeal letter was sent to just shy of 500 homes in the community. He continues that the stipend for the health insurance is the first step in that partnership with staff to help them to purchase health care through the marketplace. As that step is accomplished, the hope is to build those into future budgets and all grant sources and funding sources, as well as unrestricted funds.

CHAIR COOKE asks about the history of the Trust's involvement with this group.

MS. JOHNSON replies that she cannot speak to the full history, but believes that the Web was part of the original cohort of BPI grantees back in 2008. Services have expanded as much as possible over that time and has been a model grantee during that time as far as reporting and engagement with staff. For any further history, I would have to defer to Katie who has worked with them much longer.

TRUSTEE MICHAEL states that she is a fan and has seen the operations. The thing about it is they are getting the people right off the streets and actually helping them with looking for jobs, getting a shower, getting coffee. It is an entry level to the system, and they cannot bill Medicaid for that. This is a vital service in the community, and she knows that everyone wants them to be independent, but the money is not out there right now. She adds that these are ground-level projects that have to be funded.

MS. JOHNSON highly recommends that for any of the trustees that have not visited the Web to do so. It is a real opportunity to interact with beneficiaries and really supports the mission of the Trust and the spirit of the BPI program, in general.

CHAIR COOKE calls the question.

There being no objection, the motion is approved.

TRUSTEE SELBY makes a motion to approve a \$208,650 FY19 Beneficiary Employment and Engagement focus area allocation to the Alaska Youth and Family Network for the community-based peer navigation project.

TRUSTEE DERR seconds.

MS. JOHNSON states that this grantee, the Alaska Youth and Family Network, serves the Anchorage and Mat-Su area currently with a similar but slightly different type of peer support services which focus on family supports with a high priority around OCS-involved families and their children with the goal of reunification. She asks Paul Cornils, executive director, to continue.

MR. CORNILS comments about the support from the Trust and states that their workforce is 100-percent Trust beneficiaries. Over the past few years there is a feeling that we have become a training ground. Folks come in, get some really good experience, and then move on to other programs that are beginning to grow that offer better benefits, higher pay and retirement. He hopes that having this stipend is a good first step to stabilizing the workforce. He explains that over the years the work has become more complex. Every Trust beneficiary category, except Alzheimer's or dementia, has been served. He is most proud of, with last year's support from the Trust and DBH, being able to serve people without resources who are lost and kind of without hope. He states that last year 127 OCS cases were closed for families that we support;

91 percent of them reunified, which is huge. He thanks the trustees and adds that without their support that work would not be able to be done.

CHAIR COOKE asks if the trustees had any questions or comments.

TRUSTEE EASLEY states that she knows that their resources have been strained for a long time and asks if there is a feeling of being better able to take care of the caseload.

MR. CORNILS replies that they are getting better at doing more with less, but are at the point that they are stretched as thin as they can be without breaking. He states that they do not market the services in any way. They used to, but then it became an ethical issue. He continues that the people that come to us are in crisis, are homeless, are without mental health services and need help now. There are locations in Anchorage and in the Mat-Su, and we are running a waitlist of about six weeks. Currently, there are about 120 families being served.

CHAIR COOKE states that the Trust has been supporting this group for an extended period of time, and wants to see the group continue and to continue serving beneficiaries. He adds that the Trust is happy to aid that effort. He asks for any other questions. He calls the question on the motion.

There being no objection, the motion is approved.

MR. CORNILS thanks all.

TRUSTEE DERR makes a motion to approve \$182,959 FY19 Beneficiary Employment and Engagement focus area allocation to Polaris House in Juneau for the FY19 Polaris House Clubhouse BPI grant.

TRUSTEE SELBY seconds.

TRUSTEE DERR adds that the Polaris program in Juneau is an excellent program.

CHAIR COOKE asks Ms. Johnson for a further explanation.

MS. JOHNSON states that Polaris House is a Juneau-based drop-in center, but with the international definition of a clubhouse, which is a particular model of center that involves peer-support operations and the full engagement of the beneficiaries that are enrolled as members in the program with the operations of the clubhouse. It is a unique model that they are very proud of. She continues that this request is different from the other six in that Polaris House has been able to identify funding from other sources to offer health-care stipends to staff.

TRUSTEE MICHAEL asks Trustee Derr if this was the program that was looking at expanding their facility.

TRUSTEE DERR replies that when the Planning Commission reviewed it, they did not accept Polaris' grant, so Polaris will stay where they are.

TRUSTEE SMITH states that they are about to do a community-wide fundraiser, which will be very impressive. He continues that they are reaching out.

CHAIR COOKE calls the question.

There being no objection, the motion is approved.

TRUSTEE SELBY makes a motion to approve \$154,071 FY19 Beneficiary Employment and Engagement focus area allocation to NAMI Anchorage for the FY19 NAMI Anchorage capacity-building grant.

TRUSTEE DERR seconds.

MS. JOHNSON states that NAMI stands for the National Alliance on Mental Illness, and the Anchorage chapter is represented by Jason Lessard. She continues that over the past year NAMI has been undergoing some transitions. She adds that this is the first time NAMI Anchorage would offer health-care benefits to staff, and asks Mr. Lessard to continue.

MR. LESSARD states that NAMI Anchorage offers two very important support groups, one for peers is called a Connections Group. He explains that it is a peer-led and facilitated support group that is held twice a week. There is also a support group for families that meets twice monthly, also facilitated by family members with that experience. He continues that the family support group services were expanded out to Eagle River in February. There is a lot of demand for more support groups in the classes, and we are looking to further expand. He talks about some of the transitions, explaining that some staff and board members were lost. We were able to continue all of our services, which are very unique to the folks receiving them. He adds that, in addition to the support groups, there are also classes that are income structured from the national organization.

TRUSTEE MICHAEL asks if their building was sold.

MR. LESSARD replies that it is for sale. The state organization, NAMI Alaska, is the owner and we are a tenant. He states that it states in the strategic plan to assess what the actual needs are in this space and the space that is actually needed to move forward.

TRUSTEE SMITH states that he has had occasion to spend a lot of time on the NAMI national website and there are some tremendous resources there. He appreciates what they do.

CHAIR COOKE states that staff is fully supportive of this proposal and asks if this is relatively new in comparison to some of the other organizations that are being considered today.

MS. JOHNSON replies that all six are part of the original 2008 cohort, so the longevity is the same with each of these.

CHAIR COOKE states that he understands that this particular group provides unique function

that are not replicated anywhere else in the community -- linking people to sources. He calls the question on the motion.

There being no objection, the motion is approved.

TRUSTEE SMITH makes a motion to approve a \$100,550 FY19 Beneficiary Employment and Engagement focus area allocation to NAMI Juneau for the NAMI beneficiary project initiative grant.

TRUSTEE DERR seconds.

MS. JOHNSON states that the funding request is for a small increase for health-care stipends, as well as a small adjustment for an increase in cost for workers' comp.

TRUSTEE EASLEY asks about Crisis Intervention Training to the Juneau Police.

MS. BOURMAN replies that they are part of the Crisis Intervention Team training. This program has been going for a few years in the Juneau community. She states that they were part of the training and part of the community discussions with the chief of police at the time to encourage the community to implement CIT and continue to be represented when they have their training.

CHAIR COOKE asks for any further discussion. There being none, he calls the question.

There being no objection, the motion is approved.

TRUSTEE SELBY makes a motion to approve \$305,000 FY19 partnership grant to the Fairbanks Rescue Mission, Inc. for the Fairbanks Rapid Rehousing Project.

TRUSTEE SMITH seconds.

MS. BARSTAD states that this is a request to start a coordinated rapid rehousing program in the Fairbanks area. Rapid rehousing is extremely cost effective. It pairs rental assistance with case management. She continues that she is very impressed with the Fairbanks Coalition in that working as a team they formed a partnership to bring this request forward which is unique and shows the solidarity of the coalition and their willingness to work together to solve this problem.

MR. SANDERS states that the Rescue Mission was chosen as the host agency by a unanimous decision of the groups that are working together. He continues that the shared rapid rehousing plan will be based off the SSDF program. The Rescue Mission was chosen because they have rapid rehousing expertise, and they are thinking about taking the person who is currently in charge of the SSDF program, which is the most successful in the state, and making her in charge of both of the programs.

CHAIR COOKE asks for further comments or discussion. There being none he calls the question.

There being no objection, the motion is approved.

TRUSTEE SELBY makes a motion to approve using up to \$175,000 in FY19 partnership grant funds for contractual services to assist the Alaska Pioneer Home with staffing analysis to maximum facility utilization.

TRUSTEE MICHAEL seconds.

MS. BARSTAD states that this request is made in conjunction with the Alaska Pioneer Homes. There is a need to look at the staffing process in the Pioneer Homes, identifying where they can operate as efficiently as possible, so those resources can be maximized. The hope is for a plan for a full-bed utilization, and to identify how the Pioneer Homes can operate at the best capacity with the different levels of service that are offered in each home. She asks Amanda Lofgren to continue.

MS. LOFGREN states that she has spent the last year getting to know and understand the different aspects of the Pioneer Home. There are six homes: Fairbanks; Palmer, which is the only state-licensed veterans home with 75 percent of the elders being veterans; Anchorage; Sitka; Ketchikan; and Juneau. She continues that over the last four years there have been budget cuts that have reduced staffing, which has reduced the capacity to serve and fill beds. She adds that they are currently licensed for 496 elders and are servicing an average of 435 per day, the current occupancy. She states that 38 positions have been lost, which includes both full-time and part-time, and we currently feel that with the current staff, additional elders could not be served without jeopardizing the health, safety and the integrity of the quality of services. She explains in greater detail and clarifies that it is the individuals with dementia that have very challenging behaviors. It is not appropriate for them to be hospitalized. She continues that the Pioneer Home system should look at making sure that the resources are maximized, ensuring that the community needs as well as those adjustments that are being made are being met. She states that they went through and determined that they do serve quite a few beneficiaries outside of the traditional Alzheimer's disease and related dementia.

TRUSTEE MICHAELS asks if they have the same challenges that API has with staffing 7.5 hour shifts being a 24-hour facility.

MS. LOFGREN replies that in some of the homes they have been able to work with the nurses and the local union to get 12.5 hour shifts for alternative workweeks. This has not been successful in all of the communities. She continues explaining the struggles, and some of the successes.

CHAIR COOKE states that, in reading the proposal, the idea for a staffing analysis came from a Legislative Budget and Audit report that reviewed the operation of the Pioneer Home, but then the Legislature failed to provide the funds to conduct this staffing analysis. He asks why the Trust should do it.

MS. LOFGREN clarifies that the audit was not specifically to look at the staffing. She states that

there were two audits: The first was to look at the financial aspects of the Pioneer Homes. There was one section in the legislative audit that said the staffing ratios are higher than national average and should be further looked at. She explains that was all they alluded to. She states that the recommendation in that legislative audit was that a further analysis should be done on staffing. In terms of the Trust funding this, she feels that having the Trust as a neutral entity funding this, with the beneficiaries' interests first and foremost, is a very appropriate and important aspect in all of this. She adds that they are trying to figure out how to maximize the resources as efficiently as possible.

CHAIR COOKE states that he understands the interest of neutrality. But if a neutral or outside party does it and makes certain recommendations, what incentive is there at the Pioneer Home to follow any of those recommendations.

MS. LOFGREN replies that she testified to this at both the Senate and the House Finance Committee. There was a whole direct presentation by the legislative finance director around the Pioneer Homes and the hollow budgets. She states that there is very much incentive to follow the recommendations to be able to implement and maximize the resources, because the legislators are also looking at areas that can be cut or reduced. It was also posed that if we are able to demonstrate that additional services to more elders can be provided, they are interested in hearing that and working with us on how to make that work.

MR. WILLIAMS states that these are the types of things that the Trust has funded in the past and is currently considering right now to fund, and there will be interest in trying to do this in the future. He continues that, in this case, having the Trust be a part of the process and then working with the Pioneer Homes to look at those recommendations, and then identifying which of those recommendations are feasible, have the most impact on beneficiaries, and then moving forward with the Department to strategize on how those recommendations get implemented. Some of which may require funding, all of which would be leveraged to actually get the Legislature to appropriate some funds.

