Trust Stakeholder Information Packet

Description and Staff Analysis of FY18 Trust Funded Projects:

- Alaska Systems Reform
  - Medicaid Reform & Redesign
  - Criminal Justice Reform & Reinvestment

- Focus Areas
  - Housing and Long-Term Services & Supports
  - Beneficiary Employment and Engagement
  - Substance Abuse Prevention and Treatment
  - Disability Justice
Project Title: 1915 i/k Options: Staffing Resources
Grantee: Division of Senior and Disabilities Services
GIFTS ID: 7358  Fund: MHTAAR
Years Funded: 3  Project Category: Capacity Building
FY17: $146,800  FY18: $146,800  FY19: $146,800

Project Description: This funding is for hiring four long term/non-perm FTE’s to prepare and implement all the necessary components of the HCBS Final Rule (settings, person centered, conflict free case management, quality assurance) in preparation for the work of developing and implementing the 1915 i/k state plan options.

Position 1: The LTNP position in the Policy and Program Development Unit is assigned to write a Settings Transition Plan on settings compliance. Following CMS approval, the position will monitor the progress of tasks identified in the plan, using CMS-established milestones addressing provider remediation plans, amendments to regulations and statutes, and changes to provider certification requirements and processes. The final result of this settings work will be that all providers of waiver service will become compliant with federal settings regulations; if not, waiver recipients will be transitioned to new providers that are settings compliant. While CMS has extended the deadline for settings compliance to March 2022, SDS believes that statewide compliance is achievable by the original deadline of March 2019.

Position 2: The LTNP position in Provider Certification and Compliance Unit is assigned to the Compliance Team. This position’s primary responsibility is to conduct desk and site visits/reviews and evaluate Medicaid and Medicaid Waiver provider service quality and compliance with federal, state, and local regulations, policies and conditions of participation related to 1915 (c), 1915 (I) and 1915 (k) services. This position also supports variance request that SDS receives, reviews the requests for completeness, requests additional information if necessary, and researches the applicant’s criminal history that may impact the variance request.

Position 3: The LTNP position in Quality Assurance unit is assigned to conduct investigations, onsite reviews, interviews, documentation reviews and any other investigative activity required to reach conclusions and issue reports of findings to HCBS and PCS providers. This position also determines provider compliance with Department regulations, standards and certification requirements. This position provides professional technical assistance and consultation and makes recommendations for corrective actions and sanctions. This position works closely with partner agencies and completes referrals when necessary.

Position 4: The LTNP position assigned in the Research and Analysis unit is assigned to conduct research and analysis of systems necessary to prepare, set-up and deploy 1915(k), supports waiver, and interRAI assessment by the set deadlines.

Analysis:
Four FTE positions have been hired to prepare and implement all of the necessary components of the HCBS Final Rule (settings, person centered, conflict free case management, quality assurance) in preparation for the work of developing and implementing the 1915k state plan options. These positions have been in place through FY18. This additional staffing capacity provides SDS additional resources to successfully move forward reforms to the Home and Community Based Services systems. FY19 is the last year of Trust funding for these positions.
**Project Title:** Health Care Services Staffing Needs

**Grantee:** DHSS - Health Care Services

**GIFTS ID:** 7359  **Fund:** MHTAAR

**Years Funded:**

- **FY17:** $308,300
- **FY18:** $291,000
- **FY19:** $291,000

**Project Category:** Capacity Building

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**Project Description:** The staff will be responsible for and oversee the implementation of various aspects of SB74 within the Division of Health Care Services.

The Primary Care Initiative, which proposes a Primary Care Case Management model in which Primary Care Providers contract with the Department of Health and Social Services (DHSS) to furnish case management services. Providers would be paid under the existing fee-for-service model for medical services rendered, plus a monthly case management fee. This initiative would make Primary Care Case Management available to all enrollees, with Section 2703 Health Homes for individuals who have chronic conditions that meet the criteria for a higher level of management and support. For those who require higher levels of support but do not meet the criteria for Section 2703 Health Homes, enrollees would receive Targeted Case Management or be enrolled in the existing Alaska Medicaid Coordinated Care Initiative, which is focused on high utilizers of emergency care.

The Emergency Care Initiative proposes that hospital Emergency Departments would access necessary Medicaid enrollee patient data to improve patient care, reduce preventable Emergency Department use, facilitate follow up with primary care and behavioral health providers, and improve prescription monitoring, to reduce opioid misuse.

The Coordinated Care initiative proposes that Alaska’s Department of Health and Social Services (DHSS) will pilot value-based payments for quality health care in regions by contracting with groups of providers who come together to form Accountable Care Organizations (ACO), Managed Care Organizations (MCOs) or other innovative care models.

Key staff activities hired with Trust funding support include:

- Regarding 1915 (k) Community First Choice (CFC) to provide consumer-directed home and community based attendant services and supports. Health Care Services (HCS) must assess the modification requirements to create a new claim type and adding new reference files, in addition to new plan configurations and possible changes to existing waiver benefit plans.
- Coordinated Care Demonstration Project (CCDP). HCS must review and assess proposals for potential demonstration projects which would be effective and successful in reducing costs, while improving or at least maintaining quality of care.
- Community Health Aide/Behavioral Health Aide (CHA/BHA). HCS will assess the enrollment process of CHA/BHA providers in the MMIS and creat and test the enrollment of each provider type.
- Individualized Support Waivers (ISW). HCS will create, review and assess new eligibility codes and associated benefit plan.
- Member Portal. HCS will review and assess proposals, system design, and access for the member.

Once a determination is made on the scope and implication of an ASO, the department will have to assess the impact that determination has on the MMIS which may include extensive new
configuration, work processes, interfaces, and testing. This is a new waiver that will establish a robust continuum of care. The department will be developing and implementing an integrated, data-driven fiscally sustainable system of care that will improve patient experience, improve population health, and reduce costs. Possible further complications are that the state-funded behavioral health providers report data via a separate system which does not communicate with Alaska’s Medicaid Management Information System (MMIS).

Regarding the Coordinated Care Demonstration Projects, now that two contractors have been selected, the department will have to assess the impact of those projects and their impact on the MMIS. The intended timeline for these projects is that they operate for a total of 3 years from contract date, with an option for 3, 1-year extensions. With these projects, there is the possibility of a new reimbursement structure. This may require extensive new configurations, work processes, interfaces and testing.

Analysis:

DHSS successfully filled two full time and four long term non-permanent positions were successfully filled.

The department is currently awaiting dissemination of the ASP RFP and final determination as to how to proceed. The 1915 (k) community First Choice is anticipated to be complete by the end of FY18. Two vendors have been identified for contracting for the Coordinated Care Demonstration Project and are schedule to ramp up on FY19. Both the Community Health Aide/Behavioral Health Aide projects are anticipated to be completed by end of FY18. The Individualized Support Waiver project is anticipated to be completed by the end of FY18 while the timeline for the Member Portal is extended to FY19 given competing priorities.

FY19 is anticipated as being the last year of Trust funding for the additional staffing supports.
**Project Title:** Quality and Cost Effectiveness  
**Grantee:** DHSS - Commissioner's Office  
**GIFTS ID:** 7352  
**Fund:** MHTAAR  
**Years Funded:** 3  
**Project Category:** Capacity Building  

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**Project Description:** SB74 under section 36 47.05.270(a)(9) directs the department to provide for stakeholder involvement in setting annual targets for quality and cost effectiveness of the Medicaid program. Existing department employees have provided staff support for this effort, which was implemented early in FY 17. The Stakeholder Workgroup was appointed and has been facilitated by Agnew::Beck under a contract supported with these MHTAAR funds. Meetings of the workgroup have occurred in person with telephone and webinar connections (with no travel costs incurred). The first Workgroup report and recommended quality and cost effectiveness metrics and targets was released in the fall of 2017.

In 2017, the Alaska Medicaid Redesign Quality and Cost Effectiveness Targets Stakeholder workgroup successfully identified 18 quality and cost effectiveness measures aimed at monitoring Medicaid program performance throughout the redesign process. In 2018, the workgroup will approve the program performance baseline and review the first year of performance in accordance with the baseline. The workgroup will also review measures that had to be tabled in 2017 due to program challenges to determine whether the measures can be moved forward, and will develop recommendations to the department as necessary to ensure the performance measures remain relevant to redesign efforts.

The biggest challenge to the project is ensuring the calculated performance on the measures is valid and reliable. The Project Lead continues to work with Milliman, the contractor that calculated the initial performance on the measures (the data used by the contractor was incomplete thus the results could be used to help establish performance goals, but development of the baseline is still required) to ensure the process for calculating the results is consistent and can be replicated reliably from year to year. In addition, the project leader has applied to receive additional technical assistance from the CMS Innovation Accelerator Program to develop a data analytics strategy for use of the measures to support program changes in the future.

**Analysis:**

Workgroup guidance will be important to continue monitoring program performance against the measures and make recommendations to the program for performance improvements. Specific activities in FY 20/21 will include analysis of first and second year performance results, evaluation of parked measures to determine whether they are ready to move to production, and critical analysis of measures in production to identify whether the measures and performance results provide the information necessary to monitor the program throughout redesign efforts. Should the workgroup determine there are measures that are not providing value to program measurement, additional measures will be identified and recommended to the department.

Trust support for this effort is critical to assist the Department of Health and Social Services evaluate the impact of Medicaid Reform efforts, to know whether or not the state is reaching the intended outcomes and to be able to demonstrate to the legislature and other stakeholders, the positive impact of reform efforts. Funding for this work is projected to end in FY19 with no plan to extend funding beyond.
**Project Title:** Administrative Services Organization- ASO costs

**Grantee:** DHSS, Medicaid Services

**GIFTS ID:** 7342  **Fund:** MHTAAR

**Years Funded:** 2  **Project Category:** Capacity Building

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**Project Description:** These funds were approved to contract with a Behavioral Health Administrative Service Organization. As part of SB74, the acquisition of an ASO is necessary to manage the state’s behavioral health reform efforts. This grant is to fund the Department to: develop the Request For Proposal (RFP), contract for a Behavioral Health Administrative Services Organization (ASO), and implement the ASO. The anticipated timeline for the contract for the ASO was moved to late CY2018 with the ASO ramping up in the last six months of FY19, and beginning operations in FY20 (July 2019). This grant is being used in FY19 for consulting contracts to provide additional technical assistance around DBH staff and provider readiness training; ongoing work on development of the 1115 waiver application and consultation post-CMS acceptance of the waiver, including continuing need for actuarial analysis and support to DHSS during negotiations with CMS over the waiver content; as well as development and technical review of the ASO RFP.

The Department has filed the Section 1115 Demonstration Project application with Center for Medicare and Medicaid Services (CMS). The application was accepted by CMS in February; DHSS anticipates approximately 1 year of negotiations. As DHSS is in negotiations with CMS, significant technical assistance and consultant support will be needed throughout the process to reform the behavior health system, with the introduction of both the ASO and the new services contemplated by the waiver, as well also requiring need for actuarial analysis and support to DHSS during negotiations with CMS. FY 19 funding will support the costs of continuing to provide staff and provider training, analyzing the responses to the ASO RFP, and supporting the startup of both the ASO (anticipated January through June 2019) and the introduction of the waivered services, their start up and implementation.

