

## MEETING AGENDA

**Meeting:** Program & Planning Committee  
**Date:** January 3, 2019  
**Time:** 2:15p  
**Location:** Trust Authority Building, 3745 Community Park Loop, Anchorage  
**Teleconference:** (844) 740-1264 / Meeting Number: 287 291 220 # / Attendee Number: #  
<http://thetrust.webex.com>  
**Trustees:** Chris Cooke (Chair), Verné Boerner, Laraine Derr, Paula Easley, Mary Jane Michael, Jerome Selby, Carlton Smith

### Thursday, January 3, 2019

	<u>Page No.</u>
<b>2:15p</b>	
<b>Call to order (Chris Cooke, Chair)</b>	
Announcements	
Approve agenda	
Ethics Disclosure	
Approval of Minutes: October 17, 2018	6
<b>2:20</b>	
<b>Focus Area Allocation Approval</b>	
• Juneau Housing First	15
<b>2:40</b>	
<b>Developing Projects Update</b>	
• United Way of Anchorage – Pay for Success	20
• RurAL CAP – Sitka Place	24
<b>3:00</b>	
<b>FY20 Governor’s Budget Analysis</b>	28
<b>3:15</b>	
<b>Legislative Advocacy</b>	
• Medicaid	
• Criminal Justice reform	
• other	
<b>3:45</b>	
<b>API Update</b>	
<b>4:00</b>	
<b>Trustee Comments</b>	
<b>4:15</b>	
<b>Adjourn</b>	

## Future Meeting Dates

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

#### 2019 / 2020 / 2021

(Updated – October 26, 2018)

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

## Future Meeting Dates

### Full Board of Trustee / Program & Planning / Resource Management / Audit & Risk / Finance 2019 / 2020 / 2021

(Updated – October 26, 2018)

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- |                                |                            |                                 |
|--------------------------------|----------------------------|---------------------------------|
| • 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<br>– 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 – 2019

(Updated – December 18, 2018)

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

- Executive Committee – monthly via teleconference (First Wednesday of the Month)
- March 4-6, 2019 – Juneau

#### **Governor’s Council on Disabilities and Special Education**

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

#### **Alaska Commission on Aging**

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

ALASKA MENTAL HEALTH TRUST AUTHORITY  
PROGRAM & PLANNING COMMITTEE

October 17, 2018  
10:15 a.m.

Taken at:

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

**OFFICIAL MINUTES**

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Trustees present:

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

Trust staff present:

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

Also participating:

Monique Martin; Jillian Gellings; Liz Etheridge; Kristin Vandergriff; Sherrie Hinshaw (via Speakerphone); Thea Agnew; Denise Daniello; Alison Kulas; Patrick Reinhart; Reverend Elizabeth Schultz.

## PROCEEDINGS

CHAIR COOKE calls the Program & Planning Committee meeting to order, and asks for announcements. There being none, he moves to approval of the agenda, continuing that there was discussion before the meeting to move the 1:45 items to the present time.

TRUSTEE SELBY makes a motion to approve the agenda with that change.

TRUSTEE MICHAEL seconds.

*There being no objection, the motion is approved.*

CHAIR COOKE asks for any ethics disclosures. There being none, he moves to the minutes from the August 1 and 2, 2018, meetings.

TRUSTEE DERR makes a motion to approve the minutes of the August 1-2, 2018, meeting.

TRUSTEE SELBY seconds.

*There being no objection, the motion is approved.*

CHAIR COOKE states that the next item on the agenda is developing projects, recognizing Steve Williams.

## DEVELOPING PROJECTS

MR. WILLIAMS states that this is following the thread of the conversation out of the Finance Committee meeting which is looking forward to projects for needs heard about out in the community, and how the Board of Trustees might move in directions for allocating resources with excess budget reserves, which will be taken up at the November board meeting. There are three developing projects which have been mentioned. He begins with Hiland Mountain and summarizes where staff is with working with the Department of Corrections on trying to expand the women's mental health unit. He continues that trustees went out and did a site visit in September. Following that, we have details on what the Department would like to see in terms of support from the Trust with a budget revenue projection of \$1,145,00. He adds that the Department of Corrections has the balance of what is needed to fully fund the project. This is an opportunity to see if trustees have any other questions. The Finance Committee is making a recommendation to the Full Board on how to use the reserves.