TRUSTEE DERR states that she had the same concerns and then looked at the real numbers that were provided. She continues that 236 of the 423 beds are Trust beneficiaries. She adds that it removed any concerns she had, and this funding is for the beneficiaries.

The discussion continues.

TRUSTEE MICHAEL asks about the beds that are not full right now; and if there are efficiencies that can help get those beds back into use.

MS. LOFGREN replies that is part of it, and another part of it is that the methodology on staffing ratios. Right now we are at the number of beds that can be filled. She states that the intent is to be able to maximize the use of the building so there are no vacant beds, but we need to figure out how many staff are needed to do that.

CHAIR COOKE calls the question.

With one objection, the motion is approved.

TRUSTEE SELBY makes a motion to approve \$135,000 FY19 partnership grant to the Alaska Housing Finance Corporation for the Alaska Coalition on Housing and Homelessness Rural Capacity Expansion.

TRUSTEE DERR seconds.

MS. BARSTAD states that this request builds on the information gained through the housing presentation. She continues that Brian Wilson is here from the Coalition, the executive director and sole employee at this time covering the entire balance of the state to implement housing and homelessness services. There is a significant need still in rural Alaska to determine who is ready to take the next steps in building permanent supportive housing programs. She states that Fairbanks, Anchorage, and Juneau are well covered. There are needs assessments to be conducted, as well as more in-depth technical assistance to regions that are ready to get started with the work.

MR. WILSON states that it is a challenge in the coalition to be a one-man show that is responsible for planning a conference, managing a federal grant competition, standing up coordinated entry in the largest CoC geographic area, managing a client level database, as well as holding together all the administrative functions of the organization at once. Despite all that, he thinks that the most important piece of work done is community education. He continues that this position is for someone to help guide those communities through that process and coming up with a housing strategy for a region. That could be a launching point for other rural communities that are facing similar problems that are unique to Rural Alaska.

TRUSTEE MICHAEL asks if this is for three years.

MR. WILSON replies that this partnership grant approval is just for one year.

CHAIR COOKE asks if this is proposing to add personnel.

MR. WILSON replies yes.

The discussion continues.

CHAIR COOKE states interest in this and asks for a follow-up report in six months or so. He calls the question.

There being no objection, the motion is approved.

TRUSTEE SELBY states that in the interest of time, he will combine the four final items in one motion, particularly due to the fact that this will come back to the full board in May and is not a final action.

TRUSTEE SELBY makes a motion to recommend approval to the Full Board of Trustees the following four items: \$525,000 FY19 MHTAAR reallocation to the Division of Behavioral Health contractual support; a \$262,000 FY19 MHTAAR reallocation to the Division of Senior and Disability Services for contractual support; a \$200,000 FY19 MHTAAR reallocation to the Division of Health Care Services for continued support for the implementation of the coordinated care demonstration project; and an \$85,000 FY19 MHTAAR reallocation to the Office of Rate Review for the SB 74 work group and stakeholder activities.

TRUSTEE DERR seconds.

MS. BALDWIN-JOHNSON reminds all that the purpose of this is a change of intent. This is funding that was approved previously by Trustees for FY19 specifically for contracting with the Administrative Service Organization. In prior meetings the Department shared that because of some timeline shifts the full implementation of the ASO was going to be pushed out into the middle of FY19. She states that her understanding is that these are all for contractual services. She asks Mr. Burns to continue.

MR. BURNS states that the ASO and the 1115 are still in development and/or negotiation, which is extraordinarily intense. There is still the need for the assistance of the consultants on the 1115. He continues that part of the request related to the two consultants for that purpose: One for the 1115 and working with CMS; and the other with 1115 and working on the ASO. He adds that the other thing is anticipating the success in getting the ASO RFP out on the street. He states that, from the Division's perspective, they are anxious to look at the 1115 and the infrastructure needs of these various communities, the regional hubs where these services will be located. He continues the need to do an assessment of just exactly what may be necessary in those communities. He states that every time there is a change made to the 1115 application, it requires additional running of the data around its impact on the budget neutrality of the commitment to that.

CHAIR COOKE asks for any additional comments or questions. There being none, he calls the question.

There being no objection, the motion is approved.

CHAIR COOKE states that these recommendations will move on to the board at the next meeting.

TRUSTEE SELBY commends Mr. Williams and his entire staff on the great job done even with the new structure. You are all appreciated.

MR. WILLIAMS states appreciation for the comments.

CHAIR COOKE calls a ten-minute break.

(Break.)

CHAIR COOKE calls the meeting back to order, noting that Trustee Selby has left to catch an airplane. He continues that the next topic on the agenda is Workforce Development.

WORKFORCE DEVELOPMENT

MS. BALDWIN-JOHNSON begins with an overview starting with a little history about workforce and the Trust's engagement in that area. She states that they will highlight some of the workforce-related needs that are identified through the process of engaging with the Department around reform, and then explain some of the pressures on the system and how it relates to workforce. She continues that ultimately they will be engaging with the stakeholders in the two-day budget planning process where they will dig into some of the workforce strategies, and then hear all of the partners around the needs and priorities in that area.

MS. CRAFT states that she is the Alaska Health Workforce Coalition director, and also the associate dean for the College of Health and Planning Development and Partnerships. Many years ago the Trust and a lot of the key stakeholders with the Department of Labor and Workforce Development realized that the health industry was the fastest growing industry in the nation. The trustees at that time had a lot of insight and ensured that the workforce needs were addressed for the providers that work with the beneficiaries. She continues that in 2016 workforce development was taken away from being a separate focus area, and then embedded in all focus areas.

MR. BALDWIN states that over time there was a lot of talk about the importance of the Comprehensive Mental Health Program. It is in statute, and our partners are worked with to ensure that. Workforce has risen to the top as one of the core elements ensuring a Comprehensive Mental Health Program and Plan that has a coordinated, concerted action to make sure there is a program for beneficiaries. It is in everything we do.

MS. BALDWIN-JOHNSON states that, through the years, the Trust has made considerable contributions to building infrastructure, which serve our organizations statewide. She continues that the Trust maintains four primary focus areas: Beneficiary employment engagement; housing and long-term service and supports; substance abuse prevention and treatment; and disability justice. Each of these focus areas have workforce-related strategies. She continues her slide presentation, explaining as she continues. She states that the Medicaid expansion has up to 42,000 Alaskans that are now covered. There are new programs and grant-funded programs that have been developed through accessing and taking advantage of federal opportunities. With every new service and new program there is the challenge of workforce. She continues that with Medicaid expansion and the number of Alaskans that now have access to health care, the anticipation is that Medicaid expansion that will be brought into the state will be beneficial to our system and our services. With the Behavioral Health initiations there will be more work to move and shift the system to more collaborative models, interdisciplinary teams and competencies. She adds that training will need to be looked at in different ways in terms of enhancing the skill set and the competence of the workforce. In moving towards integrated systems where behavioral health intervention is provided in primary care setting, the medical and primary care staff need to have enhanced knowledge of behavioral health issues. She states that in the criminal justice realm the shift in the system is working with individuals to prevent them from

returning to incarceration and successful transition into the community, individuals need to know what the issues are that are facing beneficiaries with histories of incarceration, and many of the complexities that they face in regard to their success in seeking employment. She moves to highlighting some of the strategies in different focus areas that are workforce related. She states that the first one, ADR workforce, is housing and long-term services and support strategies. This is directing resources to develop capacity and competencies of workforce that are servicing beneficiaries with Alzheimer's disease and related dementias through targeted training. The housing and assisted living targeted capacity is training that is provided to housing providers to support individuals to remain housed to prevent homelessness, but also to give the tools and skills to that workforce that is working with complex people in their housing services that results in them being difficult to be maintained in housing. Training for that workforce is very critical, and the Trust Training Cooperative is the one that provides that training. Supported employment training is one of the strategies in the beneficiary employment engagement. She states that training for Department of Corrections staff on issues related to the beneficiaries and the challenges of serving them and the types of issues that they are facing, both for correctional staff, therapeutic court staff, to help provide access to the right type of training around that model so that they can operate those therapeutic courts effectively, as well as training for professionals that are working with correctional populations.

MS. CRAFT states that the health industry is the fastest growing industry in the nation and state. Last year 800 jobs were developed or created due to Medicaid expansion. A lot of capacity has been built. Through a registered apprenticeship program, RADACT is training behavioral health technicians, which are occupations that work within the provider system. She continues that the Alaska Primary Care Association has started a registered apprenticeship for community health workers. These are workers that work in the rural communities that help patients and beneficiaries connect with services, making sure they are getting the services they want. She adds that they have also developed billing and coding specialists, medical assistants and registered apprenticeships. There is capacity being built into the state; however the work is not done. She talks about the new hospital being built in Bethel and meeting with the Maple Springs Group, the developers in Mat-Su. She states that the University with the Trust and the Division of Behavioral Health are holding a stakeholder meeting on May 7th, during the Annual School on Addictions and Behavioral Health, to talk about the 1115 waiver workforce. She then goes through the projects that are currently being funded in workforce development.

MS. BALDWIN-JOHNSON discusses the data from the Alaska Training Cooperative, which is from 2017, collected and reported to the Trust in terms of the trainings that have been provided, the numbers of organizations that have accessed those trainings, the communities across the state, and different types of support that are also being offered to organizations. She states that it is a helpful resource to organize trainings statewide for providers, to agencies that need to track this, and individuals that want to keep track of their trainings because they are pursuing certifications, licensure, or CEUs that are required. She continues that the Cooperative, with their willingness and our encouragement, is poised to be responsive to the needs that are coming out of the reform effort. Specifically, one of the contractors working with the Department did a readiness assessment both of the DBH staff and their competencies to shift into a more contract management function, as well as the provider organizations to get a sense of their readiness to

survive in more of a managed-care environment. She adds that the Training Cooperative stepped right into that and assisted with the coordination and putting on the trainings for DBH staff.

MS. CRAFT points out that the direct support professionals and the peer support professionals are the backbone and key foundation to the workforce. She states that they are the entry level for direct support professionals that move forward onto other positions, and the peer support specialists are extremely important to recovery and movement through the system. She continues her presentation, explaining as she goes through the different projects.

MS. BALDWIN-JOHNSON states that the last slide is about the path forward. There will be more conversations about the different strategies in the stakeholder process, and we want to have discussions with trustees and folks on their thoughts and ideas. She continues that the recommendation is that this work is very important, and the commitment with the partners to continue focusing on this and leveraging the relationships that we have with all of the partners that are engaged in this work is maintained. The plan is to continue working with the Department, the Training Cooperative, Department of Corrections on the emerging needs related to workforce, the emerging training needs related to workforce for these main reform areas.

CHAIR COOKE asks how many people have gone through these various training programs that are now working as part of the workforce serving the beneficiaries.

MS. CRAFT replies that there is no way to measure it on that end because the study would be too expensive, and the trustees decided about six years ago that was not an expense they wanted to take on.

CHAIR COOKE asks how we know that all this effort is benefiting or serving the beneficiaries.

MS. CRAFT replies that if people are getting trained that the thought is they are going to provide better service on the back end.

CHAIR COOKE asks if they are staying in Alaska.

MS. CRAFT answers that most of the ones that are being funded are, but we don't know overall.

MR. BALDWIN states that this has been a data development project to identify some of the outcomes without spending twice as much money on developing the outcomes. He adds that they are trying to get it into a way that is more useable.

CHAIR COOKE asks if this workforce is being developed to serve the needs of the beneficiaries.

MS. CRAFT replies that they are able to crosswalk the data with the PFD on who is staying in state, what fields they are working in, and we cannot match them up if they are specifically working with a beneficiary.

MR. BALDWIN responds that they are still working in their field to some extent.

MS. CRAFT states that they cannot find if they are tied to a specific beneficiary.

TRUSTEE BOERNER asks if working with the partners may be able to devise a way or mechanism to help answer or measure or evaluate. She states that her daughter participated in the Alaska Youth for Health Careers and went through that program and did get certified in mental health first aid. She is now interested.