**Analysis:**

Given the adjusted timelines related to submission of the 1115 behavioral health demonstration waiver proposal and additional time necessary to release the RFP for the Administrative Service Organization contract, Trustees approved a change of intent of FY19 MHTAAR funding previously authorized by Trustees to support the ASO contract for critical contractual capacity to continue moving reform implementation forward. At this point in time, DHSS anticipates an ASO coming on line in January of 2019 (half-way through FY19), and that the estimated cost of the first six months of the contract would be $2,800,000, with the Trust covering half of that amount ($1,400,000) with its existing FY19 MHTAAR funding.

The Trust has invested in Medicaid expansion and reform because of the direct impact to Trust beneficiaries. Although the ASO implementation has not occurred based on the original timeline, the adjusted timeline and approval will enable the department to engage in the necessary contract support to further reform efforts, specifically negotiations relating to the 1115 behavioral health waiver, actuarial analysis, and contract negotiations relating to ASO provider selection and implementation. It is anticipated DHSS will request Trust funding in FY20 to support a full year of implementation and will not intend to request more than what was previously authorized by Trustees for FY20.
**Project Title:** HCBS Medicaid Reform Program Manager and Acquired/Traumatic Brain Injury Program Research Analyst  
**Grantee:** Division of Senior and Disabilities Services  
**GIFTS ID:** 3178  
**Fund:** MHTAAR  
**Years Funded:** 9  
**Project Category:** Data/Planning  
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**Project Description:** The State of Alaska, Department of Health and Social Service (DHSS), is committed to reforming Medicaid services to ensure Alaskans have continued access to sustainable Home and Community-Based (HCBS) Services. To this end, DHSS will amend its Medicaid State Plan to elect the funding authorities for HCBS found in 1915(k) of the Social Security Act. This amendment will have significant impact on Trust beneficiaries. The Trust will fund a Research Analyst position within the Division of Senior and Disabilities Services (SDS), with the following core function:

Project Manager for the Department of Health and Social Services home and community based services systems reform. While this position will be housed within Senior and Disabilities Services, it will ensure that the Division of Behavioral Health, Office of Children Services, Division of Juvenile Justice as well as the Trust’s statutory advisors make up the leadership team responsible for the project oversight. This position will be the DHSS lead for the Technical Assistance Contract and any additional responsibilities needed to ensure implementation of the state plan amendment.

**Analysis:**

This position has supported Senior and Disabilities Services to achieve the larger goals of implementing Medicaid Reform. SDS has obtained Medicaid administrative funding using trust funding as match. It is expected for FY19 to be the final year of funding for this initiative as a majority of Medicaid Reform projects for SDS are or will be implemented.
**Project Title:** The Alaska Training Cooperative  
**Grantee:** UAA-Center for Human Development  
**GIFTS ID:** 1384  
**Fund:** MHTAAR  
**Years Funded:** 12  
**Project Category:** Workforce Development/Training  
**FY17:** $984,000  
**FY18:** $984,000  
**FY19:** $984,000

**Project Description:** The Alaska Training Cooperative is responsible for providing non-academic trainings, professional development, technical assistance and continuing education to direct service providers who serve Trust beneficiary populations and to identify and meet additional training needs identified through Medicaid expansion, redesign and reform and criminal justice reinvestment. Program services include statewide training coordination, marketing available training opportunities, technical assistance to address identified training gaps and need, understanding rural perspectives and cultural attunement, as well as training delivery and accessibility. The Alaska Training Cooperative provides evidenced-based, culturally attuned training through state of the art delivery models to remote, rural and urban areas of Alaska.

The Alaska Training Cooperative conducts the following:

1. Facilitate and maintain coordination and collaboration of training entities.
2. Technical assistance support to address training opportunities, training needs and gaps identified by providers serving Trust beneficiaries.
3. Document and report training data.
4. Increase evidenced-based training delivery.
5. Increase availability of training that equips the home and community-based and behavioral health workforce to provide culturally attuned services throughout Alaska and for our unique Alaska Native populations.

**Analysis:**

By Trust design, the AKTC has become the state’s core behavioral health training and technical assistance center providing the needed structure and direction to impact the quality of care and treatment received by Trust beneficiaries and their families. It is essential that all behavioral health workers have access to relevant and evidenced-based training opportunities as it is understood that a trained, competent workforce will provide better services.

The AKTC is responsible for providing key trainings, professional development opportunities and continuing education programs for organizations serving Trust beneficiaries. This includes not only the behavioral health workforce but also those providers working in the fields of home and community based services. The Trust has supported AKTC for many years and over time it has become foundational for programs and services throughout the state to maintain access to current and evidenced based trainings that help ensure and maintain a qualified and competent workforce that provides quality care to beneficiaries. AKTC and the core infrastructure provided through the Learning Management System (LMS) provides the entire state with an organized method of accessing training, maintaining a data base of individually completed trainings which aid with continuing education process and HR competency requirements for employers. In FY17 AKTC realigned and implemented core trainings that supported Medicaid Reform efforts. Specifically, AKTC provided recommended trainings for both DBH staff as well as providers in response to the Trust funded readiness assessment.
of both Division staff and the provider system to thrive and survive in a more managed system of care and the addition of an Administrative Services Organization.

The Trust’s AK Behavioral Health System’s Capacity Assessment confirmed that trainings provided by the AKTC, which are tailored toward paraprofessionals, their supervisors and agency leadership, as well as behavioral health aides, continue to be a priority. During FY18 Trust funding leveraged an additional $438.1, which in combination with other funding, provided Frontline Leadership Training, conflict free case management training, person-centered planning, suicide prevention, trauma informed care, Mental Health First Aid, assisted living and housing supports, core competencies for direct care workers, Alaska Integrated Employment Initiative for beneficiaries, and Advancing Wellness and Resiliency in Education.

AKTC Learning Management System’s technology infrastructure, organizational culture and structure provides a significant opportunity to support future Medicaid redesign and criminal justice reinvestment initiatives. This will be done by enabling increased training volume, providing more value to trainees and improved coordination at the state level. In FY18, the Alaska Training Cooperative trained 2,969 individuals from 378 provider agencies and 69 communities. (based on 8 months of data).

In order to ensure training on beneficiary related issues and best practices are available, it is recommended that this funding continue. State departments and grantees have historically been challenged with having funds available for provider and staff training, this will be even more challenging given the state’s fiscal situation. As long as this project demonstrates positive outcomes and the provider organizations see value and continue to have statewide access it is recommended that Trust’s funding partnership continue. AKTC continues to pursue funding opportunities to leverage additional funding for training and to expand training capacity to best serve beneficiaries.
**Project Title:** Workforce Director  
**Grantee:** University Of Alaska Anchorage

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**GIFTS ID:** 2347  
**Fund:** MHTAAR

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**Years Funded:** 10  
**Project Category:** Workforce Development/Training

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**Project Description:**

The Workforce Development Director was created to develop and implement a coordinated, cohesive and effective approach to addressing the critical needs for behavioral health and health workers in Alaska. The Director has been responsible to ensure that all Trust Workforce Development Focus Area projects and initiatives will positively impact Medicaid Expansion and Reform and the Criminal Justice Reentry and Recidivism efforts. The Director will assist and support other identified Trust projects through each focus area. The Director will oversee and manage the Alaska Health Workforce Coalition and support behavioral health and health workforce projects identified by the Center for Rural Health and Health Workforce.

The Workforce Development Director along with the Alaska Health Workforce Coalition members and key stakeholders will establish an ongoing plan for behavioral health and health workforce efforts which focus on Medicaid expansion and reform as well as strategies which focus on recidivism and reentry, housing and long-term support and services, substance abuse prevention and treatment, and beneficiary employment and engagement. A transition and sustainability plan will be drafted for behavioral health and health workforce including strategies which focus on recruitment, retention, engaging youth, and training.

In an effort to promote health workforce occupations that would impact Medicaid expansion and reform as well as Criminal Justice reinvestment, the AHWC director collaborated and partnered with 14 rural communities and discussed industry needs with regard to nursing, behavioral health and allied health occupations. The College of Health is working across campuses to ensure student success, increased numbers of health graduates and engaging Alaska’s youth early in health careers.

The AKTC continues to meet its degreed and non-degreed training and professional development performance measures ensuring Alaska’s health workforce has access to training.

The AHWC director serves on the DD Systems Collaborative steering committee as well as the workforce development work group. Much of this work has concentrated on “professionalizing” the direct care worker role across the state and the dependence our system has on their roles in our continuum of care. The director also is serving on the Peer Support credential committee working towards the development of a professional Peer Support workforce.

During this fiscal year, the AHWC director worked with DOLWD, the Trust, and UAA on a “real time” health-related data project. Several demonstration focus group presentations were given and feedback was obtained on whether we were moving in the right direction and whether the data project would be helpful in planning and policymaking. Overall comments were positive to the possibility of having “real time” data as opposed to point in time. DOLWD quarterly mini-reports and the health-related data website were also seen as valuable.

During FY18, the AHWC Workforce Director finalized the cross-industry Alaska Health Workforce Coalition 2017-2021 Action Agenda which is designed with strategies for implementation that will impact...
Medicaid expansion and reform and Criminal Justice reform. Work began on the new goals and objectives in January 2018. During the fall of 2017, the director also conducted an AHWC refresh with core team members to discuss changes, sustainability and value of the coalition. All members felt that the private ~ public health partnership had a great deal of value and overall added to the successes of strategies focusing on engagement, training, recruitment and retention across health related fields in Alaska.

During the data project process a meeting was held with DCCED Professional Licensing Board director and they clarified and confirmed that their scope is to regulate safety and conduct investigations and process new and renewal applications. If the system wants to work further on licensing issues it was made clear that work must be conducted with each specific licensing board. There is a board for every license and officers and membership turnover quite frequently, so this task may be difficult to complete.

The Trust discontinued funding for this function, previously positioned with the University of Alaska Anchorage as a partnership due to transitions with the University and current position. Beginning in June 2018, the Trust will establish in house capacity to facilitate and oversee the Trust workforce partnership initiatives.

Analysis:

While the Trust is discontinuing funding of the health workforce director through the University, the Trust recognizes, as do its partners, the importance of having a designated person for planning, coordination and oversight of the statewide behavioral health and health care workforce development efforts. This position will continue to ensure solid partnerships and the ability to leverage unique statewide opportunities. The in house Trust position will ensuring that all Trust workforce planning and implementation efforts are aligned with and effectively impact Medicaid expansion, reform and redesign as well as the criminal justice reinvestment efforts.