TRUSTEE DERR states that she will not be present at the November 17<sup>th</sup> meeting, and is in support of whatever amount of money to help that facility.

TRUSTEE MICHAEL asks about the timeline for the construction.

MR. WILLIAMS replied that they are ready to move forward with the project. The target is still 12 to 16 months to have it remodeled.

TRUSTEE EASLEY states that there is consensus to move forward on this as fast as possible, and asks to recommend this to the Full Board.

MR. ABBOTT replies that the larger grants typically go straight to the Board. He adds that he does not have an objection to a Committee recommendation.

CHAIR COOKE states that this is simply an update, with a clear consensus that the committee supports it. He moves to the Peer Support Services Building acquisitions.

## **PEER SUPPORT SERVICES BUILDING**

MR. ABBOTT states that this is for discussion purposes, and depending on the committee's interest, we were prepared to bring a recommendation for consideration at the Board meeting in November. He continues that he would like to discuss the opportunity on the acquisition of land and facilities that the Trust would own, but would be occupied and utilized by partner agencies for the benefit of Trust beneficiaries. First is the peer support services building acquisition, commonly discussed as the CHOICES/Web Service area. These entities serve the beneficiaries that are either homeless or chronic inebriate or both. He adds that beneficiaries are currently being served from substandard facilities. These are private nonprofits that provide different services to a common group of beneficiaries. He states that staff is asking the trustees to consider the use of reserve funds for the purpose of acquiring land and structures that would require remodeling to serve as a place for peer support services; and in another case for providing crisis stabilization services. He continues that these are both service requirements that are important to the beneficiaries, to the community, and neither have current locations that are suitably providing these functions. He adds that in the case of crisis stabilization, that is not being provided anywhere, and peer support services are being provided in terrible spaces. He continues that the notion is that the facilities would be owned by the Trust and would work with the partner agency or the State to cause there to be a service provider in the space supporting the community and providing services statewide. He moves on to a separate conversation about crisis stabilization, and asks Steve Williams to continue.

MR. WILLIAMS states that crisis stabilization has been an issue for a long time with a lot of pressure on hospital emergency rooms going back to last May, which is causing delays for people who need access to API. He continues that there is an issue around API, but the bigger issue is API and the continuum of care; what is needed to help people maintain the stabilizations and the gains that were made at a hospital emergency room or an API when released, so they do not come back. He talks about discharge planning, a base community, a community behavior system and their needs. In looking at a continuum of care for emergency psychiatric services, it is that hospital level of care and looking back to the community and everything in between. Crisis stabilization services can take a number of different forms. The Department has an RFP out on the street for people to propose on how to provide those services. Work is being done by other groups in looking at what the best model would be and practices in other places around the country. He explains that the Department put out and initiated an emergency response center to look at the issues around API and the emergency psychiatric service continuum. The crisis stabilization center is one of those objectives that the working group is focusing on.



MR. ABBOTT states that the reason that the Trust owning a facility is important is that in conversations with the State and with potential providers of this crisis stabilization service it was suggested that the facility may be a barrier to the delivery of the service. He continues that owning a building that is dedicated to this purpose could encourage the State to continue to ensure that this service is delivered over the long term.

CHAIR COOKE states that the purpose of the agenda item is to simply provide information and asks what other things have to happen before it is an action item.

MR. ABBOTT replies that a recommended allocation of reserve funds for this function will likely be brought to the board in November. It would be from that 44.8 million larger allocation that was discussed at the Finance Committee.

TRUSTEE SELBY suggests putting on the record that the committee encourages the staff to continue to develop the projects that were just discussed, and to bring them forward to the Board for appropriate action at a future time.

TRUSTEE BOERNER states that she is glad this discussion is happening and adds that there is a lot of work that needs to be done. She continues that this is a critical area that needs to be addressed which does impact the beneficiaries directly, and the system as a whole.

CHAIR COOKE moves to an update on the comp plan.

### **COMP PLAN UPDATE**

MR. BALDWIN introduces Jillian Gellings and Monique Martine from the Commissioner's office; Liz Etheridge, Director of Senior and Disability Services; and John Sherwood, Deputy Commissioner.