MS. CAUBLE states that she is the director of the Alaska Training Cooperative for the last eight years, and with the Training Cooperative for a total of 11 years. She continues that it is important to consider what the stakeholders -- and those would be the providers of services to Trust beneficiaries -- see as the value of the training that is provided through the workforce initiative. She adds that to do that data collection is a huge undertaking and a great expense. What is known is that executive directors, managers, and supervisors say that a trained workforce that is getting continual education, updates, knowledge, and skills provide better services, and the beneficiary outcomes are increased. There is a better satisfaction, better outcome for families. It is that piece that is taken on that anecdotal note because it is such a huge research and expense.

CHAIR COOKE thanks all for the presentations and for all the efforts. He continues that it is important that the committee and the board have some knowledge about where the funds are going and what the programs are. He adds that he wants to provide an opportunity for further discussion by any trustees in addition to the particular programs. He asks if the trustees have any questions on the quarterly report.

TRUSTEE DERR states that she went through it carefully and appreciates all the hard work that went into it. She continues that she had a few questions, emailed them to the CEO, and got wonderful answers from Luke. On the feedback, the presentation was great, and the feedback received was very good.

CHAIR COOKE asks for anyone else. He states that one thing he would like to see in these reports, if our funds are used to make other funds available or be a part of a contribution to a larger undertaking, are put into the little summaries. He continues that it is important that the Trust funds are used to build or acquire other funds for our grantees to make a project more viable or to provide greater value to the beneficiaries than just what the contribution represents.

MR. ABBOTT states that the full project budget and what percentage of that is Trust fund, can be shown, as well as the other funding streams.

CHAIR COOKE asks for anything further or any additional CEO update matters.

MR. ABBOTT states that the reprise of the weekly report will be the end of next week. He continues that there is a possibility of an Ad Hoc Committee meeting towards the end of next week. He adds that he will be working with the chairman of the Ad Hoc Committee to set a time and date.

CHAIR COOKE states that in the agenda there is an opportunity for trustee comments which

will provide an opportunity for trustee observations, comments, suggestions. He recognizes Trustee Boerner.

TRUSTEE BOERNER states that she just completed her first week as a trustee and feels very humbled and takes a minute to offer a few words of appreciation. She thanks the tribes who supported her nomination, to the advisory boards that reviewed all of the good candidates, to the Governor and to the Legislature for their consideration of her application. She also expresses her appreciation to the trustees that showed a great deal of support throughout the process, and when the appointment came through. She expresses her gratitude to the staff and is impressed with all the work they do. She states that she is looking forward to the next full board meeting to share about the visit with our partners, with ABADA and the Alaska Mental Health Board. It was very heartwarming. She adds that she hopes to honor the beneficiaries, their families, and the communities that support them. She wants to honor their struggles and is moved by their bravery. She thanks all for the opportunity to have this on the agenda.

TRUSTEE SMITH states that when he sits in on a full day of program-related, administrative-related, budget-related matters, workforce matters, he realizes how much he still does not know. As the Resource Chair, he encourages the other trustees to take advantage of the opportunity to learn about the resource side, the assets side, the business side, and the revenue side of what we do. He states that the TLO has completed an education piece on mining, and we have quite a bit of resources in mining. He continues that the point from all this is that the trustees need to have an elevated sense of what we need to know in order to generate maximum revenue for the programs that support the beneficiaries. He thinks that is an important role. He thanks all for sharing the program side because he needs to do a lot more work in that area.

CHAIR COOKE recognizes Trustee Derr.

TRUSTEE DERR states that she has nothing to add.

CHAIR COOKE recognizes Trustee Michael.

TRUSTEE MICHAEL thanks the staff and everyone who has been here for the last two days. It is a long time to sit. She also thanks the trustees for their patience, leadership on chairing committees, and just for the cooperation. She wants all to know that she appreciates it.

CHAIR COOKE talks about the trip to Utqiagvik, formerly known as Barrow, Alaska. Trustee Boerner, Mr. Williams, Ms. Baldwin-Johnson and he had the pleasure of going there on Tuesday and Wednesday to attend a meeting of the Advisory Board on Drug and Alcohol Abuse and the Alaska Mental Health Board. We had a chance to present some information about the Trust, but mainly listened, observed, and heard their concerns about the issues they focus on. He continues that they also had a chance to meet with some folks in the community, with the North Slope Borough office, Arctic Slope Regional Corporation, local churches, the fire department, and the police department to hear some of their concerns. It is important to do this outreach when we can. He adds that at the end of the meeting he was told by a board member that had been on the board for 11 years, and this is the first time a member of the Trust board has come to one of the meetings. He states that is a message that not only do the advisory boards usually come to our

meetings, but we need to pay attention to them. He adds that it was a worthwhile experience and recommends that other Trustees make time available once in a while to go to the meetings of our advisory boards. He states that we have been talking about the Permanent Fund and have a lot of money with them. We might consider whether or not we are making socially conscious investments. Is our money being placed with companies that add to the problems of the beneficiaries? With that, he asks for any other matters to come before the committee.

TRUSTEE MICHAEL makes a motion to adjourn.

TRUSTEE BOERNER seconds.

There being no objection, the meeting is adjourned.

(Program and Planning Committee adjourned at 5:00 p.m.)

	A	B	T	V	W	X	Y	Z	AF	AH	AI	AJ	AK	AO	AP	AQ	AR
1		Alaska Mental Health Trust Authority															
2		FY20 Budget Recommendations															
3		July 25, 2018															
4		(amounts in thousands)															
5																	
6				FY19 Approved Budget						FY20 Recommendations				FY21 Recommendations			
7				MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		Proposed Changes	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other
8																	
9		Non-Focus Area Allocations															
10		Trust / TLO Operating Budgets		8,703.7	-	-	-		-	8,703.7	-	-	-	8,703.7	-	-	-
11		Other Non-Focus Area Allocations		887.0	5,065.0	-	-		1,214.8	901.8	6,265.0	-	-	901.8	6,065.0	-	-
12																	
13		Alaska Systems Reform															
14		Medicaid Reform and Redesign (SB74)		5,254.4	804.0	100.0	-		(2,425.6)	3,247.8	385.0	63.0	-	2,182.8	335.0	63.0	-
15		Criminal Justice Reform & Reinvestment (SB91)		2,360.3	1,435.0	-	-		(207.0)	2,321.8	1,266.5	193.8	-	2,321.8	1,266.5	193.8	-
16																	
17		Focus Areas:															
18		Housing and Long-Term Services & Supports		1,450.0	616.5	3,350.0	8,100.0		458.5	1,655.0	710.0	3,510.0	8,100.0	1,610.0	710.0	3,510.0	8,100.0
19		Beneficiary Employment and Engagement		250.0	1,805.0	-	-		265.2	350.0	1,970.2	-	-	350.0	1,970.2	-	-
20		Substance Abuse Prevention and Treatment		-	270.0	-	-		630.0	-	900.0	-	100.0	-	900.0	-	100.0
21		Disability Justice		86.7	60.0	-	-		(7.4)	89.3	50.0	-	-	89.3	50.0	-	-
22																	
23		Advisory Board Requests		550.0	-	1,750.0	-		0.0	550.0	-	1,750.0	-	550.0	-	1,750.0	-
24																	
25		Totals		19,542.1	10,055.5	5,200.0	8,100.0		(71.5)	17,819.4	11,546.7	5,516.8	8,200.0	16,709.4	11,296.7	5,516.8	8,200.0
26																	

	A	B	D	N	BH	CC	CE	CF	CG	CH	CP	CQ	CR	CT	CU	CV	CW	CZ	DA	DB	DC
5	Non-Focus Area Allocations		Type			FY19 Approved Budget						MHTAAR & AG		FY20 Recommendations				FY21 Recommendations			
6		Dept/RDU Component (or recipient)	O/ Capital Grant			MHTAAR / MHT Admin	Authority Grant	GF/MH	Other			FY19 Approved	Proposed Increase (Decrease)	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other
7	Trust & TLO Administrative Budgets																				
8	Trust Authority MHT Admin Budget		DOR	O		4,135.3	-	-	-			4,135.3		4,135.3	-	-	-	4,135.3	-	-	-
9	Trust Land Office MHTAAR Budget		DNR	O		4,568.4	-	-	-			4,568.4		4,568.4	-	-	-	4,568.4	-	-	-
10	Total Trust & TLO					8,703.7	-	-	-			8,703.7	0.0	8,703.7	-	-	-	8,703.7	-	-	-
12																					
13	Other Non-Focus Area Allocations																				
14																					
15	Grant Making Programs																				
16	Partnerships / Designated Grants		AG			-	1,650.0	-	-			1,650.0	500.0	-	2,150.0	-	-	-	2,150.0	-	-
18	Grant Making Programs Subtotal					-	1,650.0	-	-			1,650.0	500.0	-	2,150.0	-	-	-	2,150.0	-	-
20																					
21	Dental																				
22	Trust Directed Projects - Dental		ANHC (Anch Comm Hlth)	AG		-	140.0	-	-			140.0		-	140.0	-	-	-	140.0	-	-
23	Trust Directed Projects - Dental		ICHC (Fbks Comm Hlth)	AG		-	100.0	-	-			100.0		-	100.0	-	-	-	100.0	-	-
24	Donated Dental		Dental Lifeline Network	AG		-	30.0	-	-			30.0		-	30.0	-	-	-	30.0	-	-
25	Dental Subtotal					-	270.0	-	-			270.0	0.0	-	270.0	-	-	-	270.0	-	-
27																					
28	Mini Grants																				
29	Mini Grants for beneficiaries experiencing mental illness, chronic alcoholism & substance abuse.		AG			-	950.0	-	-			950.0		-	950.0	-	-	-	950.0	-	-
30	Mini grants for ADRD beneficiaries		Alzheimers' Resource Agency	AG		-	350.0	-	-			350.0		-	350.0	-	-	-	350.0	-	-
31	Mini grants for beneficiaries with developmental disabilities			AG			400.0	-	-			400.0			400.0	-	-	-	400.0	-	-
32	Mini Grants Subtotal					-	1,700.0	-	-			1,700.0	0.0	-	1,700.0	-	-	-	1,700.0	-	-
33																					
34	Trust Statutory Advisory Boards																				
35	ABADA/AMHB joint staffing		DHSS/DBH/AMHB-ABADA	O		465.5	-	-	-			465.5	14.0	479.5	-	-	-	479.5	-	-	-
36	GCDSE operating/Research Analyst III (06-0534)		DHSS/DSDS/GCDSE	O		127.4	-	-	-			127.4	3.8	131.2	-	-	-	131.2	-	-	-
37	ACoA Planner (06-1513)		DHSS/DSDS/ACoA	O		119.1	-	-	-			119.1	7.0	126.1	-	-	-	126.1	-	-	-
38	Trust Statutory Advisory Boards Subtotal					712.0	-	-	-			712.0	24.8	736.8	-	-	-	736.8	-	-	-
39																					