Funding for this project will end SFY June 30, 2018.
Project Title: DD System Capacity Development

Grantee: Alaska Association On Developmental Disabilities

GIFTS ID: 8464  Fund: Authority Grant

Years Funded: 2  Project Category: Capacity Building

FY17: $0  FY18: $65,000  FY19: $65,000

Project Description: AADD provider agencies continue to experience the stresses of changing federal regulations (CMS’s Final Rule), the state budgetary shortfall resulting in a proposed significant reduction to day habilitation hours and Medicaid Redesign (SB740) resulting in the development of an Individualized Supports Waiver to replace long term grant services. Each one of these three changes are major and impact providers in the way services are provided and have significant budgetary ramifications. This funding will work to achieve the following four goals:

1) Advocate for a strong system and best practices through involvement with national trends and organization.
2) Change management support for leadership in provider organization related to changes within the DD system required by Medicaid Redesign and federal requirements.
3) Provide for Agency sustainability through supporting agencies in adapting to costing models needed under the changes to the DD system.
4) Work force development to address training needs of agency staff

Analysis: This is a new project that has met its expected deliverables to date. This is a core IDD systems change initiative for the state that corresponds with implementing the DD Vision. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with AADD continue to improve the IDD service provider system capacity unless the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
Project Title: Housing Continuum and Assisted Living Targeted Capacity Development Training
Grantee: University of Alaska Anchorage, Center for Human Development
GIFTS ID: 1377 | Fund: MHTAAR
Years Funded: 12 | Project Category: Workforce Development/Training
FY17: $100,000 | FY18: $50,000 | FY19: $50,000

Project Description:

This grant provides funding for training through the Alaska Training Cooperative within the Center for Human Development at UAA targeting housing providers and a new component of training resources for developing the capacity, competencies and workforce capabilities for serving beneficiaries with Alzheimer’s disease and related dementia. The AKTC component focuses on Crisis Prevention Institute and other targeted trainings for assisted living homes and supported housing providers.

The Housing Staff Training Project is a continuation of prior years’ Trust efforts to improve the quality of training available to all supported housing providers in the housing services spectrum. This project will support the goals of maintaining housing and preventing homelessness for Trust beneficiaries in the community by increasing the capacity of providers to house individuals with intense behavioral health needs. This project is a complement to the Trust housing and long-term services and supports focus area’s work to increase the skills of housing providers in maintaining Trust beneficences in the community.

Analysis:

This project’s trainings had high attendance and satisfaction with the training delivered. Due to high turnover across DSP positions, it will be a continued challenge to train a majority of the workers who need this training. More people utilizing ALH services have a need for behavioral health or dementia support. Since most ALHs are small businesses, it is unlikely that they would have the ability or time to develop or host these staff trainings. This is an instrumental training that has a direct positive impact on beneficiaries by providing much needed information and skill building to ALH staff.

Non-Violent Physical Crisis Intervention continues to receive many requests and positive responses. Many housing providers are expressing an increase in acute behavior issues among beneficiaries and are concerned about reinforcing staff skills around de-escalation and crisis prevention. It is important to note, that many housing providers continue to have challenges in accessing training, particularly smaller homes. Often staffing is not adequate to allow for attendance in trainings of any length. When possible, we have conducted trainings for providers on-site to assist with these barriers and we continue to encourage the utilization of our online training opportunities. Of course, the trainings are optional, so we have several providers consistently seeking and attending training and those who do not access training unless directed by licensing to do so.

It is imperative to work with DHSS to incorporate standardized training requirements as part of licensing and certification. Having a skilled and trained workforce is critical to ensuring high quality services for Trust beneficiaries. As long as this project demonstrates positive outcomes for beneficiaries this should be a core element of the Housing and Long-Term Services & Supports focus area.

A path to self-sufficiency is not clear in the near future (next 2-4 years) as increasing training costs will likely decrease attendance unless training is mandated by certification or licensing of the workers.
This is a core training program for the state. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with the Alaska Training Cooperative to support training for supportive housing and ALH providers continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
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**Project Description:** New for FY19

This grant provides funding for training through the Alzheimer’s Resource Association (ARA) targeting housing providers and a new component of training resources for developing the capacity, competencies and workforce capabilities for serving beneficiaries with Alzheimer’s disease and related dementia. Through a partnership with Alzheimer’s Resource of Alaska, a training for ALH providers will be developed in addition to expanding the number of certified Dementia Care Mappers.

**Analysis:**

It is important to note, that many housing providers continue to have challenges in accessing training, particularly smaller homes. Often staffing is not adequate to allow for attendance in trainings of any length. When possible, we have conducted trainings for providers on-site to assist with these barriers and we continue to encourage the utilization of our online training opportunities. Of course, the trainings are optional, so we have several providers consistently seeking and attending training and those who do not access training unless directed by licensing to do so.

It is imperative to work with DHSS to incorporate standardized training requirements as part of licensing and certification. Having a skilled and trained workforce is critical to ensuring high quality services for Trust beneficiaries. As long as this project demonstrates positive outcomes for beneficiaries this should be a core element of the Workforce focus area.

A path to self-sufficiency is not clear in the near future (next 2-4 years) as increasing training costs will likely decrease attendance unless training is mandated by certification or licensing of the workers. This is a core training program for the state. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with ARA to support training for supportive housing and ALH providers continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
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<td><strong>Analysis:</strong> In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This is a critical capacity building training necessary to expand the workforce. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.</td>
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**Project Title:** Peer Support Workforce  
**Grantee:** To be determined  
**GIFTS ID:** n/a  
**Fund:** Authority Grant  
**Years Funded:** 3  
**Project Category:** Capacity Building  
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<thead>
<tr>
<th>FY17</th>
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</thead>
<tbody>
<tr>
<td>$55,000</td>
<td>$55,000</td>
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</table>

**Project Description:** These funds are unallocated in the budget, and available to grant to project during the year.

Peer support services are delivered by individuals who have common life experiences with the people they are serving. People with mental and/or substance use disorders have a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience. In self-help and mutual support, people offer this support, strength, and hope to their peers, which allows for personal growth, wellness promotion, and recovery.

Research has shown that peer support facilitates recovery and reduces health care costs. Peers also provide assistance that promotes a sense of belonging within the community. The ability to contribute to and enjoy one’s community is key to recovery and well-being. Another critical component that peers provide is the development of self-efficacy through role modeling and assisting peers with ongoing recovery through mastery of experiences and finding meaning, purpose, and social connections in their lives.

**Analysis:** Funds will be used to enhance state and community efforts to build peer support workforce capacity. In addition to the therapeutic value of peer support services to beneficiaries, the model provides offers a critical strategy to support the Beneficiary Employment and Engagement focus area. As DHSS and partners prepare to develop statewide training curriculum, standards and credentialing for the peer support profession into FY19 and beyond, it is recommended that Trust funding continue while concurrently working with DHSS and agencies to address sustainability.
Project Title: SHARP Loan Repayment  
Grantee: Division of Public Health  
GIFTS ID: 1383  
Fund: MHTAAR

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<th>FY19: $200,000</th>
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Project Description:
SHARP is a statewide public-private partnership dedicated to improving the recruitment, retention and distribution of our healthcare practitioners, and thus access to healthcare. SHARP provides key financial benefit to selected practitioners via either: (a) education loan repayment or (b) direct incentive. Clinicians work in varied urban, rural and remote locations. To date, SHARP has had 254 practitioner-contracts: 134 (53%) medical, 37 (15%) dental; and 83 (32%) behavioral health. SHARP has had two components, SHARP-1 and SHARP-2. SHARP-1 has evolved into an exceedingly robust program. SHARP-2, based on AS 18.29, is now closed due to State-GF constraints. For SHARP-3, regulation draft was submitted 7/17/17, and currently are awaiting the result of that vetting process.

SHARP has provided recruitment and retention strategies through support for service opportunities and efforts throughout urban, rural and remote locations. Even though the Trust’s focus is often in behavioral health, SHARP also helps to support inter-professional and interdisciplinary teams working in SHARP practice sites, which are critical in working with the whole person. In addition, SHARP has conducted a special behavioral health clinician solicitation which bolstered the number of behavioral health practitioners across Alaska. The SHARP program is guided by the SHARP Council, which is comprised of 19 highly visible member organizations (15 voting, & 4 ex-officio). The Council provides oversight and guidance regarding all aspects of SHARP including budget, program, visibility and managerial matters.

SHARP-1 is based on receipt of competitive federal grants from HRSA’s State Loan Repayment Program (SLRP). The state has been awarded SLRP grants three times (SLRP-1, SLRP-2 and SLRP-3). This option is only for generalist outpatient clinicians working in Health Profession Shortage Areas. SHARP-1 has provided education loan repayment through 171 clinician-contracts. Contracts are funded by cost-sharing: HRSA pays up to 50 percent, with non-federal match paying the rest. The Trust has contributed $200,000 annually for SHARP’s needed non-federal match. Regarding return-on-investment on SLRP-3 in SFY’17, Trust funding produced a 555% cash return on investment. This is because other nonfederal partners also contribute, i.e. Division of Behavioral Health, Matsu Health Foundation and every participating employer. Since the loan repayments are tax-exempt, the Trust’s total return on investment for SLRP-3 in SFY’17 was 718%.

Currently in FY18, SLRP-3 has 60 SHARP-1 clinicians: 27 (45%) medical; 5 (8%) dental; and 28 (47%) behavioral health.

Analysis:
SHARP 1 is a critical workforce capacity-building component which has positively impacted access to services and the wellbeing of beneficiaries and their families. Alaska’s loan repayment and incentive programs are evidenced-based recruitment and retention practices which encourages behavioral health, dental and health care clinicians into employment, an essential element to Medicaid expansion and reform. Trust funding for SHARP loan repayment project provides the required match to the federal grant through the National Health Services Corps (NHSC) State Loan Repayment grant. This grant brings in additional funding for loan repayment and incentives for health professionals working throughout the state and are serving Trust beneficiaries. Work force is a priority for...
organizations engaged in serving Trust beneficiaries. Organizations across the state continue to struggle with increasing the number of individuals drawn to health and behavioral health fields, and with the recruitment and retention of staff.

Work force challenges are particularly more challenging for rural Alaska due to geography, culture and other factors. Loan repayment opportunities are a recognized best practice for recruitment of qualified applicants because of the opportunity to benefit from paying off or decreasing debt associated with university or college loans.

Workforce studies indicate our need is much larger than SHARP’s current capacity. These employer locations include Barrow, Metlakatla, Dutch Harbor, Glennallen, among others. This program has provided positive compelling reasons for practitioners to come to Alaska for health care employment. The large majority of participants work in “safety-net settings” which are providing care to beneficiaries. Even though SHARP-1 has done well, it is not keeping up with need. DHSS has submitted the next round to HRSA, which is SLRP-4 to add additional capacity. Workforce stakeholders will continue to advocate for SHARP-3, which is funded via private funds, to also expand support for service capacity.

SHARP 1 is recommended for continued Trust funding given the workforce challenges our state continues to experience and shortages particularly in healthcare and behavioral health fields. Data demonstrates the expanded sites across the state and the numbers and types of positions benefitting from this resource. Again, workforce data indicates greater demand than available resource for loan repayment funding. Service organizations across the state are struggling with recruitment and retention and view this as one effective strategy to attract workforce. The project is working towards alternative way of expanding the opportunity through other contributions which would expand the SHARP I resource and allow for the addition of more practitioner types and locations.
Project Title: Alaska Area Health Education Centers
Grantee: University Of Alaska Anchorage
GIFTS ID: 7344 Fund: MHTAAR
Years Funded: 3 Project Category: Workforce Development/Training
FY17: $55,000 FY18: $55,000 FY19: $55,000

Project Description: The Alaska AHEC program will implement summer career pathways programming to expose and engage youth into behavioral health careers. Students will explore careers including social workers, counselors, behavioral health aides, psychologists, psychiatrists, and other positions within the field of behavioral health and social services. The program will also include Mental Health First Aid training for students; opportunity to earn dual credit; presentations from local Elders, clinicians, substance abuse counselors, and behavioral health aides; tours of the Behavioral Health facilities; and featured regional sessions specific to the community of implementation. 2 sessions will be held in summer 2016 and 3 sessions will be held in summer 2017.