MS. GELLINGS states that she works in the Commissioner's office of the Department of Health and Social Services and is here to give a status update on the progress of the Comprehensive Integrated Mental Health Program Plan. The last comp plan expired in 2011 and there were some new programs that took focus, but we now want to get back on track and start with this renewed plan. The plan envisioned is that Alaskans receive comprehensive prevention treatment and support services at the appropriate level of care across the lifespan to lead meaningful lives in their home communities. What is being focused on is the Trust beneficiaries across their lifespan, and this plan being that kind of central point that weaves all of the plans across the state, all the resources, all of the programs together in this big comprehensive kind of guidebook. She states that the guide is going to be a resource allocation for decisions; a service system that meets the needs of the individual quickly; and will hopefully reduce incidents of disability conditions through prevention and early intervention. She outlines the ten goals within the plan and goes through a few examples.

MS. GELLINGS states that this is a work in progress with the intention of getting stakeholder input feedback from people running programs. There is a change agent event where those

providers will be talked to and we will get the message out that this comp plan is in progress and we are looking for any feedback before having a document, intake for public comment. She continues that "comp plan" is the new buzzword.

TRUSTEE SMITH asks if this will be a survey instrument that is designed internally, or if there will be an external consultant working on it.

MR. BALDWIN replies that they are still in the early stages of designing that stakeholder input process. It is not necessarily heading in the direction of actually doing a physical survey, but is more along the lines of some public meetings and listening sessions to gather some input and feedback.

TRUSTEE SELBY states that this discussion goes to the real heart of the matter. He encourages putting some effort in the webinars, at least to mitigate doing this in the winter in Alaska. It takes an effort. He encourages a good, hard effort to give all of Alaska the opportunity to actually see the document and get input during the time that is set aside. That is critical. He continues that the public needs to be given an opportunity to be heard, and that needs to be reflected in the final document.

MR. BALDWIN states that this is being treated seriously, recognizing the difficulties of getting the whole state in there. He adds that one of the early conversations with the folks at the Mental Health Board/ABADA is that they have expressed interest in trying to help with this process. We are engaging in a variety of those kinds of things to make sure that the representation of partners and regions in the state are received.

MS. MARTIN states that this is a huge priority for the Department. She talks about the importance of having the boards and the Trust involved regardless of if there is a change in administration. There are folks that push this as a priority, and having folks involved beyond just DHSS employees is really important.

MS. ETHERIDGE states that in drafting the comp plan the higher level is supposed to be the goals. Those higher-level goals that sets the road map for where the investment at the state level is seen. The goals are supposed to be that driver. A good example is if the goals are good, then the demonstration waiver will weave into and meet those goals. The intention is to feed the goals that are wanted to be achieved and make it clearer on how they will be met. She states appreciation for the feedback.

MR. BALDWIN states that the talk is about keeping it high, getting specific and getting into some concrete stuff. He continues, that highlights the tension and the difficulties of pulling this together. There are a lot of things that contributed to this not being updated since 2011, and many of the conversations, challenges and roadblocks come back to these differences and part of what is being waded through.

TRUSTEE SELBY thanks all for the work and states that the planning process is always difficult, at best. What this discussion has done is exactly where almost every planning process ends up. Some people want a lot of detail, and others want a worksheet of a general framework.

He suggests getting a framework done. He continues that a framework for a comprehensive mental health plan is needed for Alaska badly, and an overarching comprehensive concept plan should be done. He then recommends moving right to year one of the implementation plan. This will still be worked on five years from now because it is at a level that is going to be constantly changing, because the needs and the people are constantly changing.

TRUSTEE BOERNER supports Trustee Selby's suggestion and states that it is a great way of marrying both of the points that have been raised. Another benefit is to separate the two and keep a level of flexibility to the overall plan itself that can transcend different administrations, as well.

TRUSTEE DERR states that the comprehensive plan to build independent and healthy Alaskans, the vision, the authority and likes what this draft is. She thinks that the plan is all good.

CHAIR COOKE asks if there is also a federal level of requirement for a comprehensive plan, or whether this is strictly an Alaska subject.

MR. BALDWIN replies that there are federal plans, regulations and grant funding that push requirements down, but they do not require this level and scope.

TRUSTEE MICHAEL thanks all for their work, stating that they are an incredible administration to work with. One of the best that she has seen in many years. All are team players, and this means that all are really invested.

CHAIR COOKE thanks all and breaks for lunch.

(Lunch break).

CHAIR COOKE brings the Program & Planning Committee back into session.