	A	B	D	N	BH	CC	CE	CF	CG	CH	CP	CQ	CR	CT	CU	CV	CW	CZ	DA	DB	DC
5	Non-Focus Area Allocations		Type			FY19 Approved Budget						MHTAAR & AG		FY20 Recommendations				FY21 Recommendations			
6		Dept/RDU Component (or recipient)	(O) / Capital (C) / Grant			MHTAAR / MHT Admin	Authority Grant	GF/MH	Other			FY19 Approved	Proposed Increase (Decrease)	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other
40	Traumatic Brain Injury Efforts																				
41	AK Brain Injury Network - operating		ABIN	AG		-	160.0	-	-			160.0	(160.0)	-	-	-	-	-	-	-	-
42	Traumatic Brain Injury Efforts Subtotal					-	160.0	-	-			160.0	(160.0)	-	-	-	-	-	-	-	-
44																					
45	BTKH Maintenance/Monitoring			AG		-	60.0	-	-			60.0	20.0	-	80.0	-	-	-	80.0	-	-
46	BTKH Subtotal					-	60.0	-	-			60.0	20.0	-	80.0	-	-	-	80.0	-	-
47																					
48	Consultative & Technical Assistance Services																				
49	Grant-writing technical assistance			AG		-	150.0	-	-			150.0	30.0	-	180.0	-	-	-	180.0	-	-
50	Technical assistance for beneficiary groups & Trust initiatives			AG		-	300.0	-	-			300.0	60.0	-	360.0	-	-	-	360.0	-	-
51	Communications			AG		-	400.0	-	-			400.0		-	400.0	-	-	-	400.0	-	-
52	Pooled predevelopment core operating maintenance			AG		-	75.0	-	-			75.0		-	75.0	-	-	-	75.0	-	-
53	Pooled predevelopment individual projects			AG		-	150.0	-	-			150.0		-	150.0	-	-	-	150.0	-	-
54	Consultative & Technical Assistance Services Subtotal					-	1,075.0	-	-			1,075.0	90.0	-	1,165.0	-	-	-	1,165.0	-	-
55																					
56	Data Evaluation & Planning																				
57	Scorecard Update		DHSS/DPH/HPSPD	O		40.0	-	-	-			40.0		40.0	-	-	-	40.0	-	-	-
58	Comprehensive Program Planning & Consultative Services			AG		-	100.0	-	-			100.0		-	100.0	-	-	-	100.0	-	-
59	Behavioral Risk Factor Surveillance System		Chronic Disease Prev Hlth Promo	AG		10.0	-	-	-			10.0	(10.0)		-	-	-		-	-	-
60	Alaska Health Workforce Profile		DOLWD / Administrative Services Division	O		75.0	-	-	-			75.0		75.0	-	-	-	75.0	-	-	-
61	Data Evaluation & Planning Subtotal					125.0	100.0	-	-			225.0	(10.0)	115.0	100.0	-	-	115.0	100.0	-	-
62																					
63	Other																				
64	Sustaining Alaska 2-1-1		United Way	AG		-	40.0	-	-			40.0		-	40.0	-	-	-	40.0	-	-
65	Advocacy Training			AG		-	10.0	-	-			10.0		-	10.0	-	-	-	10.0	-	-
66	Rural & Community Outreach			AG								0.0	200.0	-	200.0						
67	Early Childhood Prevention & Intervention			AG								0.0	200.0		200.0				200.0		
68	Emergency Psychiatric Services Assistance			AG								0.0	300.0		300.0				300.0		
69	Workforce Admin Allocation					-						0.0	50.0		50.0				50.0		
70	AK Autism Resource center		DEED/Teaching/SSA	O		50.0						50.0		50.0				50.0			
71	Other Subtotal					50.0	50.0	-	-			100.0	750.0	50.0	800.0	-	-	50.0	600.0	-	-
72																					
73	Total Other Non-Focus Area Allocations					887.0	5,065.0	-	-			5,952.0	1,214.8	901.8	6,265.0	-	-	901.8	6,065.0	-	-
75	Total Non-Focus Area Allocations					9,590.7	5,065.0	-	-			14,655.7	1,214.8	9,605.5	6,265.0	-	-	9,605.5	6,065.0	-	-

	A	B	D	N	CC	CE	CF	CG	CH	CX	CY	CZ	DB	DC	DD	DE	DF	DH	DI	DJ	DK
5		Medicaid Reform & Redesign	Type			FY19 Approved Budget					MHTAAR & AG		FY20 Recommendations					FY21 Recommendations			
6			Dept/RDU Component (or recipient)	Operating (O) / Capital (C) / Multi-Year (AG)		MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		FY19 Approved	Proposed Increase (Decrease)	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		MHTAAR / MHT Admin	Authority Grant	GF/MH	Other
63		Administrative Services Organization (ASO) cost. 50% of total (assumes 50% federal)	DHSS /Medicaid Svcs (Medicaid Reform - Project 4- Administrative Services Organization (ASO)	O (FN#55)		2,650.0	-	-	-		2,650.0	(2,650.0)	-	-	-	-		-	-	-	-
66		Actuarial Analysis	DHSS /Medicaid Svcs (Medicaid Reform - Project 4- Administrative Services Organization (ASO)								0.0	400.0	400.0					400.0			
67		Reform Consultation	DHSS /Medicaid Svcs (Medicaid Reform - Project 4- Administrative Services Organization (ASO)								0.0	125.0	125.0								
68		ASO Contract & 1115 work	DHSS /Medicaid Svcs (Medicaid Reform - Project 4- Administrative Services Organization (ASO)								0.0	825.0	825.0								
69		Strategy Subtotal				3,090.3	-	-	-		3,090.3	(1,740.3)	1,350.0	-	-	-		400.0	-	-	-
70		Trust Related Investments																			
71		Systems and Policy Development																			
72		HCBS Medicaid Reform Program Manager and Aquired and Traumatic Brain Injury (ATBI) Program Research Analyst	DHSS/SDS Senior & Disabilities Services Administration	O		54.0	-	-	-		54.0	(54.0)	-	-	-	-		-	-	-	-
73		Strategy Subtotal				54.0	-	-	-		54.0	(54.0)	-	-	-	-		-	-	-	-
74																					
75		Increased Capacity, Training and Competencies																			
76		The Alaska Training Cooperative	UAA College of Health	O		984.0	-	-	-		984.0		984.0	-	-	-		984.0	-	-	-
77		Workforce Director	UAA COH OHPD	O		146.1	-	-	-		146.1	(146.1)	-	-	-	-		-	-	-	-
78		DD system capacity development (HLTSS) Housing continuum and Assisted Living targeted capacity development training (HLTSS)	AK Assn of Developmental Disabilities (AADD)	AG		-	65.0	-	-		65.0		-	65.0	-	-		-	65.0	-	-
79			UAA/CHD	O		50.0	-	-	-		50.0		50.0	-	-	-		-	-	-	-
80		ADRD Workforce (HLTSS)	Alzheimers' Resource of Alaska	AG		-	50.0	-	-		50.0		-	50.0	-	-		-	-	-	-
81		Supported Employment Provider training infrastructure and capacity (BEE)	UAA/CHD	O		65.0	-	-	-		65.0		65.0	-	-	-		-	-	-	-
82		Peer support workforce (BEE)	Trust	AG		-	55.0	-	-		55.0		-	55.0	-	-		-	55.0	-	-

	A	B	D	N	CC	CE	CF	CG	CH	CX	CY	CZ	DB	DC	DD	DE	DF	DH	DI	DJ	DK
5		Medicaid Reform & Redesign	Type			FY19 Approved Budget					MHTAAR & AG		FY20 Recommendations					FY21 Recommendations			
6			Dept/RDU Component (or recipient)	Operating (O)/ Priority (P)/ Multi Grant (AG)		MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		FY19 Approved	Proposed Increase (Decrease)	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		MHTAAR / MHT Admin	Authority Grant	GF/MH	Other
83		Providing Support for Service to Health Care Practitioners(SHARP)	DHSS/DPH/Health Planning & Systems Development	O		200.0	-	-	-		200.0		200.0	-	-	-		200.0	-	-	-
84		Alaska Area Health Education Centers	UAA AHEC (COH)			55.0	-	-	-		55.0		55.0	-	-	-		55.0	-	-	-
85		Alaska Psychology Internship Consortium (AK-PIC)	WICHE	AG		-	59.0	-	-		59.0	(44.0)	-	15.0	-	-		-	15.0	-	-
86		Strategy Subtotal				1,500.1	229.0	-	-		1,729.1	(190.1)	1,354.0	185.0	-	-		1,239.0	135.0	-	-
87																					
88		Behavioral Health Access																			
89		Assisted Living Home transition and institutional diversion (HLTSS)		AG		-	100.0	-	-		100.0	(100.0)	-	-	-	-		-	-	-	-
90		Office of Integrated Housing (HLTSS)	DHSS/DBH/ BH Admin	O		122.0	-	-	-		122.0	3.7	125.7	-	-	-		125.7	-	-	-
91		Senior and Disabilities Division Supported Housing program manager (HLTSS)	DHSS/SDSDS/ Admin	O		71.0	-	-	-		71.0	(71.0)	-	-	-	-		-	-	-	-
92		Senior Psychiatric Outreach Team Planning (HLTSS)		AG			50.0				50.0			50.0					50.0		
93		Vocational Coordinator (BEE)	ACMHS	AG			100.0				100.0	(100.0)		-					-		
94		Strategy Subtotal				193.0	250.0	-	-		443.0	(267.3)	125.7	50.0	-	-		125.7	50.0	-	-
95																					
96		Home and Community Based Services																			
97		Traumatic Brain Injury Resource Navigator (FY17/prior "State of Alaska Acquired and Traumatic Brain Injury (ATBI) Program Resource Navigator (ABIN)")	ABIN	AG		-	75.0	-	-		75.0	(75.0)	-	-	-	-		-	-	-	-
98		System infrastructure and capacity development for ADRD and IDD programs (HLTSS)		AG		-	100.0	-	-		100.0	50.0	-	150.0	-	-		-	150.0	-	-
99		Complex Behavioral Flex Funds (HLTSS)	Kenai Peninsula Independent Living Center	AG			150.0				150.0	(150.0)		-					-		
100		IT application / Telehealth Service System Improvements (HLTSS)	DHSS/SDS	O		37.0	-	100.0	-		37.0	1.1	38.1	-	63.0	-		38.1	-	63.0	-
101		Aging and Disability Resource Center (HLTSS)	DHSS/SDS/Senior Community Based Grants	O		300.0	-	-	-		300.0		300.0	-	-	-		300.0	-	-	-
102		Strategy Subtotal				337.0	325.0	100.0	-		662.0	(173.9)	338.1	150.0	63.0	-		338.1	150.0	63.0	-
103																					

	A	B	D	N	CC	CE	CF	CG	CH	CX	CY	CZ	DB	DC	DD	DE	DF	DH	DI	DJ	DK
5		Medicaid Reform & Redesign		Type		FY19 Approved Budget					MHTAAR & AG		FY20 Recommendations					FY21 Recommendations			
6			Dept/RDU Component (or recipient)	Operating (O) / Capital (C) / Multi Grant (AG)		MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		FY19 Approved	Proposed Increase (Decrease)	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		MHTAAR / MHT Admin	Authority Grant	GF/MH	Other
104		Health Information Technology & Data Analytics																			
105		Develop targeted outcome data (HLTSS)	DHSS SDS (FY17/prior AG)	O		80.0	-	-	-		80.0		80.0	-	-	-		80.0	-	-	-
106		Strategy Subtotal				80.0	-	-	-		80.0	0.0	80.0	-	-	-		80.0	-	-	-
107																					
113																					
114		Trust Related Investments Subtotal				2,164.1	804.0	100.0	-		2,968.1		1,897.8	385.0	63.0	-		1,782.8	335.0	63.0	-
115																					
116		Medicaid Reform & Redesign Total				5,254.4	804.0	100.0	-		6,058.4	(2,425.6)	3,247.8	385.0	63.0	-		2,182.8	335.0	63.0	-

	A	B	D	N	BH	CE	CF	CG	CH	CO	CP	CQ	CS	CT	CU	CV	CW	CY	CZ	DA	DB
5	Criminal Justice Reform and Reinvestment				Type	FY19 Approved Budget					MHTAAR & AG		FY20 Recommendations					FY21 Recommendations			
6		Dept/RDU Component (or recipient)	Operating (O) / Capital (C) / Auth Grant (AG)			MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		FY19 Approved	Proposed Increase (Decrease)	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		MHTAAR / MHT Admin	Authority Grant	GF/MH	Other
7	Trust Related Investments																				
8																					
9	Systems and Policy Development																				
10	Job Center liasion in correctional facilities (BEE)	DOLWD Employment & Training Services	O			125.0	-	-	-		125.0	3.8	128.8	-	-	-		128.8	-	-	-
11	Research Analyst (DJ)	DOC/Inmate Health/Behavioral Health	O			101.9	-	-	-		101.9	3.1	105.0	-	-	-		105.0	-	-	-
12	Alaska Justice Information Center (DJ)	UAA	O			225.0	-	-	-		225.0	TBD	225.0	-	-	-		225.0	-	-	-
13	Behavioral Health Diversion Planning (DJ)		AG			-	15.0	-	-		15.0	(15.0)	-	-	-	-		-	-	-	-
14	Strategy Subtotal					451.9	15.0	-	-		466.9	(8.2)	458.7	-	-	-		458.8	-	-	-
15																					
16	Increased Capacity, Training & Competencies																				
17	Implement CIT training courses: Anchorage and others (DJ)	Muni of Anchorage; City & Borough of Juneau, Dept. of Public Safety	AG			-	75.0	-	-		75.0	110.0	-	185.0	-	-		-	185.0	-	-
18	Training for therapeutic court staff (DJ)	ACS/Therapeutic courts	AG			15.0	-	-	-		15.0		15.0	-	-	-		15.0	-	-	-
19	Training for DOC mental health staff (DJ)	DOC/Inmate Health/Behavioral Health Care	O			25.0	-	-	-		25.0		25.0	-	-	-		25.0	-	-	-
20	Specialized skills & service training on servicing criminally justice involved beneficiaries (DJ)	UAA/CHD	O			72.5	-	-	-		72.5		72.5	-	-	-		72.5	-	-	-
21	Strategy Subtotal					112.5	75.0	-	-		187.5	110.0	112.5	185.0	-	-		112.5	185.0	-	-
22																					
23	Community Prevention																				
24	Self-sufficiency training (BEE)	YWCA	AG			-	50.0	-	-		50.0		-	50.0	-	-		-	50.0	-	-
26	Interpersonal Violence Prevenction for beneficiaries. (DJ)	UAA/CHD	O			80.0	-	-	-		80.0		80.0	-	-	-		80.0	-	-	-
27	Pre-development Activities for Developing Sleep Off Alternatives in Targeted Communities (Nome) (DJ)	DHSS/DBH/BH grants	O			50.0	-	-	-		50.0	(50.0)	-	-	-	-		-	-	-	-
28	Strategy Subtotal					130.0	50.0	-	-		180.0	(50.0)	80.0	50.0	-	-		80.0	50.0	-	-
29																					