Analysis: Trust funding of the AHEC programs are one strategy connected to the Trust’s workforce efforts, specifically Alaska AHEC is responsible for implementing summer career pathways to expose and engage youth into behavioral health careers. The summer programming enables them to expose youth to various careers and fields of study in effort to attract more students into these fields. Attracting more students into behavioral health careers is one of the strategies to build and retain workforce in Alaska serving Trust beneficiaries. The summer institutes have been provided in communities throughout Alaska including Bethel, Nome, Ketchikan, Barrow, Anchorage, Fairbanks, Kenai and Dillingham.

There has been high demand from schools throughout the state for this program. A total of 186 individuals were served through this program with an estimated 80% increase post participation of students expressing interest to enter the behavioral health field. Data indicates that 26% of participants enrolled in higher education, 67% of those enrolled are studying behavioral health fields.

Additional Data:

- 124 youth have participated in the AHEC behavioral health camps since 2015
- 80% reported increased interest in behavioral health careers
- 97% reported increased knowledge in behavioral health
- 100% of the participants certified in MHFA

In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 yrs). Most if not all organizations serving trust beneficiaries are challenged with recruiting and maintaining a qualified behavioral health workforce. Attracting younger Alaskan’s to the behavioral health field is one effective strategy to increase the numbers of individuals seeking academic study and professional employment in behavioral health. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with UAA to support AHEC continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
<table>
<thead>
<tr>
<th>Project Title: AK-PIC - Alaska Psychology Internship Consortium</th>
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<tr>
<td>Grantee: Western Interstate Commission for Higher Education</td>
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<tr>
<td>GIFTS ID: 6050 Fund: Authority Grant</td>
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<td>Years Funded: 5 Project Category: Data/Planning</td>
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<td>FY17: $15,000 FY18: $63,000 FY19: $59,000</td>
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**Project Description:** The University of Alaska trains doctoral-level psychologists, but these students cannot graduate before completing a doctoral internship. A lack of internship opportunities may cause UA doctoral students to seek internships in other states, further contributing to the behavioral health workforce shortages in Alaska, since many may not return following their internship.

With 5 consortium sites across the state, AK-PIC’s reach is statewide and includes every Trust beneficiary group. The agencies involved in AK-PIC are: Hope Counseling Center, Alaska Psychiatric Institute, Norton Sound Health Corporation, Alaska Family Medicine Residency- Providence Hospital, and Southeast Alaska Regional Health Corporation. Each of these agencies has demonstrated commitment to AK-PIC and invested considerable resources into the project to date.

WICHE provides logistical support and coordination of the internship program. Recently, the national psychology internship accrediting body revised its standards that require the internship program to revise their program, and reapply for accreditation. WICHE has been engaged to update the program and help submit a new accreditation application, and implement the program if approved.

WICHE continues to support the Alaska Psychology Internship Consortium (AK-PIC) following its development and obtainment of Association of Psychology Postdoctoral and Internship Centers (APPIC) Membership and achievement/maintenance of American Psychological Association (APA) accreditation. In FY 2019, WICHE will continue to support the goals related to self-sustainment of the internship and ensure the processes involved with maintaining APA accreditation are adhered to by the program.

The following key deliverables will be accomplished during the FY19 contract period:
- Facilitate key activities related to maintaining APA accreditation;
- Oversee training processes to ensure adherence to APA regulations;
- Facilitate the collection, review and submission of required annual membership data to APA;
- Support 3 face-to-face meeting of the Internship Training Committee;
- Support tele/videoconference meetings of the Internship Training Committee;
- Develop and implement processes to prepare the AK-PIC leadership to manage the internship and maintain adherence to accreditation requirements following the culmination of WICHE’s participation;
- Preparation faculty for re-accreditation;
- Begin revisions to Self-Study incorporating changes based on the new Standards of Accreditation requirements;
- Collect data from all sites including interns, faculty, and stakeholders; and
- Continue implementing the re-accreditation timeline and developing documents for the new Self-Study for re-accreditation and complete preparations for online submission of required documents.
Analysis:
The AK-PIC program continues to be an important workforce development strategy. The AK-PIC program has trained 69 doctoral interns since it became operational in 2010, and the majority (approximately 73%) of those professionals have remained in Alaska to begin their careers following the completion of the internship. There are 16 interns admitted to the FY19 internship year. The program has allowed the majority of UA psychology doctoral students to complete the entirety of their training within Alaska, and has additionally drawn in a number of highly qualified doctoral students from other parts of the country who have remained in Alaska to join the behavioral health workforce.

_This project is implemented through an intergovernmental transfer, so there is not a normal grant agreement or project reports._

In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the near future (2-4 years). This is a key workforce strategy to train and retrain a competent and qualified workforce. As long as this project continues to demonstrate positive outcomes, and graduate providers, we recommended that the Trust’s funding of this project continue until the state’s fiscal health improves. The project will be adjusted accordingly as the financial situation changes, or other funding is secured.
**Project Title:** Assisted Living Home Transition Program  
**Grantee:** Alaska Statewide Independent Living Council, Inc.  
**GIFTS ID:** 7231  
**Fund:** Authority Grant  
**Years Funded:** 4  
**Project Category:** Capacity Building  
**FY17:** $150,000  
**FY18:** $100,000  
**FY19:** $100,000

### Project Description:

This project is an Assisted Living Home Transition Program for Trust beneficiaries participating in the 811 PRA program. By partnering with the Statewide Independent Living Council (SILC) we leverage the unique role of the Independent Living Centers across AK, who have a federal role to provide 5 Core Services, of which one is transition services. Transition services include assistance to move from institutional settings to more independent living situations in the community of their choice, by learning about available community resources, supports and assistance through a variety of community programs to ensure a safe and successful transition to community living.

Each Independent Living Center has an expertise in their communities on existing housing and service resources. They have also worked closely with the Division of Senior and Disabilities Services to ensure the Nursing Home Transition Program has been successful in supporting people to transition out of skilled nursing homes and live independently in their communities. The Nursing Facility Transition funds are to be used by the Independent Living Centers to facilitate transition to eligible individuals from a nursing home to a community based setting. Independent Living Centers will coordinate with the nursing homes to identify individuals who are interested and eligible for transition. NFT funds are limited to $3500 per individual and may only be used for one-time costs associated with the transition, unless approved by SDS Program Manager; thereafter, the Medicaid program will pay for all services. Independent Living Centers will develop a transition plan with the individual to ensure services and supports are available once the individual has transitioned. The Assisted Living Home Transition Program will be modeled after this project. The transition funds may include: move in costs, tenancy supports and in-home services, assistive technology. The services would be designed so that they can be reproducible and are compatible to be added to a future Medicaid waiver service.

The Assisted Living Home Transition Program is necessary since people living in an assisted living home face many of the same barriers as those in an institution to return to a more independent setting. Many people receiving General Relief funding are not meeting eligibility for Assisted Living Home services, but do not have the means to move, have no assigned care coordinator or case manager and may not be able to navigate the many applications and processes to move to a more independent setting and coordinate in-home or outpatient services. Complicating this, is that individuals are only allowed to keep $100.00 a month for a personal allowance, thus making savings for moving into an independent unit very challenging.

### Analysis:

This is a transition service that has not existed to date. Due to delayed implementation of the 811 Project Rental Assistance program, few transitions have occurred and the full implementation of the project has not been possible. As long as this project demonstrates positive outcomes it is recommended that the Trust’s funding partnership with the SILC continues until the 811 project’s ALH transitions are complete or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
### Project Title: Office of Integrated Housing

**Grantee:** Division of Behavioral Health, DHSS  
**GIFTS ID:** 383  
**Fund:** MHTAAR  
**Years Funded:** 15  
**Project Category:** Capacity Building  
**FY17:** $235,100  
**FY18:** $122,000  
**FY19:** $122,000

### Project Description:

Recognizing the challenges of providing adequate assistance to social service providers in the area of Permanent Supported Housing in Alaska, the Trust advocated for the creation of a focused office for housing for Trust beneficiaries within the Department of Health and Social Services. At the time, separate mental health and alcohol/substance abuse housing efforts were merging in order to create an integrated housing resource within the Division of Behavioral Health to develop supported housing and housing opportunities for consumers struggling with mental illness and/or substance abuse. In keeping with DHSS efforts, the Trust has funded several positions and provided program start-up or demonstration funding in order to establish an office that aggressively advocates for and works to expand supported housing opportunities and individualized community services and supports statewide for Behavioral Health consumers. In the current funding climate and potential for new Medicaid options and expansion, this work extends beyond DBH to incorporate divisions such as Senior and Disabilities Services, Office of Children’s Services, and Juvenile Justice. The Division of Behavioral Health and the Trust will develop a plan to implement community-based services and supports for Trust beneficiaries across the Department utilizing the tools available through new Medicaid funding opportunities and coordination of services across Divisions serving Trust beneficiaries.

### Analysis:

This position has been a long-standing partnership with DBH to address supported housing needs for beneficiaries. Noted successes include the award and implementation of the ACT and ICM grants, implementation of the Moving Home Voucher Program, coordination and planning efforts around the newly awarded 811 grant, on-going work and coordination with the Technical Assistance Collaborative to create a long-term strategic housing plan, and working with CMS on the Innovative Accelerator Program.

Housing is a critical component to ensuring beneficiaries have optimal health and safety. It is essential in reducing the risk of recidivism for beneficiaries engaged with the criminal justice system. It is imperative, that DHSS has a designated Housing Program Manager to ensure that the 1115 demonstration waiver includes supported housing components in addition to establishing a daily rate or equitable reimbursement rate to support supported housing services, ACT and ICM services. Having a Program Manager to implement the Permanent Supported Housing Strategic Plan is necessary to accomplish housing as part of these efforts.

In light of significant system changes, the opportunity to leverage Medicaid Administrative Claiming funds for this position should be evaluated in the near future (1-2 years). As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with DBH to support this position continue until the alternative payment structure can be identified or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Senior and Disabilities Division Supported Housing Program Manager

**Grantee:** Division of Senior and Disabilities Services

**GIFTS ID:** 68  
**Fund:** MHTAAR

**Years Funded:** 16  
**Project Category:** Capacity Building

<table>
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<td>$81,000</td>
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**Project Description:** The Rural Long Term Care Coordinator (“Supported Housing Program Manager”) will engage in a comprehensive and coordinated approach to long term care development for seniors that address the serious infrastructure gaps in Alaska’s smaller communities and rural villages. The goal is to assist with the development of sufficient home and community based services so Trust beneficiaries do not have to leave their community when they have extensive care needs that their families cannot provide. The incumbent in this position will provide outreach, education and intensive community based technical assistance work to assist in meeting the needs of people with Alzheimer’s disease and related dementias and other related cognitive disabling conditions as well as with elders with co–occurring behavioral health conditions and/or addictions.