## **APPROVALS**

TRUSTEE SELBY makes a motion that the Full Board approve a \$300,000 FY19 Substance Abuse Prevention and Treatment focus area allocation for Volunteers of America Alaska for treatment program for enhancement funding project.

TRUSTEE BOERNER seconds.

MS. BALDWIN-JOHNSON states Volunteers of America provides essential mental health and addiction treatment services to at-risk youth and young adults statewide between the ages of 13 and 24 via residential program, which is the ARCH program. They also provide inpatient and intensive outpatient services, drug and alcohol treatment for youth in Anchorage. ARCH is the inpatient residential treatment program, and Assist is the program that is providing the outpatient services. She states that the focus of this request is to shore up the treatment component of the services. They do much more, but the focus of this is on the addiction services to adolescents and youth. Some of the other services they provide includes services to homeless youth. They

have school-based programs that have been funded by the Trust in the past. They also operate an inventory of affordable housing in Anchorage and statewide; and provide Grandfamilies Network Program, which is a statewide support for grandparents that are raising their grandchildren. They operate a prevention and intervention program that is focused on the prevention of adolescent youth drug and alcohol use; and operate a restorative justice program for youth offenders. She states that under the new leadership of Sherrie Hinshaw a substantial look at the agency as a whole in terms of this component of service, the financial stability, and staffing was taken. VOA approached the Trust with some partial support received from Volunteers of America National and partial support from the Trust for technical assistance. The focus of that was to identify challenges and potential solutions within service deliveries and resource management processes, looking at the model of their fiscal sustainability of their programs through the expansion or enhancement of current services, and to identify potential community-based partnerships to enhance client referrals and staff recruitment.

TRUSTEE EASLEY states that she had toured the facility about 10 years ago. It was a well-run program and asked about the step-down services and its ratios.

MS. HINSHAW replies that they do have that outpatient step-down program, and it has been working, making sure that there is a strong connection between the residential and outpatient programs.

TRUSTEE MICHAEL asks about their total leveraged funds and what that represents.

MS. BALDWIN-JOHNSON replies that it is other funding that is flowing into the organization, all of their operating funding, plus additional secured and pending funding. She explains that this budget structure is the narrative specifically for the Trust portion of the costs, and the rest of that budget will be provided, if it would be helpful. The intention of this request is that the Trust funding is earmarked for some specific purposes.

MS. BEMBEN explains that the project, that is partly funded through the Trust, is to do some business analysis for VOA, and then help them change their service model in order to create a sustainable business model going forward. She goes through the analysis that has modeled different scenarios. She states that the funding that is being requested is to add new clinical physicians, and to give them some time to make all the organizational changes.

CHAIR COOKE states that there is a motion on the floor, and calls the question.

*There being no objection, the motion is approved.*

CHAIR COOKE moves to trustee comments.

## **TRUSTEE COMMENTS**

TRUSTEE SELBY thanks the staff for an outstanding job of delivering program services, all the work that goes into doing the grant review and working with the grantees. It is a job very well done.

TRUSTEE MICHAEL agrees with Trustee Selby and comments on the two great projects that were brought forward today.

TRUSTEE SMITH states that he enjoyed hearing about the Volunteers of America and the technical assistance aspect of the support.

TRUSTEE BOERNER states her appreciation for this staff. She has a particular thank you to the TLO office for providing a great orientation. She also appreciates the site visits and the opportunity to interact with the various programs that support the beneficiaries overall. She also thanks those that have attended these meetings.

TRUSTEE EASLEY talks about the tour of ATLA, and the amazing gadgets that can really help people with various developmental disabilities. She has a friend with Parkinson's and introduced her to those spoons and forks that could help her eat without a problem. She was thrilled to receive them.

CHAIR COOKE thanks all for their comments and asks Mr. Abbott for an update on where things stand with the ongoing concern about API.

MR. WILLIAMS states that API has a capacity of 80 beds, but are operating at 58 beds because of staffing issues, as well as acuity levels of some of the patients currently in API filling 49 of the 58 beds. He continues that acuity has resulted in API needing to make sure that they do not admit more people than they can adequately serve safely, to patients and staff. To address the immediate crisis in the short-term and the long-term the Department has mobilized and initiated an emergency response center which is made up of folks from the Division of Public Health. The team includes folks from the Department, API, ASHNA, DOC, and a few other key entities. They have eight objectives that they are addressing, some internal and some external. He adds that another objective is the crisis stabilization center which is an objective of the emergency response team.