	A	B	D	N	BH	CE	CF	CG	CH	CO	CP	CQ	CS	CT	CU	CV	CW	CY	CZ	DA	DB
5	Criminal Justice Reform and Reinvestment				Type	FY19 Approved Budget					MHTAAR & AG		FY20 Recommendations					FY21 Recommendations			
6		Dept/RDU Component (or recipient)	Operating (O) / Capital (C) / Auth Grant (AG)			MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		FY19 Approved	Proposed Increase (Decrease)	MHTAAR / MHT Admin	Authority Grant	GF/MH	Other		MHTAAR / MHT Admin	Authority Grant	GF/MH	Other
30	Community Intervention/Diversion																				
31	Assertive Community Treatment/Institutional diversion housing program (HLTSS)																				
32	Strategy Subtotal																				
33																					
34	Booking & Screening Practices																				
35	Reserved for future use																				
36																					
37	In-facility Practices																				
38	Juneau Mental Health Court (DJ)																				
39	Flex Funds for Mental Health Courts (Anchorage, Juneau, Palmer, and PFIT) (DJ)																				
40	PFIT Treatment access & training																				
41	Mental Health Clinician Oversight in DJJ youth facilities (DJ)																				
42	Holistic Defense- Bethel (DJ)																				
43	Holistic Defense- Bethel (DJ)																				
44	Strategy Subtotal																				
45																					
46	Re-entry																				
47	DOC discharge incentive grants (HLTSS)																				
48	Flexible special needs housing "rent-up" (HLTSS)																				
49	Implement APIC discharge planning model in DOC (DJ)																				
50	Local re-entry coalition coordinator (DJ)																				
51	Treatment Access																				
52	Strategy Subtotal																				
53																					
57	Criminal Justice Reform Total																				

	A	B	D	N	CG	CE	CF	CG	CH	CO	CP	CQ	CS	CT	CU	CV	CW	CY	CZ	DA	DB
5		Housing and Long-Term Services & Supports Focus Area	Type		FY19 Approved Budget						MHTAAR & AG		FY20 Recommendations					FY21 Recommendations			
6			Dept/RDU Component (or recipient)	Operating (O) / Capital (C) / Auth Grant (AG)		MHTAAR	Authority Grant	GF/MH	Other		FY19 Approved	Proposed Increase (Decrease)	MHTAAR	Authority Grant	GF/MH	Other		MHTAAR	Authority Grant	GF/MH	Other
7		Housing & Long Term Services and Supports policy coordination																			
8		Focus Area Administration		AG		-	85.0	-	-		85.0	(35.0)	-	50.0	-	-		-	50.0	-	-
9		Housing Coordinator	Community TBD	AG		-	196.5	-	-		196.5	(96.5)	-	100.0	-	-		-	100.0	-	-
10		Juneau Housing Coordinator	City and Borough of Juneau								0.0	100.0		100.0					100.0		
11		City of Fairbanks Housing Coordinator	City of Fairbanks	AG		-	100.0				100.0	10.0	-	110.0				-	110.0		
12		Strategy Subtotal				-	281.5	-	-		381.5	(21.5)	-	360.0	-	-		-	360.0	-	-
13																					
14		Beneficiaries access appropriate community based services																			
15		AK Brain Injury Network - operating	ABIN	AG		-	160.0	-	-	-		160.0	160.0	-	160.0	-	-	160.0	-	160.0	-
16		HCBS Reform Contract	Trust	AG							0.0	150.0		150.0					150.0		
17		Home modification & upgrades (FY 2018 - FY 2022 - MHTAAR Lapses June 30, 2022)	DHSS/Facilities	C		300.0	-	750.0	-		300.0		300.0	-	750.0	-		300.0	-	750.0	-
18		Strategy Subtotal				300.0	160.0	750.0	-		300.0	310.0	460.0	150.0	910.0	-		460.0	150.0	910.0	-
19																					
20		Beneficiaries live in safe, affordable housing through a balanced continuum of housing																			
21		Legal Resources for Trust Beneficiaries(evictions, legal barriers to stable housing)	Alaska Legal Services	AG		-	75.0	-	-		75.0		-	75.0	-	-		-	75.0	-	-
22		Special needs housing grant & Statewide Homeless Coalition Capacity Development (FY 2018 - FY 2022 - MHTAAR Lapses June 30, 2022)	DOR/AHFC	C		200.0	-	1,750.0	1,750.0		200.0		200.0	-	1,750.0	1,750.0		200.0	-	1,750.0	1,750.0
23		Environmental Modifications/Assistive Technology		AG			-				0.0	125.0		125.0					125.0		
24		ADRD Roadmap Contract Assistance		C							0.0	45.0	45.0								
25		Homeless assistance project (FY 2018 - FY 2022 - MHTAAR Lapses June 30, 2022)	DOR/AHFC	C		950.0	-	850.0	6,350.0		950.0		950.0	-	850.0	6,350.0		950.0	-	850.0	6,350.0
26		Strategy Subtotal				1,150.0	75.0	2,600.0	8,100.0		1,225.0	170.0	1,195.0	200.0	2,600.0	8,100.0		1,150.0	200.0	2,600.0	8,100.0
27																					
28		Housing and Long-Term Services & Supports Focus Area Total				1,450.0	616.5	3,350.0	8,100.0		1,906.5	458.5	1,655.0	710.0	3,510.0	8,100.0		1,610.0	710.0	3,510.0	8,100.0

	A	B	D	N	CC	CE	CF	CG	CH	CO	CP	CQ	CS	CT	CU	CV	CW	CY	CZ	DA	DB
5	Beneficiary Employment and Engagement Focus Area				Type	FY19 Approved Budget					MHTAAR & AG		FY20 Recommendations					FY21 Recommendations			
6		Dept/RDU Component (or recipient)	Operating (O) / Capital (C) / Auth Grant (AG)			MHTAAR	Authority Grant	GF/MH	Other		FY19 Approved	Proposed Increase (Decrease)	MHTAAR	Authority Grant	GF/MH	Other		MHTAAR	Authority Grant	GF/MH	Other
7		Beneficiaries have access to and use community employment services and supports	Trust	AG		-	-	-	-				-	-	-	-		-	-	-	-
8		Individual Placement and Supports		AG			150.0				150.0	50.0		200.0					200.0		
9		Pre-employment transition services		AG			100.0				100.0			100.0					100.0		
10		Vocational Coordinator	ACMHS	AG							0.0	100.0		100.0					100.0		
11		Strategy Subtotal				-	250.0	-	-		250.0	150.0	-	400.0	-	-		-	400.0	-	-
12																					
13		Beneficiaries have access to meaningful activities, community engagement and peer services																			
14		BP Program Grants	Trust	AG		-	1,420.0	-	-		1,420.0	(1,420.0)	-	-	TBD	-		-	-	TBD	-
15			CHOICES									440.2		440.2					440.2		
16			Consumer Web									333.6		333.6					333.6		
17			Polaris House									183.0		183.0					183.0		
18			NAMI Juneau									100.6		100.6					100.6		
19			NAMI Anchorage									154.1		154.1					154.1		
20			AYFN									208.7		208.7					208.7		
21		Strategy Subtotal				-	1,420.0	-	-		1,420.0	0.2	-	1,420.2	-	-		-	1,420.2	-	-
22																					
23		Beneficiaries increase self sufficiency																			
24		Social enterprise		AG		-	50.0	-	-		50.0		-	50.0	-	-		-	50.0	-	-
25		Micro enterprise	CHD	O		150.0	-	-	-		150.0		150.0	-	-	-		150.0	-	-	-
26		Strategy Subtotal				150.0	50.0	-	-		200.0	0.0	150.0	50.0	-	-		150.0	50.0	-	-
27																					
28		Focus area administration																			
29		Focus Area administration	Trust	AG		-	85.0	-	-		85.0	(35.0)	-	50.0	-	-		-	50.0	-	-
30		Data development and evaluation	Trust	AG		-	-	-	-		0.0	50.0	-	50.0	-	-		-	50.0	-	-
31		Beneficiary employment technical assistance and program coordination	DHSS GCDSE	O		100.0	-	-	-		100.0	100.0	200.0	-	-	-		200.0	-	-	-
33		Strategy Subtotal				100.0	85.0	-	-		185.0	115.0	200.0	100.0	-	-		200.0	100.0	-	-
34																					
35		Beneficiary Employment & Engagement Focus Area Total				250.0	1,805.0	-	-		2,055.0	265.2	350.0	1,970.2	-	-		350.0	1,970.2	-	-

	A	B	D	N	BU	CC	CE	CF	CG	CH	CU	CV	CW	CY	CZ	DA	DB	DC	DE	DF	DG	DH
5		Substance Abuse Prevention and Treatment	Type				FY19 Approved Budget					MHTAAR & AG		FY20 Recommendations					FY21 Recommendations			
6			Dept/RDU Component (or recipient)	Operating (O) / Capital (C) / Auth Grant (AG)			MHTAAR	Authority Grant	GF/MH	Other		FY19 Approved	Proposed Increase (Decrease)	MHTAAR	Authority Grant	GF/MH	Other		MHTAAR	Authority Grant	GF/MH	Other
7		Alaskan's Use Alcohol Responsibly and Avoid Illegal Substances																				
8		Partnerships: Recover Alaska	Sultana	AG			-	100.0	-	-		100.0		-	100.0	-	100.0		-	100.0	-	100.0
9		Strategy Subtotal					-	100.0	-	-		100.0	0.0	-	100.0	-	100.0		-	100.0	-	100.0
10																						
11		Alaskans: Free From Burdens Created By Alcohol & Substance Abuse																				
12		Treatment Access	Trust	AG			-	100.0	-	-		100.0	500.0	-	600.0	-	-		-	600.0	-	-
13		SUD Direct Service Professionals	Trust	AG				-				0.0	150.0		150.0					150.0		
14		Strategy Subtotal					-	100.0	-	-		100.0	650.0	-	750.0	-	-		-	750.0	-	-
15																						
20		Administration																				
21		Focus Area Administration	Trust	AG			-	70.0	-	-		70.0	(20.0)	-	50.0	-	-		-	50.0	-	-
22		Strategy Subtotal					-	70.0	-	-		70.0	(20.0)	-	50.0	-	-		-	50.0	-	-
23																						
24		Substance Abuse Prevention and Treatment Focus Area Total					-	270.0	-	-		270.0	630.0	-	900.0	-	100.0		-	900.0	-	100.0