In partnership with the SDS Intake and Assessment Unit, activities will include ongoing technical assistance via phone, email and site visits with rural communities and entities such as nursing homes, hospitals, and others with the goal to increase awareness of available resources and established procedures to improve development and operational issues to ensure successful programs. This position will engage in diversion activities that prevent elders from having to enter into institutional-like settings such as nursing homes, and will develop methods by which elders have successful and timely transitions out of nursing homes and into home and community based service programs.

**Analysis:**

This project has been a long-standing partnership with the Division of Senior and Disabilities Services to focus on developing long-term services and supports for Trust beneficiaries in rural Alaska. In FY15, the position was refocused to develop and define the supported housing office within SDS, which specifically was to manage, develop, evaluate, monitor and implement systematic changes to the General Relief Assisted Living program. The development of a supported housing office/unit, creating an evaluation process with RBA, and supporting rural agencies with technical assistance are behind schedule. Additional organizational structure was put in place for General Relief, but program alternatives and recommendations were not made. SDS obtained Medicaid admin funding for this position. The last year for this position to be funded is FY19.
<table>
<thead>
<tr>
<th><strong>Project Title:</strong></th>
<th>Senior Psychiatric Outreach Team Planning</th>
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<tbody>
<tr>
<td><strong>Grantee:</strong></td>
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<td><strong>FY19:</strong></td>
<td>$50</td>
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**Project Description:** The Senior Psychiatric Outreach Planning project is intended to address the diminishing availability of psychiatric services to the senior beneficiary population. Specialized behavioral health services for seniors have been cut or are unavailable in most communities. The behavioral health 1115 waiver excluded services to people over 65 due to cost constraints. Additional planning efforts are necessary to ensure this population has access to behavioral health services that are targeted and effective for elders.

**Analysis:** The Senior Psychiatric Outreach Planning project is a new project for FY19 and it is anticipated that this work will launch the planning and implementation of behavioral health services for seniors in Alaska.
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<th><strong>Project Title:</strong></th>
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<td><strong>Grantee:</strong></td>
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**Project Description:** RISE, the ACMHS Supported Employment vocational program for adults who experience Severe Mental Illness, is building capacity to serve 50 clients a year with employment training, job placement and supported employment. ACMHS has a three-year plan to develop RISE into a self-supporting program.

**Analysis:** Based on agency estimates, self-sufficiency is a goal anticipated to be reached within the next 3-4 years. Vocational training and supported employment are critical services for the Beneficiary Employment and Engagement focus area. Demand for this service is not expected to decline. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding continue until the program is self-sustainable or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Alaska Brain Injury Network Operating & Resource Navigation Grant  
**Grantee:** Alaska Brain Injury Network  
**GIFTS ID:** 109  
**Fund:** Authority Grant  
**Grantee:** Alaska Brain Injury Network  
**Years Funded:** 13  
**Project Category:** Direct Service  
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**Project Description:**
The Alaska Brain Injury Network (ABIN) through its Resource Navigation program, will serve individuals in the community with traumatic brain injury and guide them through the treatment and service system to obtain services and supports. ABIN will identify and utilize opportunities to leverage existing resources (ADRC's, 211, ILCs, case management, etc.), to address the current and future needs for expansion. The role of the Resource Navigator will be clearly defined within the service continuum for beneficiaries. Partnerships with other agencies in the long term services and supports continuum of care will be engaged in this work and connected to the resources ABIN provides. ABIN will work with Senior and Disabilities Services (SDS) to provide applicable Medicaid or grant services, including case management, for people with a TBI.

**Analysis:** Trust funding of this project was identified in FY17 to decrease in FY19 which will be the final year of funding for this project. ABIN has another project funded by the Trust that will incorporate this work. Other organizations are providing TBI case management services funded through SDS grants and the same or like community based organizations will provide the Medicaid funded case management services that will be available in FY19 through the new Community First Choice program. The ADRCs will continue to provide information and referral services and options and benefit counseling to the aging and disability populations which includes people who have a TBI.
**Project Title:** System Infrastructure and Capacity Development for ADRD and IDD programs

**Grantee:** To be determined

**GIFTS ID:** TBD  
**Fund:** Authority Grant

<table>
<thead>
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<th>Years Funded</th>
<th>Project Category</th>
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**Project Description:** This funding is identified to further the planning and systems change work for the Intellectual and Developmental Disabilities and Alzheimer’s Disease and Related Dementias service systems. Past grantees have included, among others, AADD and Alzheimer’s Resource Association. These service systems have experienced rapid change and budget constraints creating the need to increase capacity to serve new generations with new expectations of what the service system should look like to provide support. Both the State of Alaska and home and community based service providers are grappling with how to use technology, expand workforce, and incorporate person directed care into an already fatigued system.

**Analysis:**
This funding helps to support infrastructure and capacity development to strengthen the existing home and community based service system. In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). It is critical to continue to support the Medicaid Reform efforts through systems capacity development to affect change. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding to support capacity development continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Complex Behavior Flex Funds

**Grantee:** Kenai Peninsula Independent Living Center (ILC)

**GIFTS ID:** 8749  
**Fund:** Authority Grant

**Years Funded:** 2  
**Project Category:** Direct Service

<table>
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<th>FY17</th>
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<tr>
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**Project Description:** This request proposes to provide flexible grant funds, otherwise known as “flex funds” to KPILC as part of a one-year pilot targeting transitional services and supports for 7-10 Trust beneficiaries currently placed in API or an out of state residential placement, from the communities of Fairbanks, Kenai Peninsula, Cordova/Valdez and Kodiak. Trust funding will provide funds that may be used, when requested and approved, to assist with supporting transition of beneficiaries from institutional placement back to their home community. The pilot period will enable KPILC to work with SDS and other key providers formerly involved with the complex behavioral solutions group for individuals with IDD, to establish the mechanism and procedures for evaluating and approving requests, and to establish policy and reporting requirements to include individual beneficiary outcomes. The Trust anticipates placing this resource in future years (FY19 forward) under the oversight of SDS, which houses the behavioral health liaison to API and out of state residential placement entities.

During the FY18/19 budget planning process, Trust stakeholders voiced concern about the lack of access to flexible funding that can be used to address the needs of beneficiaries with IDD as they transition to the community from institutional placement. These flex funds will be used specifically for the individual basic or emergent needs, to support the beneficiary’s family in assisting a family member, address provider capacity to maximize supports and enhance community connections toward building more natural supports. Flex funding will also offset some of the environmental costs associated with technology and home modifications to support maximum independence, many of which are not currently covered or exceed existing funding limits. The ultimate goal for the flexible funds is to leverage other resources to support Trust beneficiaries to achieve a meaningful life in their home or community and cover some of the costs that are barriers for them to receive the support in less restrictive settings.

Currently, providers are using unrestricted funds to cover these costs which is becoming more challenging as state-driven budget cuts continue. For example, it is important for staff to meet the individual prior to a transition from an institution, learn from their current care providers, establish a safe environment (incorporate technology) and appropriately staff levels both for the transition as well as long term, all of which are currently not funded. Families and community members have difficulty accessing proper training/coaching to individualize the support for their loved ones who want to be part of their lives. Flexible funding may advance an individual’s employment goals and meet an interim period of supports when there is lag time between when SDS or DVR funding can be leveraged to address needed services and supports. In our more rural or remote communities, providers may have general skills but need specialized training and/or technical assistance from specialized providers that can minimize the need for beneficiaries to travel from their homes to urban areas for treatment.

**Analysis:** FY18 Grant is still active and expected to be extended due to the long transition time needed for complex care coordination. There have not been a sufficient number of transitions that have occurred to evaluate results or move to the next phase of transferring transition funding to SDS.
Senior and Disabilities Services is currently working to develop a Medicaid funded service to assist people residing in institutions to pay for additional services needed to transition back to their home community. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with SDS through the ILC continue until the service is offered through Medicaid or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
Project Title: IT Application/Telehealth Service System Improvements
Grantee: Division of Senior and Disabilities Services
GIFTS ID: 6394 Fund: MHTAAR
Years Funded: 4 Project Category: Capacity Building
FY17: $100,000 FY18: $100,000 FY19: $37,000

Project Description:

Senior and Disabilities Services (SDS) will continue its efforts to increase the number of telehealth assessments throughout Alaska. SDS will look at how mobile technology or connections with technology in an applicant’s home can be used to meet this goal. SDS will also develop an understanding of how other units within SDS can benefit from telehealth services. SDS will update a State of Alaska telehealth policies and procedures to outline stakeholder involvement in its telehealth process. SDS will explore assistive technology opportunities to improve service delivery and support recipients in their own homes.

Analysis:

This grant has met or exceeded its performance measures and shown a successful on time implementation of telehealth in SDS. This position is critical for capacity building of the agency to implement the use of technology both internally and externally to positively impact beneficiaries.

The transition of this project to SOA GF/MH was successful in the amount of $100,000. SDS has requested Medicaid Admin funding for the activities of this position and is able to absorb the decreased funding for FY19. It is recommended the remaining Trust funding be used to leverage the development of programs or services to purchase assistive and smart home technologies that will lead to greater beneficiary independence. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with SDS to support telehealth services and technology innovations continue over the next 2-4 years while these innovations are developed into a Medicaid service unless the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
Project Title: Funding for Aging and Disability Resource Centers
Grantee: Division of Senior and Disabilities Services
GIFTS ID: 1927 Fund: MHTAAR
Years Funded: 11 Project Category: Direct Service
FY17: $125,000 FY18: $300,000 FY19: $300,000

Project Description:

Aging and Disability Resource Centers serve as a visible, trusted place for people to go to for information and assistance with accessing services that support them in the community.

The integration of information regarding long term services and supports can reduce the frustration and feelings of being overwhelmed experienced by people when trying to understand and access available options. ADRC services are unique from other information and referral services because they have the added focus of assisting with streamlining the entrance into long term services and supports, in addition to targeted efforts to reach ADRC users who are able to privately pay for services.

One critical component of ADRC programs is Options Counseling and decision support. This service focuses on the immediate needs of an ADRC user but is not crisis intervention. Options counseling and decision support is an interactive service that includes information and referral along with education, but also includes an emphasis on building a relationship with the user and developing a plan that allows for choice. ADRC users should be informed of all their services options so they can then make an informed choice about what services best meet their needs. ADRC's also follow up with individuals to ensure they assessed services, and if not what follow up is needed.

The primary target populations are individuals with Alzheimer’s Disease or related dementia, or people at risk of these conditions, and people with disabilities, however, assistance is provided for anyone who seeks information or referral services for any long term services and supports.

The ARDCs are actively becoming an entry to the home and community based service delivery system in Alaska and a resource for the Department of Health and Social Services to screen and appropriately refer individuals to available programs. The Aging and Disability Resource Centers are also an important resource for reporting the unmet needs of long term care resources in our state.

Analysis:

The ADRC is critical community infrastructure for beneficiaries and their families to access and understand the various yet complicated broad array of service and support options. The ADRCs successfully provide information and services and discuss options to multiple different available resources that best support those seeking services. As a conflict free agency, the ADRC's ensure each individual is presented with options and choice to make the informed decisions to best support themselves or their loved ones.