TRUSTEE DERR asks if something is being done at Pioneer Home.

MR. WILLIAMS replies that he thinks they are working with North Star in Anchorage. He adds that there are many pieces in play being addressed, and this team is meeting weekly.

CHAIR COOKE asks about some conversations about participating in a broader planning exercise about what was to be done in terms of institutional care and other levels of mental health treatment services.

MS. BALDWIN-JOHNSON explains that the boards are very engaged in that conversation and thinking forward in terms of structures in planning. They have also been doing a bit of research in looking at some of the issues brought up by the patient advocates, Faith and Dorrance, who have raised a lot of concerns over the years. She continues that there are several different groups engaging and wanting to be part of figuring out the solution.

MS. KULAS states that they are looking at two different pieces, and the DHHS initiating this emergency response is a part of it. Staff had done a lot of research and there is a meeting next week with patient advocates, Disability Law and relatives to put everyone together that are interested and thinking about how to move forward. She adds that it is one of the big priorities for the Alaska Mental Health Board.

MR. REINHART adds that there are a number of residents that experience intellectual developmental disability with really complex and difficult behaviors, and it is acting as an intermediate care facility for people with developmental disabilities. They are concerns, and we absolutely want to be involved in any long-term process, as well.

TRUSTEE SELBY makes a motion to adjourn the Program & Planning Committee meeting.

TRUSTEE MICHAEL seconds.

(Program & Planning Committee meeting adjourned at 2:30 p.m.)

## MEMO

**To:** Chris Cooke, Chair, Program and Planning Committee  
**Through:** Mike Abbott, Chief Executive Officer  
**From:** Kelda Barstad, Program Officer  
**Date:** January 3, 2019  
**Re:** Substance Abuse Prevention & Treatment Focus Area Allocation  
**Amount:** \$350,000.00  
**Grantee:** Juneau Housing First Collaborative  
**Project Title:** Juneau Housing First Collaborative Phase 2

### REQUESTED MOTION:

*Approve a \$350,000 Substance Abuse Prevention and Treatment focus area allocation to the Juneau Housing First Collaborative for the Juneau Housing First Collaborative Phase 2. These funds will be from the Treatment Access focus area strategy.*

**Assigned Program Staff:** Kelda Barstad

### STAFF ANALYSIS

Juneau Housing First Collaborative Phase 2 will develop 32 additional units of permanent supportive housing for chronically homeless adults who suffer from alcoholism, co-occurring disorders, and have a history of high emergency service utilization. The building will be located right next to the Juneau Housing First Collaborative Phase 1, which has been operating successfully since October 2017. In addition to housing, supportive services will be provided. 100% of the residents are Alaska Mental Health Trust Authority beneficiaries. This project is a collaboration between many community partners and is a priority for Juneau's comprehensive continuum of care plan.

Homeless beneficiaries are at great risk of institutionalization. Permanent supportive housing is a proven intervention that disrupts the hospital, corrections, homelessness cycle to allow people to remain stably housed and have the opportunity to engage in supportive services to meet their goals. People who were housed through Phase 1 of this project showed after 6 months of being housed: emergency room visits decreased by 65%, sleep off center usage decreased by 99%, and police contact decreased by 72%. This is significant for any population and especially impactful considering the median number of months homeless for this group was 180 months - approximately 15 years. This project is recommended for funding as it aligns with the focus areas of Housing and Long Term Services and Supports and prevents the institutionalization of Trust beneficiaries. The Juneau Housing First Collaborative has a proven track record of successful permanent supportive housing project implementation.

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

## PROJECT DESCRIPTION

In October 2017, the Juneau Housing First Collaborative (JHFC) opened its Phase I Housing First project—a newly constructed 32-unit facility which offered permanent, supported housing to the **most vulnerable in Juneau and throughout Southeast Alaska. Based on the project's success and** the continued demand for permanent, supported housing, JHFC is proposing a second, adjacent project. Phase II will serve adults who have barriers to housing stability—including those evicted from or refused by other self-supporting housing programs—due to challenging behaviors that are a result of their disability.