	A	B	CC	CE	CF	CG	CH	CO	CP	CQ	CS	CT	CU	CV	CW	CY	CZ	DA	DB	
5	Disability Justice Focus Area			FY19 Approved Budget					MHTAAR & AG		FY20 Recommendations					FY21 Recommendations				
6					MHTAAR	Authority Grant	GF/MH	Other		FY19 Approved	Proposed Increase (Decrease)	MHTAAR	Authority Grant	GF/MH	Other		MHTAAR	Authority Grant	GF/MH	Other
7	Increased Capacity for Public Guardians																			
8	Public Guardian Position				86.7					86.7	2.6	89.3					89.3			
9	Strategy Subtotal				86.7	-	-	-		86.7	2.6	89.3	-	-	-		89.3	-	-	-
10	Disability Justice administrative costs																			
11	Focus Area Administration				-	60.0	-	-		60.0	(10.0)	-	50.0	-	-		-	50.0	-	-
12	Strategy Subtotal				-	60.0	-	-		60.0	(10.0)	-	50.0	-	-		-	50.0	-	-
13																				
14	Disability Justice Focus Area Total				86.7	60.0	-	-		146.7	(7.4)	89.3	50.0	-	-		89.3	50.0	-	-

	A	B	D	CC	CE	CF	CG	CH	CU	CV	CW	CY	CZ	DA	DB	DC	DE	DF	DG	DH
5		Advisory Board Requests			FY19 Approved Budget					MHTAAR & AG		FY20 Recommendations					FY21 Recommendations			
6			Dept/RDU Component (or recipient)		MHTAAR	Authority Grant	GF/MH	Other		FY19 Approved	Proposed Increase (Decrease)	MHTAAR	Authority Grant	GF/MH	Other		MHTAAR	Authority Grant	GF/MH	Other
7		Capital Requests (sponsored by all boards)																		
8		Deferred Maintenance (fund in even fiscal years)	DHSS/Dept Support Services Facilities Management		-	-	-	-		-	250.0	250.0	-	-	-		-	-	-	-
9		Medical Appliances and Assistive Technology	DHSS		-	-	500.0			-	-	-	-	500.0			-	-	500.0	
10		Coordinated Community Transportation (FY 2018 - FY 2022 - MHTAAR Lapses June 30, 2022)	DOTPF/Program Development Alaska Transit Office		300.0	-	1,000.0	-		300.0		300.0	-	1,000.0	-		300.0	-	1,000.0	-
11		Essential Program Equipment (FY 2018 - FY 2022 - MHTAAR Lapses June 30, 2022) (fund in odd fiscal years)	DHSS/Dept Support Services Facilities Management		250.0	-	250.0	-		250.0	(250.0)	-	-	250.0	-		250.0	-	250.0	-
12							-	-						-	-				-	-
13		Capital Subtotal			550.0	-	1,750.0	-		550.0	-	550.0	-	1,750.0	-		550.0	-	1,750.0	-
14																				
15		Advisory Board Total			550.0	-	1,750.0	-		550.0	-	550.0	-	1,750.0	-		550.0	-	1,750.0	-

Additional Background Information

- **FY17 Mental Health Trust Authority Authorized Receipts (MHTAAR)**
 - Performance Summary Report
 - Performance Summary Spreadsheet
- **Theory of Change**
- **Staff Analysis of FY18 Trust Funded Projects - Trust Stakeholder Information Packet <[click here](#)>**

MEMO

To: Chris Cooke, Program & Planning Committee Chair
From: Carrie Predeger, Grants Accountability Manager
Date: August 2, 2018
Re: FY17 Mental Health Trust Authority Authorized Receipts (MHTAAR) Performance Summary

Overview

Each fiscal year, trustees approve Mental Health Trust Authority Authorized Receipts (MHTAAR) funds to be granted to state agencies for specific operating and capital projects. These entities must have legislative approval to receive and expend Trust funds. In FY17, there were 60 MHTAAR grants awarded, with a range of \$7,500 to \$1,287,500 for a total of \$10,969,775. Each of the 60 grants was categorized by Trust staff into one of the following six project categories:

Capacity Building – projects strengthening the skills, competencies and abilities of people and community organizations.

Capital Equipment – projects providing material infrastructure, develop system capacity, and support the improvement in the quality of life for Trust beneficiaries.

Data and Planning – projects supporting data collection, research and planning to aid in the development and strategic design of systems improvements.

Direct Service – projects providing services directly impacting the lives of Trust beneficiaries.

Outreach – projects providing information and/or services to individuals who might otherwise not have access.

Workforce Development and Training – projects that support strategies to build and train a capable and competent workforce serving Trust beneficiaries.

Grants by Category

Of the \$10,969,775 awarded in FY17, project funds were categorized and distributed as shown on the following page.

Capacity Building projects encompassed 38.3% (23) of the projects, and received 35.2% (\$3,864,800) of total MHTAAR funding.

Capital Equipment projects accounted for 5.0% (3) of the projects, and received 7.3% (\$800,000) of total MHTAAR funding.

Data and Planning projects made up 13.3% (8) of the projects, and received 11.1% (\$1,217,400) of total MHTAAR funding.

Direct Service projects represented 18.3% (11) of the projects, and received 26.5% (\$2,910,075) of total MHTAAR funding.

Outreach projects comprised 1.7% (1) of the projects, and received 1.8% (\$200,000) of total MHTAAR funding.

Workforce Development and Training projects accounted for 23.4% (14) of the projects, and received 18.1% (\$1,977,500) of total MHTAAR funding.

Grants by Focus Area

In FY17, 86.7% (52) of the 60 MHTAAR projects were associated with a specific focus area, for a total of \$9,479,275 in funding. The remaining 13.3% (8) of projects fell outside a focus area, totaling \$1,490,500 or 13.6% of total MHTAAR funds.

The breakdown of the 52 focus area-related projects is as follows:

Focus Area	# of Projects	% of Focus Area Projects	\$ Amount	% of Total Focus Area Funding
Disability Justice	16	30.8%	\$1,669,675	17.6%
Medicaid Reform	15	28.8%	\$2,734,900	28.9%
Housing and Long-Term Services & Supports	9	17.3%	\$2,702,200	28.5%
Workforce Development/Training	8	15.4%	\$1,797,500	18.9%
Beneficiary Employment & Engagement	4	7.7%	\$575,000	6.1%
FY17 TOTAL	52	100%	\$9,479,275	100%

Grants by Government Entity

For FY17, programs within the Department of Health & Social Services, Division of Senior and Disabilities Services and the University of Alaska Anchorage received the greatest amount of MHTAAR grant funding, receiving 18.1% and 17.5% of total MHTAAR funds, respectively. Similar to previous years, the entities with the largest number of projects were the Department of Health & Social Services, Division of Behavioral Health, with 10 MHTAAR-funded projects, the University of Alaska Anchorage, with 9 MHTAAR-funded projects, as well as the Division of Senior and Disabilities Services, each with 7 MHTAAR-funded projects.

A breakdown of the dollar amount of FY17 MHTAAR funding by government entity, percentage of total MHTAAR funding, and the number of MHTAAR grant projects by government entity for FY17 is as follows (a description of acronyms is included at the end of this section):

Entity	\$ Amount	% of Total MHTAAR \$	# of MHTAAR Grants
DHSS – DSDS	\$1,984,900	18.1%	7
UAA	\$1,922,500	17.5%	9
DHSS – DBH	\$1,835,100	16.7	10
AHFC	\$850,000	7.8%	1
DHSS – FMS	\$550,000	5.0%	2
GCDSE	\$527,400	4.8%	4
DOC	\$506,900	4.6%	4
AMHB/ABADA	\$465,500	4.2%	1
DHSS – DPH	\$440,000	4.0%	4
DHSS – HCS	\$308,300	2.8%	1
ACS	\$290,875	2.7%	4
DHSS – DJJ	\$273,100	2.5%	2
DOT	\$250,000	2.3%	1
DOA – PDA	\$193,800	1.8%	1
DHSS - CO	\$137,300	1.3%	3
DLWD	\$125,000	1.1%	1
ACoA	\$119,100	1.1%	1
DEED	\$100,000	0.9%	1
DOR – DOT	\$60,000	0.6%	1
DOL – CD	\$15,000	0.1%	1
DOA - OPA	\$15,000	0.1%	1
FY17 TOTAL	\$10,969,775	100%	60

Acronym	Description
ACoA	Alaska Commission on Aging
ACS	Alaska Court System
AHFC	Alaska Housing Finance Corporation
AMHB/ABADA	Alaska Mental Health Board/Advisory Board on Alcohol and Drug Abuse
DEED	Department of Education & Early Development
DHSS – CO	Department of Health & Social Services, Commissioner's Office
DHSS – DBH	Department of Health & Social Services, Division of Behavioral Health
DHSS – DJJ	Department of Health & Social Services, Division of Juvenile Justice
DHSS – DPH	Department of Health & Social Services, Division of Public Health
DHSS – DSDS	Department of Health & Social Services, Division of Senior and Disabilities Services
DHSS – FMS	Department of Health & Social Services, Finance and Management Services
DHSS – HCS	Department of Health & Social Services, Health Care Services
DLWD	Department of Labor & Workforce Development
DOA – OPA	Department of Administration, Office of Public Advocacy
DOA – PDA	Department of Administration, Public Defender Agency
DOC	Department of Corrections
DOL – CD	Department of Law – Criminal Division
DOR – DOT	Department of Revenue – Division of Treasury
DOT	Department of Transportation
GCDSE	Governor's Council on Disabilities and Special Education
UAA	University of Alaska Anchorage

Numbers Served – How Much Did We Do?

When completing their annual MHTAAR status report, grantees are asked to provide the number of unduplicated individuals served or impacted by their project. This includes the number of primary and secondary beneficiaries, the number of professionals who were trained as a result of the project, as well as the number of individuals served or impacted through project outreach and education efforts.

Trust staff understands that grantees may be serving individuals that fall into more than one category. However, grantees are asked to pick the primary category that best describes the individuals served through their project. If duplication is not avoidable, grantees are asked to provide an explanation in the Executive Summary or Performance Measure section of their status report.

The number of individuals served is broken out into the following categories:

Primary Beneficiaries – the traditional Trust beneficiaries (i.e. individuals with mental illness, individuals with chronic alcoholism and other substance related disorders, individuals with traumatic brain injury resulting in permanent brain damage, individuals with Alzheimer’s disease and related dementia, and individuals with developmental disabilities).

Secondary Beneficiaries – family members and non-paid caregivers providing support to Primary Beneficiaries.

Outreach & Education – members of the general public who were the focus of outreach, prevention or education activities (i.e. health fairs, screenings, media campaigns, etc.).

Professionals Trained – individuals with professional training and various educational backgrounds who are paid to provide care and/or services to Primary Beneficiaries.

The following table provides an estimate of the number of individuals served through FY17 MHTAAR projects. Totals from FY14 to FY16 are included for comparison. It is important to note that the number of grants and types of projects that are funded vary from year to year contributing to the variance in the total number of individuals served each fiscal year.

FY17 MHTAAR – Numbers Served						
Project Category	Primary Beneficiary	Secondary Beneficiary	Total # of Beneficiaries	Outreach & Education	Professionals Trained	Total # Served
Capacity Building	1,339	30	1,369	1,002	926	3,297
Capital Equipment	68	0	68	0	0	68
Data and Planning	0	0	0	0	0	0
Direct Service	6,075	1,253	7,328	12,658	477	20,463
Outreach	54	0	54	0	32	86
Workforce Development and Training	865	84	949	248	5,361	6,558
FY17 Total Served	8,401	1,367	9,768	13,908	6,796	30,472
FY16 Total Served	8,510	405	8,915	18,738	6,841	34,494
FY15 Total Served	8,512	1,853	10,365	3,635	7,877	21,877
FY14 Total Served	8,781	2,604	11,385	441	10,004	21,830

Project Performance – How Well Did our Grantees Do?

Trust staff used the following color categories to evaluate the FY17 MHTAAR status reports:

Green – These are grants that achieved the following: 1) implementation on time or ahead of schedule; 2) performance measures are either on track or ahead of schedule; 3) have either no change of intent or filed and received an approved change of intent on time.

Yellow – These are grants that are of concern for one or more of the following reasons: 1) implementation is behind schedule; 2) requires Trust staff action.

Red – These are grants that are of significant concern for one or more of the following reasons: 1) implementation has not started or is so behind schedule that project completion is unlikely; 2) achievement of performance measures is not likely; 3) requires Trustee action; 4) grantee reporting and performance is at a level that may significantly affect future funding decisions.