This program has struggled for a number of years to provide statewide services and to develop a sustainability plan beyond grant funding. Implementing Medicaid admin funding is a huge step forward in diversifying funding for these services. The prescreen process is another significant implementation effort that will encourage a person-centered intake approach for this service system.
The ADRCs will need to be monitored for self-sufficiency readiness as federal funding for I&R declines. It is recommended that the Department look at reinvesting savings the ADRCs create from right sizing service referrals through the person-centered intake process. It is also recommended that the Department review opportunities to co-locate or consolidate information and referral, benefits counseling and system navigation funding/projects to increase visibility and community access.

In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). As long as this project demonstrates positive outcomes for beneficiaries it is recommended that Trust’s funding partnership with SDS to support ADRCs continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
Project Title: Develop Targeted Outcome Data
Grantee: Division of Senior and Disabilities Services
GIFTS ID: 8562 Fund: MHTAAR
Years Funded: 12 Project Category: Data/Planning
FY17: $30,000 FY18: $80,000 FY19: $80,000

Project Description: The Trust, Division of Senior and Disabilities Services and key partners have identified the need to better track outcomes measures for home and community based services, but more specifically, on the person centeredness of our system to achieve the desired impact of the unified vision for each individual receiving publicly funded services and supports. These funds will be used to advance the state’s implementation and use of the National Core Indicators and/or other best practices that can be used at the community level such as CQL. The National Core Indicators represents a major effort among states to standardize the collection of performance and outcome measures for home and community-based services on a system level, while CQL is at the individual and provider level. Standard data collection allows states to compare results with other states and providers data for the establishment of national benchmarks but also to report in a more meaningful way than just number served and dollars spent. These specific indicators may look at an individual’s access to community, human security, relationships, choices and goals is critical as AK undergoes significant systems transformation or others as there has been an increasing effort by the federal partners to make advances in measuring outcomes for HCBS services.

Analysis: Senior and Disabilities Services (SDS) implemented a portion of the National Core Indicators (NCI) survey tool in FY17 and 18, but may be unable to implement the full suite of surveys due to the in-person requirement of the interview being too costly off of the road system. SDS will be reviewing feasibility for fully implementing NCI or recommending a change to an alternative evaluation tool. SDS has engaged with a community led evaluation and data group that is part of the DD Vision movement to collaborate between state and community based agencies on meaningful program evaluation tools.

The transition of this project to SOA GF/MH is likely in the foreseeable future (2-4 yrs). This is a core data collection and analysis element for the state that is expected to be incorporated into existing continuous quality improvement processes and measurements for IDD programs and the state as a whole. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with SDS to support implementation of NCI or a similar process continue until the state can operationalize this work or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Job Center Liaison in Correctional Facilities  
**Grantee:** Department of Labor and Workforce Development  
**GIFTS ID:** 6395  
**Fund:** MHTAAR  
**Years Funded:** 4  
**Project Category:** Capacity Building  
**FY17:** $125,000  
**FY18:** $125,000  
**FY19:** $125,000  

**Project Description:** The Division of Employment & Training Services and Workforce Development Component will continue to utilize funding from the Alaska Mental Health Trust Authority to fund one Statewide Reentry Employment Coordinator to be located in the Southcentral Region. The goal of this position is to increase the rate of entered employment and education retention for Alaskans that have been incarcerated. This position:

- Partners and collaborates with various partner programs and stakeholders to identify and make available services and opportunities that are directly or indirectly aimed at reducing recidivism.
- Collaborates with Department of Corrections, Department of Health and Social Services and Alaska Mental Health Trust Authority staff to coordinate Job Center and partner services pre and post incarceration.
- Identifies, recommends, and coordinates activities on a statewide basis with Job Centers and partner agencies to promote employment and education as a primary pathway to recidivism reduction.
- Provides technical assistance and support to Job Center staff regarding innovative approaches towards recidivism reduction through employment and education.
- Supports regional Reentry Coalitions assistance in creating partnerships with governmental, private, and non-profit agencies to create pathways of efficient communication.
- Updates Job Centers services, and coordinate training for staff targeting specific recidivism reduction strategies.

**Analysis:** The grantee continues to establish relationships, networks, and has provided key training and technical assistance to expand employment capacity for systems-involved beneficiaries upon reentry. The funded position serves as a systems bridge to better connect needed services and supports for beneficiaries to gain employment. Job Center Liaison activities have successfully established the position as a resource for regional coalitions and job centers which provide direct support to beneficiaries. Department of Labor and Trust staff will continue to revisit performance measures and identified outcome indicator data to monitor beneficiary outcomes. Baseline data is currently being established as the indicators span multiple reporting periods across multiple systems.

In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This partnership facilitates key activities in support of the Trust’s Criminal Justice Reform and Beneficiary Employment and Engagement focus areas. The project will also provide useful and timely data for program evaluation. As long as this project demonstrates positive outcomes it is recommended that Trust funding continue until the state’s fiscal health improves, federal funds are identified, or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Research Analyst  
**Grantee:** Department of Corrections  
**GIFTS ID:** 3507  
**Fund:** MHTAAR  
**Years Funded:** 8  
**Project Category:** Data/Planning  
**FY17:** $101,900  
**FY18:** $101,900  
**FY19:** $101,900

**Project Description:** The Research Analyst assists Department of Corrections’ (DOC) Health and Rehabilitation Services (HARS) in evaluating institutional and release mental health and substance abuse programs. This is critical for data driven decisions, efficacy and efficiency in managing programs, fiscal accountability and funding and advocacy. The research analyst aids in creating internal performance measures and corresponding assessments or data tracking systems for the mental health units and programs and substance abuse programs in DOC institutions as well as DOC’s release programs. This position queries data from ConCon, ACOMS and potentially other computer databases to provide outcome measures for reports related to clinical contacts, unit census changes, mental health & substance abuse T47s, access to programming, treatment failures, suicide data, assault and injury data, release data and a variety of other Trust beneficiary and programming needs. This is critical so DOC can track and provide recidivism and re-entry data on offenders in addition to managing and planning for institutional and release program needs. This position researches best practices with correctional treatment and assessing how Alaska’s programs compare to National best practice standards.

**Analysis:** This is a critical capacity and infrastructure enhancement for DOC to internally track and monitor Trust beneficiary numbers, DOC services provided and beneficiary outcomes. Historically, this project encountered challenges; however, in 2018 the position was instrumental to the department in by:

- Reviewing the remands from five booking facilities: Anchorage Correctional Complex East, Fairbanks Correctional Complex, Lemon Creek Correctional Complex, Matsu Pre-trail and Wildwood Correctional Complex from January 1 to June 30, 2016. This review helped to identify Trust beneficiaries entering the department and the services received. During this timeframe 10,394 remands occurred. The 10,394 remands accounted for 7,836 unique individuals. 2,139 were identified as Trust beneficiaries. This data also included demographic information, diagnostic information along with identified patterns of entry for beneficiaries.
- Reviewing the impact of enrollment and participation in the Institutional Discharge Program – Plus (IDP+). The review found that enrollment resulted in a 49.7% reduction in remands when compared to similar individuals not enrolled in the program.
- Identifying the key DOC data sources available to gather and compile mental health and substance use disorder treatment service data/outcomes.

In 2018, DOC completed the implementation of its Electronic Health Record (EHR) in all correctional facilities. The Trust and DOC the potential for the research analyst to gather, compile and analyze data from the EHR to inform the Trust and DOC on beneficiary needs and outcomes and instrumental to making data driven decisions.

In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This project is critical to understanding the needs and outcomes of Trust beneficiaries in Alaska’s correctional facilities. It is recommended that Trust’s funding partnership with DOC to support the data infrastructure continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Alaska Justice Information Center

**Grantee:** University Of Alaska Anchorage

**GIFTS ID:** 6730  
**Fund:** MHTAAR

**Years Funded:** 4  
**Project Category:** Data/Planning

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**Project Description:** Alaska Justice Information Center (AJiC) is to be Alaska’s resource for compiling, analyzing, and reporting criminal justice data to policymakers and practitioners to improve public safety and health, increase criminal justice system accountability, and reduce recidivism.

Within three years, AJiC will create an integrated data platform from key criminal justice agencies such as the Alaska Department of Public Safety, the Alaska Department of Law, and the Alaska Department of Corrections as well as related state agencies such as the Alaska Department of Health and Social Services. The data platform will support many kinds of research in Alaska. With an integrated data platform AJiC will be able to conduct criminal justice related research and will be able to provide:

1. Partner with the Pew-MacArthur Results First Initiative to conduct cost benefit analysis of programs and services aimed at reducing criminal recidivism in order to advance the state’s evidence-based policymaking efforts and to assist the state in its efforts to strategically invest in programs proven to work
2. Population measures to globally assess how well the Alaska criminal justice system is holding offenders accountable and protecting public safety
3. Answers to data questions from state agencies and legislators
4. Report on the status of Trust beneficiaries with the criminal justice system and
5. Annually produce a State of Alaska Criminal Justice System report.

Over time, additional data will be compiled, analyzed, and reported to support additional state initiatives and interests. Building this capacity and having up-to-date information will help inform the Trust’s disability justice focus area and assist the state in assessing the impact of current and future recidivism reduction strategies on Trust beneficiaries, allowing for data driven adjustments to strategies over time.

**Analysis:** The Alaska Justice Information Center’s (AJiC) work is critical to the Trust’s investment in criminal justice reform and reinvestment as well as forwarding data-driven decision making for state departments, the Trust and the legislature.

AJiC completed significant foundational work to ground criminal justice reform efforts in Alaska; gathered, analyzed and communicated critical crime statistics for Alaska; and conducted Alaska’s first benefit/cost analysis of adult programs aimed at reducing recidivism - inclusive of programs that serve beneficiaries. The report was released in October 2017 and can be found at https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/alaska-justice-information-center/alaska-results-first-initiative.csh.html.

In addition, AJiC’s organizational structure has undergone change and enhancements. As a result of the continued support from the University, Trust, and legislature, AJiC created two divisions. One focused on continued work of the benefit/cost analysis as well as continued work with the Pew-MacArthur Results First Initiative to add mental health, substance abuse, and/or juvenile justice

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06/14/18
module to their database. The second division, the Statistical Analysis Center (SAC) assists Alaska criminal justice agencies, as well as state and local government officials, with the development, implementation, and evaluation of criminal justice programs by collecting and analyzing Alaska-specific crime and justice statistics. SAC is responsible for the focused work on establishing AJiC’s integrated justice data platform. In fact, AJiC passed several milestones on the way to establishing the Alaska Integrated Justice Data Platform. Specifically, AJiC partnered with the UAA IT Services Department and the Dept. of Public Safety (DPS) Criminal Justice Information Systems Programs Unit to ensure that the data platform meets all U.S. Department of Justice security requirements (physical security, network security, data storage architecture). DPS approved of AJiC’s data infrastructure and security plan and an MOU was executed in November 2017. AJiC and the UAA IT Services department has procured the server for the data storage, and the secure storage rack that will house the server within the UAA server room is on order. This effort was nearly two years in the making, and we are on the cusp of making the data platform a reality.