Just as in Phase I, Phase II program will follow the best practices of the US Interagency Council on the Homeless (USICH) and the Substance Abuse and Mental Health Administration (SAMHSA). In identifying and housing Juneau's most vulnerable residents, the JHFC will combine permanent supportive housing with Housing First principles, which include: (1) Moving people directly from the streets and shelters into housing without requiring behavior compliance or preconditions of treatment; (2) bringing to the housing robust support services predicated on assertive engagement, not coercion; (3) providing continued tenancy that does not require participation in services; (4) focusing on the most disabled and vulnerable homeless members of the community; (5) embracing a harm-reduction approach to addictions as opposed to mandating abstinence, and encouraging and supporting in residents a commitment to recovery; and (6) providing lawful resident protections with signed lease agreements.

Just as Phase 1, Phase 2 of Housing First is a community priority. The project is a collaboration between the City and Borough of Juneau who is contributing 1.5 million dollars as well as technical assistance, Tlingit and Haida Regional Housing Authority, providing the land, JAMHI Health and Wellness who provides clinical and medical services on site, The Glory Hole, Saint Vincent dePaul Society, Juneau Community Foundation, and many other partners. Juneau Housing First Collaborative solves the problem of chronic homelessness, provides dignity to people in the midst of addiction and illness, and improves the community of Juneau by making it more just and peaceful for everyone.

The Phase II project will be an addition to the existing Phase I facility. It will measure 14,835 sq. ft. total area with 3 stories, each floor linking by corridor to the existing Phase I building. The Phase II facility will be primarily residential, with the addition of 32 single room occupancy (SRO) housing units and common areas such as storage, hallways, an additional support office, and a connection to the common spaces located in Phase I. The first floor will also include expanded kitchen dry storage and expanded resident seating for the cafeteria.

The project is designed as a Housing First facility type building, specifically to meet the needs of adults who have experienced chronic homelessness, many of whom suffer from co-occurring disorders. Housing stability, accessibility, pleasantness, and security are top priorities. Please see **Appropriateness of Physical Design section for more detail on how the project's design facilitates** serving the needs and lifestyles of the target population.



Direct Outcomes of the project will include:

1. Provision of housing to chronically homeless adults who do not have any other housing options.
2. Reduction in emergency service utilization, specifically emergency room, Police Department, City Fire and Rescue, and Rainforest Recovery Center. This reduction will enable emergency service system to address emergencies.
3. Effective provision of services within the Juneau Continuum of Care due to the stress taken off of the systems through provision of housing and appropriate supportive services to the most vulnerable adults.
4. Decrease in stigma and victimization of adults suffering from co-occurring disorders.

## EVALUATION CRITERIA

University of Alaska Fairbanks is conducting a three year evaluation of the Phase 1 of the project with the generous support from the Alaska Mental Health Trust. Phase II of the project will be rolled into the evaluation. Evaluation measures housing stability, decrease or increase in the emergency service utilization, well-being of the tenants, and the pattern of substance use before and after moving into housing.

## SUSTAINABILITY

Once built, Phase 1 of the project is sustainable due to the Alaska Housing and Finance Corporation Special Needs Housing Grant, various housing subsidies, including Section 8, VASH, moving to work, and other sponsor based and other vouchers. Adding the 32 units Phase II units to Phase I of the project allows for the economy of scale and saves funds in staffing.

## WHO WE SERVE

The project targets homeless individuals, Alaska Mental Health Trust Authority (AMHTA) beneficiaries and a broad group of Alaskans with mental illness, developmental disabilities, chronic substance-**related disorders, Alzheimer's disease and related dementia, and/or traumatic brain injuries**. The JHFC will focus on a priority population of vulnerable persons consisting of those served by crisis services, including emergency medical care, sobering and detoxification services, and correctional facilities.

It is a challenge for individuals experiencing chronic homelessness to utilize services and interact with community efforts aimed at reducing homelessness. Conditions associated with experiencing substance use, co-occurring disorders, and/or trauma prevent them from being able to keep appointments and meet with providers. Providers and outreach workers have a difficult time locating individuals to provide them with services. These challenges, that all play a role in perpetuating homelessness, are eliminated when a person is stably housed in permanent supportive housing. The JHFC Phase I success is testament to an improved ability to provide services once individuals are housed. None of the tenants received case management prior to moving in; however, now all current residents receive case management. Tenants receive assistance with legal issues, skill-building, employment, medication management, keeping appointments, and accessing therapy and primary healthcare. The Phase II project will continue this effort and effectively link tenants to helpful community efforts to reduce homelessness.

### ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	32
Developmental Disabilities:	32
Substance Abuse	32
Traumatic Brain Injuries:	32
A total of 32 people will be housed. It is anticipated that they will meet the criteria for one or more of the above beneficiary categories based on existing information about the chronically homeless population in Juneau. People with AD/DRD may also be served, but are less prevalent in the Juneau homeless population.	
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	300
Number of people to be trained	15

### BUDGET

Personnel Services Costs	\$0.00
Personnel Services Costs (Other Sources)	\$0.00
Personnel Services Narrative:	Operating funding is not requested. All AMHTA funds will be used for construction.

Other Costs	\$350,000.00
Other Costs (Other Sources)	
Other Costs Narrative:	<p>350,000 is requested for the construction of the Phase II of the project.</p> <p>The Phase II project will be an addition to the existing Phase I facility. It will measure 14,835 sq. ft. total area with 3 stories, each floor linking by corridor to the existing Phase I building. The Phase II facility will be primarily residential, with the addition of 32 single room occupancy (SRO) housing units and common areas such as storage, hallways, an additional support office, and a connection to the common spaces located in Phase I. The first floor will also include expanded kitchen dry storage and expanded resident seating for the cafeteria.</p> <p>Nine of the 32 units will be fully ADA accessible, one of which will also be equipped for individuals who experience sensory impairments. All ADA units will meet full ADA access requirements, plus they will be equipped with grab bars, roll-under counters, and bathrooms with roll-in showers. Two additional units will include audio and visual enhancements. The project will also meet the requirements of U.S. Fair Housing Amendments Act of 1989, Alaska Statute AS 18.80.240, and Local Government Ordinances. The basic construction type will be Type V-B, non-rated construction with a full sprinkler system. The enclosure</p>

	<p>and mechanical/electrical systems will be optimized for best-in-class energy performance, and low operating costs. Construction of the facility will utilize modular wall panel construction, well suited to the repetitive apartment configuration. The framing will employ wood studs, in combination with an exterior board insulation system, and metal siding in a rain-screen configuration. The roof will be low-slope adhered PVC membrane. The mechanical system will integrate air-source heat recovery for use in the hot water production, offering significant life-cycle cost savings over other water heating options.</p> <p>The project is designed as a Housing First facility type building, specifically to meet the needs of adults who have experienced chronic homelessness, many of whom suffer from co-occurring disorders. Housing stability, accessibility, pleasantness, and security are top priorities. Please see Appropriateness of Physical Design section for <b>more detail on how the project's design facilitates</b> serving the needs and lifestyles of the target population.</p>
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Total Amount to be Funded by the Trust	\$350,000.00
Total Amount Funded by Other Sources	\$6,080,000.00

<b>Other Funding Sources</b>	
City and Borough of Juneau (SECURED)	\$1,800,000.00
Juneau Community Foundation (SECURED AND PENDING)	\$500,000.00
Bartlett Regional Hospital (SECURED)	\$250,000.00
Juneau Emergency Medical Association (SECURED)	\$15,000.00
Indian Community Development Block Grant (PENDING)	\$430,000.00
Eagle Wings Church, First Bank of Ketchikan, Community contributions (SECURED)	\$25,000.00
Rasmuson Foundation (PENDING)	\$500,000.00
Alaska Housing and Finance Corporation (PENDING)	\$2,500,000.00
Energy Conservation in-kind energy audit and furnishings (SECURED)	\$60,000.00
<b>Total Leveraged Funds</b>	<b>\$6,080,000.00</b>

## MEMO

**To:** Chris Cooke, Chair, Program and Planning Committee  
**Through:** Mike Abbott, Chief Executive Officer  
**From:** Kelda Barstad, Program Officer  
**Date:** January 3, 2019  
**Grantee:** United Way Of Anchorage  
**Project Title:** United Way Of Anchorage - Anchored Home Pay for Success (Ramp-Up Support) – Information Item

### STAFF ANALYSIS

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

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

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

### PROJECT DESCRIPTION

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

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

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

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

## EVALUATION CRITERIA

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

The project's evaluation will be led by Janet Johnston of Institute for Circumpolar Health Studies and Marny Rivera of NPC Research. The evaluation design will be finalized in Q1 2019. The project outcomes linked to payment will be selected and refined after outcome payers commit to the project, but they will include measures such as housing stability (i.e. whether participants remained in PSH), reduced recidivism (e.g. reduced jail days, reduced bookings), and reduced health care utilization (e.g. reduced emergency room visits). With appropriate data sharing protection, the evaluation may also assess other outcomes for the purpose of learning, including

more detail on health care services used, participant satisfaction, and other survey measures. During the ramp-up year, the project partners will track and report all of the key outcome metrics to assess early performance; however, the outcomes will not be linked to payment until the PFS years.