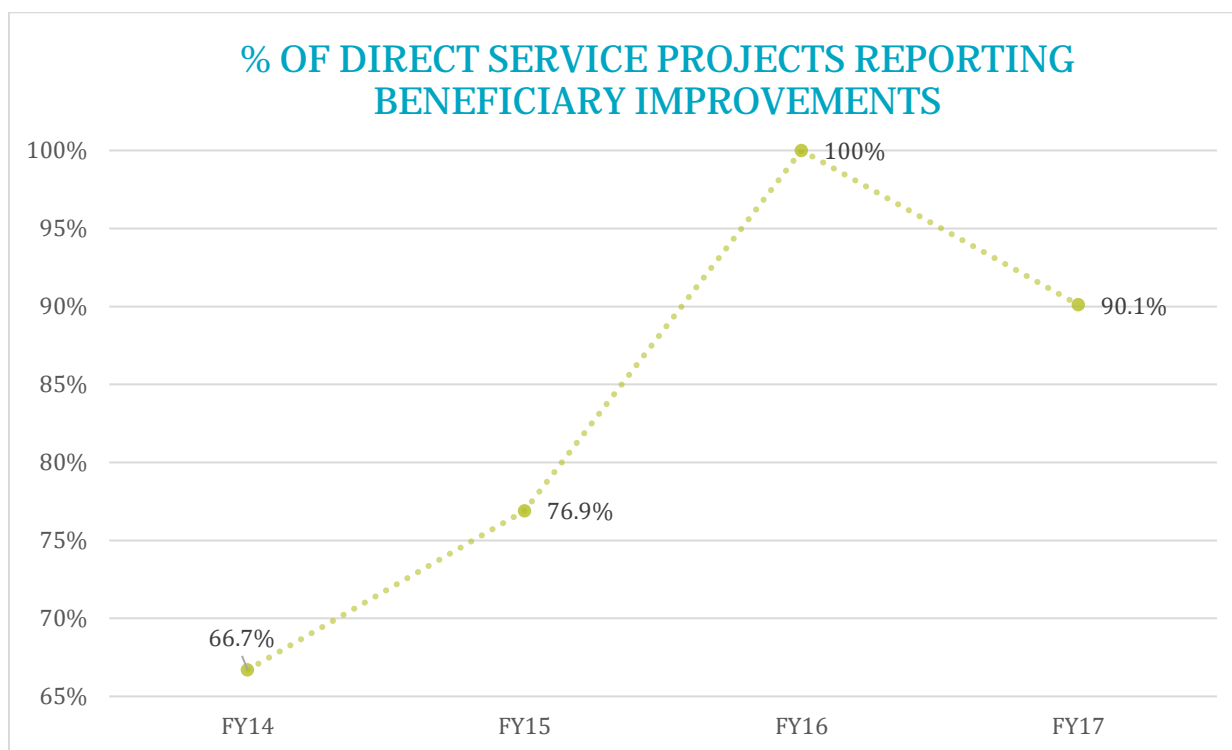
Blue – These are grants that were not initiated as planned for one of the following reasons: 1) the grantee obtained alternate funding; 2) Trust staff has placed the project on hold.

The following table represents the number and percentage of projects by color rating for the 60 MHTAAR grants awarded in FY17:

Color Rating	TOTAL # of Projects	% of TOTAL Projects
Green	46	76.7%
Yellow	9	15.0%
Red	2	3.3%
Blue	3	5.0%
TOTAL	60	100%

Project Impact – Is Anyone Better Off?

Of the 60 projects in FY17, 11 were categorized as *Direct Service* projects. Of the 11 projects, 10 (90.1%) reported direct beneficiary improvements in quality of life. The percentage reported for FY17 is slightly lower than FY16, but higher than the percentages reported during FY14 and FY15. Since FY14, there has been an upward trend in reporting project outcomes and quality of life improvements for Trust beneficiaries.



During FY17, one project, Fairbanks Juvenile Therapeutic Court, did not report any beneficiary impacts. Beginning in FY16, the project had been in a planned ramp-down phase, with the project and its operations ending during the first quarter of FY17. “Better off” measures were not reported in the FY17 report because no new participants were enrolled in the project. The beneficiaries (n = 7) who were active participants during FY16 and graduated in FY17 had positive improvements in their quality of life. These were reported in the FY16 status report.

An example of a FY17 project that demonstrated positive impacts to beneficiaries is the Mental Health Court in Juneau. The participants (n = 18) demonstrated positive outcomes including a reduction in the number of days incarcerated, as well as a connection to behavioral health services and stable housing. Another example of positive impacts to beneficiaries is the Assertive Community Treatment (ACT) program. Sixty-six (66) individuals with a diagnosis of serious mental illness and/or co-occurring disorder

(mental illness and substance abuse) were enrolled in FY17. A preliminary evaluation demonstrated no return visits to API following participation in the ACT program. Further, after participating in the program, 38 out of the 66 individuals were residing in permanent supportive housing, and 26 participants accessed employment and/or educational opportunities.

Trust staff appreciates our MHTAAR grantees for demonstrating quality of life improvements and for supporting the Trust's need for improved data on how Trust funding impacts beneficiaries.

FY17 MHTAAR PERFORMANCE SUMMARY - By Color Rating, FY15 - FY17									
ID/Ref	Organization Name	Project Title	Project Category	Focus Area	Grant Amount	FY17 Color Rating	FY18 Amount	FY19 Amount	Comments
151.12	Alaska Commission on Aging	ACoA Planner (FY17)	Data/Planning	N/A	\$119,100		\$119,100	\$119,100	
1934.08	Alaska Court System	Fairbanks Juvenile Therapeutic Court (FY17)	Direct Service	Disability Justice	\$61,475		\$0	\$0	FY17 marked the last year of the project. No new participants were recruited since Q4 of FY16.
1935.08	Alaska Court System	Mental Health Court Expansion to Targeted Community - Juneau (FY17)	Direct Service	Disability Justice	\$204,400		\$204,400	\$204,400	Due to position vacancy, the Juneau CRP was unable to accept applications for five months during FY17. Trust staff will continue work closely with the Juneau CRP team to identify strategies for increasing access to housing, treatment resources in the community and overall participation in the court.
3502.03	Alaska Court System	Training for Judicial Conference (FY17)	Workforce Development/Training	Disability Justice	\$10,000		\$0	\$0	
3503.03	Alaska Court System	Training for Therapeutic Court Clinical Staff (FY17)	Workforce Development/Training	Disability Justice	\$15,000		\$15,000	\$15,000	In FY17, funding was not needed as anticipated because another GF funding source was identified. Funds lapsed back to the Trust.
149.14	Alaska Housing Finance Corporation	Homeless Assistance Program - Capital (FY17-21)	Direct Service	Housing	\$850,000		\$950,000	\$950,000	
605.11	Alaska Mental Health Board/Advisory Board on Alcoholism & Drug Abuse	AMHB-ABADA Joint Staffing (FY17)	Data/Planning	N/A	\$465,500		\$465,500	\$465,500	
3507.05	Department of Corrections	Research Analyst (FY17)	Data/Planning	Disability Justice	\$101,900		\$101,900	\$101,900	During FY17, DOC was successful in filling the position. However, delays resulted in orienting the new employee. Staff will continue to monitor this project and work with DOC staff to address any challenges .
4299.04	Department of Corrections	Training for DOC Mental Health Staff (FY17)	Workforce Development/Training	Disability Justice	\$25,000		\$25,000	\$25,000	
571.11	Department of Corrections	Implement the APIC (Assess, Plan, Identify and Coordinate) Discharge Planning Model (FY17)	Direct Service	Disability Justice	\$260,000		\$260,000	\$260,000	
6054.02	Department of Corrections	DOC Rural Reentry and FASD Education Pilot (FY17)	Capacity Building	Disability Justice	\$120,000		\$0	\$0	In FY17, the position was vacant and all funding lapsed back to the Trust. FY17 was the final year of Trust funding.
180.12	Department of Education & Early Development	Alaska Autism Resource Center - AARC (FY17)	Direct Service	N/A	\$100,000		\$50,000	\$50,000	
6395.01	Department of Labor and Workforce Development	DOL and DOC Counselor/Liaison (FY17)	Capacity Building	Employment	\$125,000		\$125,000	\$125,000	
2469.03	Department of Law - Criminal Division	Deliver Training for Prosecutors (FY17)	Workforce Development/Training	Disability Justice	\$15,000		\$0	\$0	
150.14	Department of Transportation	Coordinated Transportation (FY17-21)	Capital - Equipment	N/A	\$250,000		\$300,000	\$300,000	

7351	DHSS - Commissioner's Office	Data – Onboarding Behavioral Health Providers to the Health Information Exchange (FY17)	Capacity Building	Medicaid Reform	\$104,800		\$0	\$0	In FY17, the project was behind schedule. Trust funding ended with FY17.
7352	DHSS - Commissioner's Office	Medicaid Reform and Redesign Workgroups (FY17)	Capacity Building	Medicaid Reform	\$7,500		\$2,500	\$2,500	
7353	DHSS - Commissioner's Office	Medicaid Reform and Redesign Stakeholder Engagement (FY17)	Capacity Building	Medicaid Reform	\$25,000		\$0	\$0	
7359	DHSS - Health Care Services	Health Care Services Staffing Needs (FY17)	Capacity Building	Medicaid Reform	\$308,300		\$291,000	\$291,000	
1377.09	Division of Behavioral Health, DHSS	Housing Continuum and Assisted Living Targeted Capacity Development Training (FY17)	Workforce Development/Training	Housing	\$100,000		\$50,000	\$50,000	
2819.07	Division of Behavioral Health, DHSS	Predevelopment for Developing Sleep Off Alternatives in Targeted Communities - Nome (FY17)	Capacity Building	Disability Justice	\$100,000		\$50,000	\$50,000	
383.12	Division of Behavioral Health, DHSS	Office of Integrated Housing Operations (FY17)	Capacity Building	Housing	\$235,100		\$122,000	\$122,000	
575.11	Division of Behavioral Health, DHSS	Assertive Community Treatment/Institutional Housing Program (FY17)	Direct Service	Housing	\$750,000		\$750,000	\$750,000	
604.11	Division of Behavioral Health, DHSS	Discharge Incentive Grants (FY17)	Direct Service	Housing	\$100,000		\$100,000	\$100,000	
7340	Division of Behavioral Health, DHSS	1115 Behavioral Health Waiver - Development of 1115 waiver application (FY17)	Capacity Building	Medicaid Reform	\$225,000		\$0	\$0	In FY17, the project was behind schedule.
7341	Division of Behavioral Health, DHSS	1115 Behavioral Health Waiver- Consulting Contract (FY17)	Capacity Building	Medicaid Reform	\$125,000		\$125,000	\$0	
7348	Division of Behavioral Health, DHSS	Capacity Assessment/Development (FY17)	Capacity Building	Medicaid Reform	\$75,000		\$37,500	\$0	
7349	Division of Behavioral Health, DHSS	Provider Capacity Assessment/Development (FY17)	Capacity Building	Medicaid Reform	\$50,000		\$37,500	\$0	
7350	Division of Behavioral Health, DHSS	Provider/Capacity Assessment/Development - Technical Assistance & Education for Providers	Capacity Building	Medicaid Reform	\$75,000		\$0	\$0	
3504.05	Division of Juvenile Justice	Rural Re-entry Specialist (FY17)	Direct Service	Disability Justice	\$115,400		\$0	\$0	
4302.04	Division of Juvenile Justice	Mental Health Clinician Oversight in Youth Facilities (FY17)	Capacity Building	Disability Justice	\$157,700		\$157,700	\$157,700	
1383.09	Division of Public Health	SHARP Loan Repayment (FY17)	Workforce Development/Training	Work Force Development	\$200,000		\$200,000	\$200,000	
4959.03	Division of Public Health	Scorecard Update (FY17)	Data/Planning	N/A	\$40,000		\$40,000	\$40,000	