Finally, AJiC staff and their public education and outreach about criminal justice reform efforts and Alaska crime data was critical to preventing the repeal existing criminal justice reform laws during the special legislative session held in the fall of 2017.

In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This is a core data collection and analysis element for the state that has not existed to date. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with UAA to support AJiC continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
Project Title: Behavioral Health Diversion Planning
Grantee: To be determined
GIFTS ID: n/a
Fund: Authority Grant
Years Funded: 2
Project Category: Data/Planning

FY17: $0  FY18: $15,000  FY19: $15,000

Project Description: These funds were designated to support identified planning behavioral health diversion planning efforts by the Trust, the Alaska Criminal Justice Commission’s Behavioral Health Committee, the Department of Corrections or other criminal justice stakeholders. The funds are intended to be used for activities such as procuring technical assistance experts who have demonstrated experience with such diversion projects, additional resources to develop an implementation plan for a diversion project, to cover site visit costs, etc.

Analysis: There was no project or identified need for these funds in FY18. However, planning for the expansion of Crisis Intervention Teams (CIT) in Juneau and Anchorage to include a clinical/case management co-response with law enforcement is underway and these funds may be applied to forward one of those efforts or other identified diversion projects.
**Project Title:** Crisis Intervention Training – Anchorage, Juneau, Other

**Grantee:** Anchorage Police Department, Department of Public Safety, Juneau Community Foundation

**GIFTS ID:** 1427  
**Fund:** Authority Grant

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<td>Workforce Development/Training</td>
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**Project Description:** This grant supports a key strategy of the focus area: training law enforcement personnel on disorders experienced by Trust beneficiaries. The Trust has collaborated with law enforcement, NAMI, community foundations and other local funders, and community treatment providers to coordinate and provide Crisis Intervention Team (CIT) training to law enforcement and other first responders. This week-long intensive training increases law enforcement personnel’s knowledge of and skills to effectively interact with Trust beneficiaries. Thus, increasing likelihood of positive interactions between CIT-trained law enforcement personnel and Trust beneficiaries and decreasing the likelihood of the beneficiary being charged with a crime and booked into a correctional facility.

**Analysis:** The initial interaction between law enforcement personnel and a Trust beneficiary is critical. If the situation is managed appropriately it reduces the likelihood of harm to the beneficiary, law enforcement personnel, and the public – and potentially reduces the need for arrest. Since 2001, Anchorage Police Department has provided CIT training to over 128 of its personnel and 413 other personnel statewide. Since 2016, the Juneau Police Department has provided CIT training to 25 of its personnel and 5 other personnel statewide. And, in 2017, the joint effort of the Department of Public Safety, Wasilla and Palmer Police Departments provided CIT training to 19 personnel from the Mat-Su Valley area (16 Alaska State Troopers. 2 Wasilla patrol officers and 1 Palmer patrol officer) and 11 other personnel statewide.

In light of local and state fiscal challenges, the transition of this project to other funds is not likely in the foreseeable future (2-4 years). CIT is nationally recognized and a core strategy for diverting beneficiaries out of the criminal justice system. As long as these projects demonstrate positive outcomes it is recommended that Trust’s funding partnerships with local law enforcement and other entities to support CIT continue until the state’s economy improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Training for Therapeutic Court Clinical Staff  
**Grantee:** Alaska Court System  
**GIFTS ID:** 3503  
**Fund:** MHTAAR  
**Years Funded:** 6  
**Project Category:** Workforce Development/Training

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**Project Description:** Trust funding is used to train teams from therapeutic courts statewide on the core principles and elements of therapeutic courts and/or on the disorders experience by Trust beneficiaries and the associated treatments. These trainings will assure that judicial officers, attorneys and other team members of the therapeutic courts are kept informed of current issues, concerns, and best practices regarding their target population. The goals of this project are three-fold:  
1. Increase judicial officers' and other team members' knowledge base for understanding the problems and issues associated with mental health and other related disorders;  
2. Assist judicial officers and attorneys in the structuring of bail/sentencing conditions that appropriately match the Trust beneficiary's cognitive capacity and circumstances; and  
3. Increase the ability of the legal system to accommodate, support, protect, and provide just treatment for offenders and victims who are Trust beneficiaries.

**Analysis:** Legal professionals receive little or no training on disorders experience by beneficiaries, treatments for those disorders, or how an underlying mental health disorders might factor into legal cases. Training on legal issues impacting Trust beneficiaries as well as how to effectively work with Trust beneficiaries is critical to attorneys and other legal professionals working in the criminal justice system. Based on the needs of therapeutic court members or teams, training is either provided thru an in-state conference or sending teams to national training opportunities, such as the National Drug Court Institute (NDCI).

Training funds were used to support the Statewide Therapeutic Court Coordinator’s attendance at the National Drug Court Institute (NDCI). The funds were also used to provide technical assistance training for Juneau mental health court team on co-occurring disorders. The technical assistance was provided by a therapeutic court judge from Montana and a clinical psychologist from Illinois. The two days focused on co-occurring disorders and providing the latest in drug court/problem-solving court information. Training for the whole team together ensured that everyone was hearing the same information from expert sources.

State departments historically have been challenged to have funds available for staff training, this will be even more challenging in light of the state’s fiscal challenges. Thus, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). As long as these training are an identified need and demonstrate positive outcomes it is recommended that Trust’s support continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.”
Project Title: Training for DOC Mental Health Staff

Grantee: Department of Corrections

GIFTS ID: 4299 Fund: MHTAAR

Years Funded: 7 Project Category: Workforce Development/Training

FY17: $25,000 FY18: $25,000 FY19: $25,000

Project Description: This grant provides funding for Department of Corrections (DOC) Mental Health staff training and conference participation on a select basis. Department training will target topics pertinent to DOC mental health clinicians, psychiatric nurses, counselors, Advanced Nurse Practitioners (ANPs), and psychiatrists statewide. These staff are located in facilities from Bethel to Seward to Juneau and serve some of Alaska’s most severely ill Trust beneficiaries. The in-service training component will involve a two-day conference that will be attended by multidisciplinary personnel.

Analysis: On-going workforce development and training for DOC staff (psychiatrists, advance nurse practitioners, nurses, clinicians, counselors, etc.) working with beneficiaries is critical. To date, DOC has used these funds to increase the overall skill set for over 200 DOC staff statewide who work with Trust beneficiaries within the institutions.

The FY17 funds were used to increase the overall skill set for over 93 DOC staff statewide who works with Trust beneficiaries within the institutions. This included security, mental health clinicians as well as selected trust beneficiaries (52). As outlined in the report, multiple training opportunities were provided focused on interpersonal conflict resolution, addiction as well as mental health disorders and treatment. Trust funds were also used to purchase resource and training materials on evidence based interventions focused on beneficiaries in correctional settings. Training for correctional staff is critical so these professionals have a basic understanding of the experiences and disorders of Trust beneficiaries and possess the requisite evidenced-based skills to provide quality services and supports to them. As a result of the training and resource materials, the understanding of these professionals regarding issues experienced by Trust beneficiaries was increased.

FY18 funds were used to focus on training correctional, probation and security staff in Mental Health First Aid - an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it builds mental health literacy, helping the people identify, understand, and respond to signs of mental illness. Deploying a train-the trainer model, DOC sent nine individuals were sent to a training to be certified in training Mental Health First Aid. This training consisted of approximately 30 individuals from across Alaska. Since becoming certified trainers, staff have provided training at Lemon Creek Correctional Center, Spring Creek Correctional Center, Fairbanks Correctional Center and at the Alaska Dept. of Corrections Academy for new probation and security staff. In addition to these trainings, other statewide trainings have been scheduled in the Spring to include training all field probation staff in the Anchorage Bowl and Mat-Su Valley as well as staff at Goose Creek Correctional Center. To date approximately 250 staff have been trained in Mental Health First Aid. A skilled and trained workforce on the basics of mental illness is critical to incarcerated beneficiaries and their provision of care.

State departments have historically been challenged with having funds available for staff training, this will be even more challenging in light of the state’s fiscal challenges. Thus, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). As long as this project demonstrates positive outcomes it is recommended that Trust’s support continue until the state’s
fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
Project Title: Specialized Skills & Services Training on Serving Cognitively Impaired Offenders
Grantee: UAA-Center for Human Development

GIFTS ID: 574  Fund: MHTAAR
Years Funded: 14  Project Category: Workforce Development/Training

FY17: $72,500  FY18: $72,500  FY19: $72,500

Project Description: This project will provide community providers training opportunities specific to issues that impact Trust beneficiaries at risk of committing crimes. Training will be provided through a statewide conference in Anchorage with recognized professionals with expertise in best practices that reduce recidivism amongst Trust beneficiaries. The focus of the conference will be on training in specific interventions and support strategies targeting the needs of Trust beneficiaries involved in the criminal and/or juvenile justice systems.

Analysis: This statewide conference focuses on: (1) educating the community service providers about the reentry efforts underway within the Department of Corrections and at a state policy level and (2) providing skills training to direct service workers on best practices for assessing risk and need and direct service provision when working with criminal justice involved beneficiaries. The conference includes presentations from national and in-state experts and attracts over 200 attendees statewide. Attendees include policy-makers as well as those who are working directly with criminally justice involved Trust beneficiaries.

Following is data from the 2017 conference. Data from the 2018 conference is currently not available.
- ~ 60% of the attendees self-identified this as their primary role
- 30% of the attendees had not attended the conference previously
- Over 75% of attendees who completed the satisfaction survey (55% on Day 1 and 49% on Day 2) reported the content was directly applicable to their daily work.

The conference continues to contribute to the skill set and knowledge base of our community health system’s workforce. It is an important not only because of the workforce development aspect, but equally it provides a forum to keep the direct service provider engaged in reentry issues impacting beneficiaries. A healthy community provider system is required to prevent beneficiaries from entering and receive leaving the criminal justice system. This conference is a core element of the Trust’s criminal justice reform efforts.

In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This project has a demonstrated history of providing positive outcomes to beneficiaries. Staff will continue to monitor this project and work with CHD staff to identify alternative sustainable funding. Or, if the project outcomes for beneficiaries are not achieved staff will work with CHD to adjust accordingly or recommend that Trust funding be discontinued.
**Project Title:** YWCA Alaska Self Sufficiency Training  
**Grantee:** Y W C A Of Anchorage  
**GIFTS ID:** 7957  
**Fund:** Authority Grant  
**Years Funded:** 5  
**Project Category:** Direct Service  
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**Project Description:** This project expands access to financial training for Trust Beneficiaries who lack economic stability through partnerships between YWCA Alaska and providers with Beneficiary clientele. Beneficiaries will receive free admission to EJP classes that offer a unique approach to financial training by targeting the obstacles faced by low-income and marginalized individuals. This program expansion provides 150 seats at EJP courses and 45 hours of individual counseling to Trust Beneficiaries in the Anchorage area and contains program development element for future expansion of the project to rural Alaska.