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

## **SUSTAINABILITY**

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

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

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

## **WHO WE SERVE**

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

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

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

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

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

<b>ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING</b>	
Mental Illness:	42
Developmental Disabilities:	6
Substance Abuse	48
Traumatic Brain Injuries:	11
Number of people to be trained	15

## MEMO

**To:** Chris Cooke, Program and Planning Committee Chair  
**Through:** Mike Abbott, Chief Executive Officer  
**From:** Kelda Barstad, Program Officer  
**Date:** January 3, 2019  
**Re:** Rural Alaska Community Action Program, Inc. - Sitka Place  
Permanent Supportive Housing - Update

### STAFF ANALYSIS

Rural Alaska Community Action Program, Inc.'s (RurAL CAP) Sitka Place, a permanent supportive housing program, provides affordable, safe, dignified housing to vulnerable Alaskans. Currently, 100% of residents are beneficiaries. There exists a high demand for affordable, permanent housing for individuals experiencing chronic homelessness in Anchorage with severe needs and co-occurring disorders, but a lack of supportive services to provide tenants with the resources, supports, and skills necessary to maintain safe and secure housing and to move them forward in recovery.

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

### PROJECT DESCRIPTION

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

Spanning project development through successful operation, RurAL CAP has the support of the following community partners and Anchorage service providers for the Sitka Place project: Veterans Affairs (VA), CHOICES, Catholic Social Services, State of Alaska Division of Behavioral



Health, the United Way of Anchorage, Anchorage Community Land Trust, Southcentral Foundation, Anchorage Mental Health Services, NeighborWorks Anchorage, and the Municipality of Anchorage.

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

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

## EVALUATION CRITERIA

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

The project will measure the following outcomes:

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

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

#### **SUSTAINABILITY**

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

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

#### **WHO WE SERVE**

One hundred percent of clients served by Sitka Place are Trust Beneficiaries including those experiencing substance abuse, mental illness, traumatic brain injury, and developmental disabilities. Sitka Place serves a target population of chronically homeless individuals with severe needs located in Anchorage, Alaska including (1) Those who experience a primary diagnosis of substance abuse and high use of the Anchorage Safety Center; (2) those with severe and persistent mental illness, functional impairment, criminal justice system interaction, or high use of psychiatric emergency services; (3) and chronically homeless Veterans, especially those categorized as most disabled.

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

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

# MEMO

**To:** Chris Cooke, Chair, Program and Planning Committee  
**Through:** Mike Abbott, Chief Executive Officer  
**From:** Steve Williams, Chief Operating Officer  
**Date:** January 3, 2019  
**Re:** FY20 Mental Health Budget Bill analysis

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On December 14<sup>th</sup> Governor Dunleavy submitted his FY20 proposed budget, which by state law must be submitted on or before the 15<sup>th</sup> of December. With the exception of the difference below, the budget reflects the **trustees’ and the prior administration’s FY20** budget recommendations. The new administration has been clear that they will spend time reviewing the budget in detail and release an amended FY20 budget in January, although the Governor may submit amendments through the 30<sup>th</sup> day of the legislative session. Trust staff anticipates significant amendments to the FY20 budget which could impact beneficiary services. Once an amended budget is released, Trust staff will re-analyze the FY20 budget and identify any impacts on beneficiary services.

Below is the one FY20 budget difference between the trustees approved budget recommendations and the FY20 proposed budget the Governor released on December 14<sup>th</sup>.

### FY20 Mental Health Budget Bill Comparison

Project	Trustee Recommended			Governor Proposed	
	Dept/RDU	MHTAAR	GF/MH	MHTAAR	GF/MH
Holistic Defense - Bethel	DOA/PDA	\$193.8	\$372.7	\$193.8	\$745.4