7345	Division of Public Health	Primary Care Integration - Hospital Emergency Department SBIRT Pilot (FY17)	Capacity Building	Medicaid Reform	\$100,000		\$100,000	\$0	This project was not implemented in FY17, as it was determined that it wasn't necessary to prioritize because it did not end up being a required part of the state's 1115 behavioral health waiver. DBH intends to implement this project in FY18 and has been coordinating with Trust staff on this adjusted timeline.
7346	Division of Public Health	Primary Care Integration - Screening & Assessment in FQHCs & CCBHCs (FY17)	Capacity Building	Medicaid Reform	\$100,000		\$0	\$0	DHSS did not initiate this project in FY17. It was determined that an SBIRT pilot was not necessary prior to the submission of Alaska's 1115 Medicaid Waiver Behavioral Health Demonstration Application and a decision was made to not pursue this pilot project at this time. SBIRT screening will be incorporated into the new service array in Alaska's demonstration project. In coordination with Trust staff it was determined implementation of this project could occur in 2018 or 2019 due to the 1115 and ASO projects taking priority.
1927.08	Division of Senior and Disabilities Services	Funding for Aging and Disability Resource Centers (FY17)	Direct Service	Housing	\$125,000		\$300,000	\$300,000	
3178.06	Division of Senior and Disabilities Services	Acquired/Traumatic Brain Injury Program Research Analyst and Registry Support (FY17)	Data/Planning	N/A	\$138,500		\$52,000	\$54,000	Trust staff is working with SDS staff as this project transitions off of Trust funding.
6394.01	Division of Senior and Disabilities Services	Telehealth Service System Improvements (FY17)	Capacity Building	Housing	\$100,000		\$100,000	\$37,000	
68.13	Division of Senior and Disabilities Services	Rural Long Term Care Development (FY17)	Capacity Building	Housing	\$142,100		\$81,000	\$71,000	Trust staff is working with SDS staff as this project transitions off of Trust funding.
7357	Division of Senior and Disabilities Services	1915 i/k Options: Assessment tool: Integrated tool that can be used across all waiver and state plan services (FY17)	Capacity Building	Medicaid Reform	\$1,287,500		\$0	\$0	In FY17, implementation of the assessment tool was delayed.
7358	Division of Senior and Disabilities Services	1915 i/k Options: Staffing Resources	Capacity Building	Medicaid Reform	\$146,800		\$146,800	\$146,800	
7415	Division of Senior and Disabilities Services	1915 i/k Options: Outreach for consumer and provider engagement/education for system change including reform efforts	Capacity Building	Medicaid Reform	\$45,000		\$0	\$0	
7360	Division of Treasury	ABLE Act – start up and implementation (FY17)	Capacity Building	Medicaid Reform	\$60,000		\$40,000	\$0	
140.05	Finance and Management Services	Essential Program Equipment - Capital (FY17 - FY21)	Capital - Equipment	N/A	\$250,000		\$0	\$250,000	

142.14	Finance and Management Services	Housing Modifications and Upgrades to Retain Housing - Capital (FY17-21)	Capital - Equipment	Housing	\$300,000		\$300,000	\$300,000	
105.12	Governor's Council on Disabilities & Special Education	Research Analyst III GCDSE (FY17)	Data/Planning	N/A	\$127,400		\$127,400	\$127,400	
200.13	Governor's Council on Disabilities & Special Education	Micro Enterprise Funds (FY17)	Direct Service	Employment	\$150,000		\$150,000	\$150,000	
4303.04	Governor's Council on Disabilities & Special Education	Alaska Safety Planning & Empowerment Network (ASPEN) (FY17)	Capacity Building	Disability Justice	\$150,000		\$0	\$0	
5175.04	Governor's Council on Disabilities & Special Education	Technical Assistance and Program Coordination (FY17)	Data/Planning	Employment	\$100,000		\$100,000	\$225,000	
2462.07	Office of Public Advocacy	Deliver Training for Defense Attorneys (FY17)	Workforce Development/Training	Disability Justice	\$15,000		\$0	\$0	
6771.01	Public Defender Agency	Holistic Defense Model (FY17)	Direct Service	Disability Justice	\$193,800		\$193,800	\$193,800	
1291.10	UAA-Center for Human Development	Partners in Policy Making (FY17)	Outreach	Employment	\$200,000		\$0	\$0	FY17 was the last year for the project.
1384.09	UAA-Center for Human Development	The Alaska Training Cooperative (FY17)	Workforce Development/Training	Work Force Development	\$984,000		\$984,000	\$984,000	
573.11	UAA-Center for Human Development	Interpersonal Violence Prevention for Beneficiaries (FY17)	Workforce Development/Training	Work Force Development	\$80,000		\$80,000	\$80,000	
574.11	UAA-Center for Human Development	Specialized Skills & Services Training on Serving Cognitively Impaired Offenders (FY17)	Workforce Development/Training	Work Force Development	\$72,500		\$72,500	\$72,500	
582.11	UAA-Center for Human Development	Technical Assistance and Implementation of D.A.R.T. teams in targeted communities (FY17)	Workforce Development/Training	Work Force Development	\$210,000		\$110,000	\$0	
7343	UAA-Center for Human Development	Provider Training Infrastructure and Capacity (FY17)	Workforce Development/Training	Work Force Development	\$65,000		\$65,000	\$65,000	In FY17, the project was behind schedule.
2347.08	University Of Alaska Anchorage	Workforce Development Coordinator (FY17)	Workforce Development/Training	Work Force Development	\$131,000		\$146,100	\$146,100	
6730.01	University Of Alaska Anchorage	Alaska Justice Information Center (FY17)	Data/Planning	Disability Justice	\$125,000		\$225,000	\$225,000	
7344	University Of Alaska Anchorage	Alaska Area Health Education Centers (FY17)	Workforce Development/Training	Work Force Development	\$55,000		\$55,000	\$55,000	

A catalyst for change to improve the lives of beneficiaries

Mission & Principles

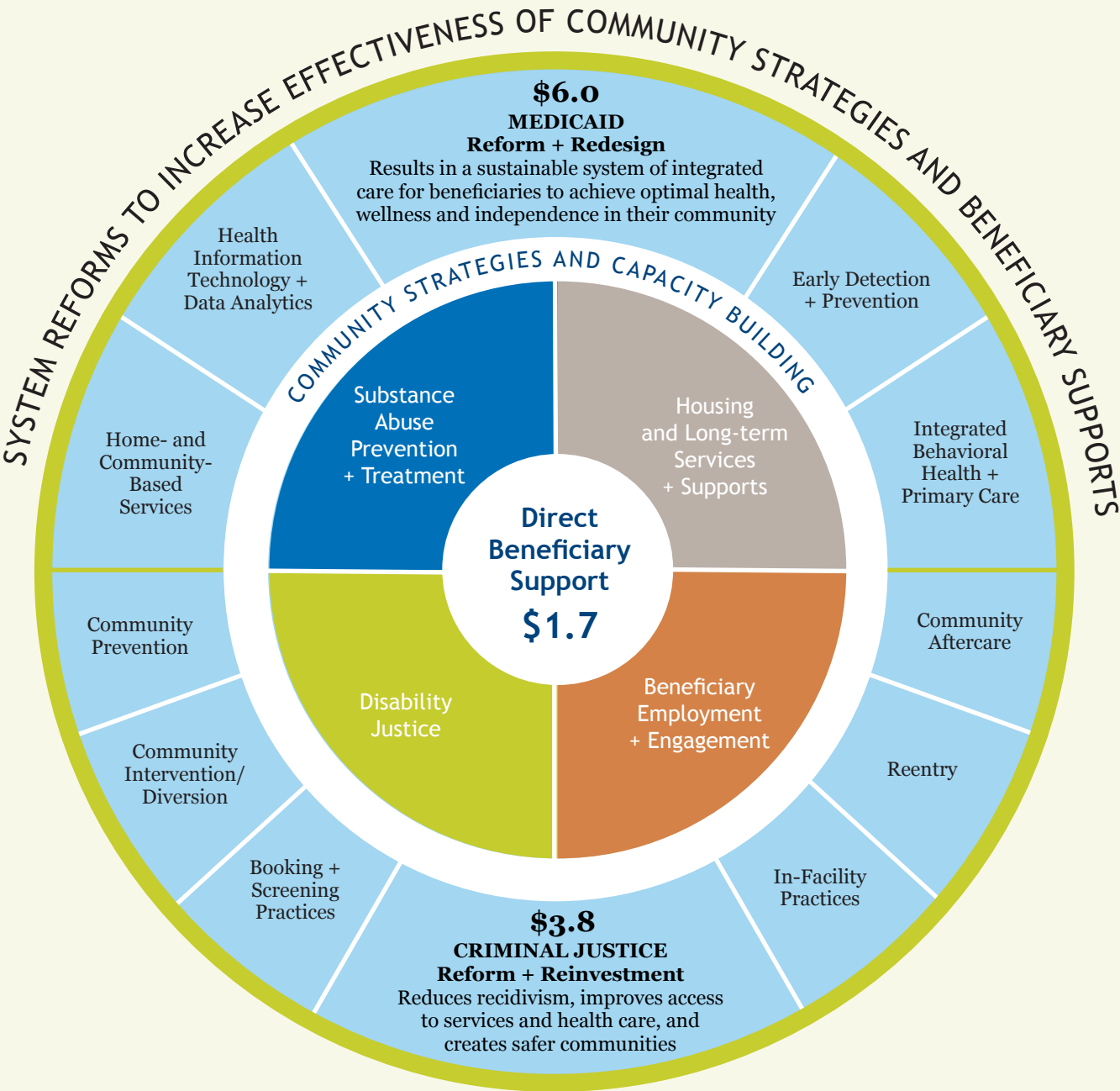
The Trust’s mission is to improve the lives of beneficiaries through advocacy, planning, implementing and funding a Comprehensive Integrated Mental Health Program.

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 programs
- Inclusion of early intervention and prevention components

Investments

Beneficiary, Community and System



Key Outputs

- ▶ Beneficiaries access quality, integrated, whole person health care
- ▶ Decrease in youth alcohol and substance use and adult binge drinking and illicit substance use
- ▶ Reduce adult and youth involvement in the criminal justice system and reduce criminal recidivism
- ▶ Beneficiaries achieve integrated employment and have access to quality peer support services
- ▶ Beneficiaries can access safe and affordable housing with appropriate community-based social services to maintain tenancy
- ▶ Beneficiaries access effective and flexible person-directed long-term services and supports

Results

- Beneficiaries have improved health
- Adults and children are free of the burdens created by alcohol and substance abuse
- Alaska’s workforce meets beneficiary and employer needs
- The criminal justice system effectively accommodates the needs of victims and offenders who are Trust beneficiaries
- Beneficiaries are employed or meaningfully engaged in their communities
- Beneficiaries maintain stable, safe housing
- Beneficiaries live the lives they choose with supports they direct



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Corrections

COMMISSIONER'S OFFICE

550 West 7th Avenue, Ste. 1800
Anchorage, Alaska 99501
Main: 907.269.7397

May 25, 2018

Mary Jane Michael, Board Chair
Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 200
Anchorage, Alaska 99508

Mike Abbott, Chief Executive Officer
Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 200
Anchorage, Alaska 99508

Steve Williams, Chief Operating Officer
Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 200
Anchorage, Alaska 99508

The Department of Corrections (DOC) submitted a proposal in September 2017 requesting the Mental Health Trust Authority's assistance in building an integrated mental health and infirmary/detoxification unit at Hiland Mountain Correctional Center (HMCC). The Department originally identified this project as a priority several years ago and continues to identify this project as essential to our efforts in aiding female Trust beneficiaries who require acute intervention for their mental health, medical and substance abuse needs.

DOC initially approached the Trust on June 28, 2017 to partner in this project. As stated at that time, the Department has completed the preliminary design, environmental and safety assessments for this project. The estimated remaining cost for this project is \$2.75 million. We are looking to identify the amount available from the Trust to support this project and will request any remaining funding needs through the FY2020 budget process.


As we begin preparation of the Governor's FY 2020 budget we are asking for your support and funding commitment to complete this project.

This project remodels an existing area at HMCC to meet the increasing needs of these offenders. The proposed unit has 21 acute care mental health beds and four medical infirmary and detox beds and will assist the Department in providing integrated care to some of the most vulnerable Trust beneficiaries.

If you can provide your final decision on the ability of the Trust to assist in funding of this project and what amount the Trust can commit in efforts to move this project forward. This will assist DOC in accurately reflecting this project and funding availability in the next budget cycle.

As always, DOC is grateful for the ongoing support of the Mental Health Trust.

Regards,



Dean Williams
Commissioner
Alaska Department of Correction