**Analysis:** In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This is a needed training in Anchorage which is a priority for the Beneficiary Employment and Engagement focus area. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Interpersonal Violence Prevention for Beneficiaries  
**Grantee:** UAA-Center for Human Development  
**GIFTS ID:** 573  
**Fund:** MHTAAR  
**Years Funded:** 14  
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**Project Description:** This project builds community behavioral health provider skills and capacity by using a train-the-trainer model to deliver a 10-week Friendships & Dating (FDP) social skills curriculum to Trust beneficiaries. This project focuses on building capacity within the provider community to prevent interpersonal violence in the lives of youth and adults with cognitive disabilities. On-going clinical technical assistance and support is provided to the trained facilitators on a bi-monthly basis to address issues on delivering the training to beneficiaries and on community capacity building to support beneficiaries to apply what they learn in their everyday lives.

**Analysis:** This focus of this project is to increase beneficiaries’ positive, social interpersonal relationships. Increasing these positive networks increases beneficiaries sense of identity and purpose and decreases the risk of experiencing interpersonal violence. The Friendship and Dating curriculum has expanded and adapted over time. For example, in 2016, a SED version of the program was developed and the program now uses video-conferencing to allow for distance delivery.

The Center for Human Development (CHD) staff use the train the trainer model to deliver the curriculum and provide technical assistance to those agencies and staff delivering the course. Sixty-seven percent of the agencies that have worked with CHD have implemented the curriculum since it was developed. Twenty facilitators were trained, in four communities, at even different agencies. CHD used distance delivery for two of trainings. Three of the seven agencies have experienced challenges providing the 10-week curriculum due to staff turnover, scheduling and other circumstances.

Outcomes data continues to demonstrate that beneficiary participants who have completed the 10-week curriculum, has statistically significant increases in positive social networks and decreases in reports of inmate partner violence. Furthermore, beneficiaries continue to demonstrate a gained knowledge and understanding of what are respectful personal boundaries and healthy relationships.

In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This project has a demonstrated history of providing positive outcomes to beneficiaries. As long as this project demonstrates positive outcomes it is recommended that Trust’s partnership with the Center for Human Development continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Predevelopment for Developing Sleep Off Alternatives in Targeted Communities - Nome

**Grantee:** Division of Behavioral Health, DHSS

**GIFTS ID:** 2819  
**Fund:** MHTAAR

**Years Funded:** 10  
**Project Category:** Capacity Building

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**Project Description:** This project supports the continued efforts of the Division of Behavioral Health and the Norton Sound Health Corporation (NSHC) behavioral health staff, in pre-development and planning activities for a "Liitfik", a comprehensive and culturally-based substance use treatment program for the Bering Straits region. Norton Sound Behavioral Health, the state Division of Behavioral Health, Trust staff and other regional partners have designed this treatment model to interrupt and decrease the cycle of incarceration of persons who would otherwise, without treatment, continue to require increasing services and funding for correctional facilities, law enforcement, the court system, medical care, public assistance, domestic violence services. Activities may include but are not limited to: (1) supporting a staff person to plan, develop, and manage the implementation and evaluation of Liitfik services; (2) assessing resources needed for the region-wide (MATRIX model groups) and Nome specific treatment groups inclusive of staff staffing levels required to support identified groups, and training schedules group development and implementation; (3) developing and monitoring client and group outcomes on a regular basis; (4) identifying barriers and solutions to accessing treatment services; (5) assessing the need for additional treatment services, per consumer and Norton Sound Behavioral Health clinical leadership reports; and, (6) providing Liitfik status updates on program and client outcomes to partners, the NSHC board, the state Division of Behavioral Health, the Alaska Mental Health Trust, and any potential funders for facility construction.

**Analysis:** This continues to be a strong collaborative partnership with Norton Sound Health Corporation (NSHC), the Department of Health and Social Services (DHSS) and the Trust. The partnership, largely guided by this Trust funded position, has successfully managed many unexpected challenges to keep the vision alive and progressing. There continues to be demonstrated commitment by the NSHC Board of Directors, CEO Angie Gorn and the NSHC Behavioral Health leadership to develop and implement an enhanced continuum of behavioral health and substance use disorder (SUD) treatment for the region.

FY17 efforts continued to move the concept of expanded behavioral health treatment services for the Bering Straits region forward. This is evidenced by the implementation of an evidence based intensive outpatient treatment Program (IOP), MATRIX. An average of 72% of participants in the MATRIX program reported reduced use and consumer satisfaction with the MATRIX model saw an increase over FY16. NSHC continues the use of quarterly evaluations and chart audits of the participants in the program to ensure fidelity to the model. Engagement in follow-up aftercare services following the completion of MATRIX is an identified area of need and focus for NSBH. NSHC continues its contract with DOC’s Anvil Mountain facility to provide identified behavioral health treatment. This has resulted in improved services to beneficiaries within Anvil Mountain, improved beneficiary transitions from Anvil Mountain to NSHC services and served as a model for how tribal health corporations can partner with DOC to provided critical behavioral health services in local correctional institution settings. Trust staff have continued to work with the partners to forward the development and implementation of an alternate capital plan for the Liitfik facility.

At the conclusion of FY19, there is a plan to end Trust funding for this position as a result of the partnership and demonstrated outcomes. In FY20, NSHC will fund the position and the Trust will continue to partner, support and advocate for the continued service enhancement for beneficiaries.
on the region and the construction of the Liitfik facility.
Project Title: Assertive Community Treatment/Institutional Housing Program

Grantee: Division of Behavioral Health, DHSS

GIFTS ID: 575.11  Fund: MHTAAR

Years Funded: 14  Project Category: Direct Service

FY17: $750,000  FY18: $750,000  FY19: $750,000

Project Description: This project has been a replication of successful transition programs used in other states for individuals "cycling" through emergency and institutional settings in the Anchorage and Juneau areas and includes services to people most vulnerable to homelessness and co-occurring disorders contributing to high utilization of institutions and intensive services. This program incorporates both Housing First philosophy, intensive case management principles and a trans discipline approach to demonstrate the effectiveness of institutional discharge programs in Alaska. Institutions that were targeted for re-entry included: Alaska Psychiatric Institution, Department of Correction facilities, Providence Hospital, Bartlett Regional Hospital and other high cost social service and health programs. Data from this project has been provided by Anchorage Community Mental Health Services for the period of 2006-2015 and has shown the effectiveness of availability of affordable housing with subsidies combined with responsive supportive services to stabilize people who formerly cycled through higher levels of care. This project will be referenced in the Supported Housing Office Annual Work Plan as a priority for coordination of Trust funded efforts and to maintain Trust input and support on implementation of Assertive Community Treatment and accompanying programs utilizing MHTAAR as a resource.

Analysis:
This program is on track toward full implementation. Long term sustainability has been of concern due to the mechanism for billing Medicaid in fee for service units (15 mins increments). ACT is being considered as a possible benefit within the 1115 waiver application and the ACT services are expected to transition to a Medicaid Waiver service within 1-2 years. The ACT services are a critical part of the behavioral health continuum of care. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with DBH to support ACT continue until the service can be converted to Medicaid or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
Project Title: Juneau Mental Health Court
Grantee: Alaska Court System
GIFTS ID: 1935  Fund: MHTAAR
Years Funded: 11  Project Category: Direct Service
FY17: $204,400  FY18: $204,400  FY19: $204,400

Project Description: This grant funds the Juneau Mental Health Court, a therapeutic court alternative for Trust beneficiaries involved with the criminal justice system. The Juneau Mental Health Court serves a critical component of the Disability Justice Focus Area and will expand the presence of mental health courts to the Southeast region. Through partnerships with community treatment providers, the underlying reasons for an individual’s contact with the criminal justice system will be identified, addressed, and monitored through an individualized court ordered treatment plan.

Analysis: The Juneau Mental Health Court is one of several projects that uses the leverage of the court to address the underlying behavioral health needs of adult beneficiaries, connect them to available community services and supports, and provides active monitoring in an effort to prevent future contact with the criminal justice system. Implemented in 2012, court participants have demonstrated direct positive outcomes including: (1) a connection to available behavioral health, housing, and other services in Juneau, (2) a reduction in days of incarceration, and (3) reduced or dismissed criminal charges for graduates.

However, since the passage of criminal justice reform legislation; specifically, many misdemeanor offenses, were changed to criminal violations. Prior to the reform legislation, misdemeanor offenders were the primary target population of the court. Partly due to these changes in law and significant judicial leadership and court team turnover the referrals and utilization of the court dropped in FY18 dropped. To respond to the reduction in misdemeanor referrals and participation the court adjusted its eligibility for participation to include felony offenses. The change to accept felony level offenses helped to increase participation; however, limited access to community services and supports also impacted referrals and participation in the court. Availability of substance abuse treatment and housing is very limited, yet critical to success for court participants.

Recently, the court turned a positive corner. Currently, all key positions on the mental health court team have been filled, community partnerships have been reestablished and the court’s policies and procedures are under review for updating and there has been a steady increase in referral and participation since the Spring of 2018. It is anticipated that the utilization rate will be back to at least 75% of its capacity by the Fall. Trust staff continue to work closely with the court system team to increase access to housing, treatment resources in the community and overall participation in the court.

In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This project has a demonstrated history of providing positive outcomes to beneficiaries. Staff will continue to monitor this project and work with Alaska Court System staff to shore up its operations. It is recommended that Trust’s funding partnership with the Alaska Court System continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Flexible Funding for Therapeutic Court Participants (Anchorage, Juneau, Palmer)  
**Grantee:** Partners for Progress  
**GIFTS ID:** 1950  
**Fund:** Authority Grant  
**Years Funded:** 11  
**Project Category:** Direct Service  
**FY17:** $155,000  
**FY18:** $155,000  
**FY19:** $155,000  

| Project Description: | These funds are critical and positively impact individual Trust beneficiaries participating in a therapeutic court who often have few financial resources available to meet emergent needs such as housing, transportation, medication etc. This can impede the ability of beneficiaries to meet court-imposed conditions and can also precipitate crises and periods of instability which hinder their recovery, rehabilitation and can potentially lead to re-incarceration. In FY17, eighty-nine Anchorage Mental Health Court participants received flex funding assistance. Eighty four percent of the flex fund expenditures were related to housing, 11% were related to transportation, and 5% percent related to groceries, medications, toiletries, etc. In FY17, twenty-eight Palmer Mental Health Court participants received flex funding assistance. Sixty-five percent of the flex fund expenditures were related to housing, 32% were related to transportation, and 3% percent related to groceries, medications, toiletries, etc. The demand and need for this type of direct support to individual beneficiaries participating in therapeutic courts is not expected to decrease. |  
| Analysis: | In light of local and state fiscal challenges, the transition of this project to other funds is not likely in the foreseeable future (2-4 years). As long as these therapeutic courts demonstrate positive outcomes and the needs of their respective participants exist, it is recommended that Trust’s funding partnerships continue until the state’s economy improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued. |
**Project Title:** Mental Health Clinician Oversight in Youth Facilities

**Grantee:** Division of Juvenile Justice

**GIFTS ID:** 4302  **Fund:** MHTAAR

**Years Funded:** 7  **Project Category:** Capacity Building

**FY17:** $157,700  **FY18:** $157,700  **FY19:** $157,700

**Project Description:** This grant funds a Mental Health Clinical (MHC) director clinical director position to provide clinical oversight and support to Division of Juvenile Justice (DJJ) mental health clinicians in areas such as clinical service delivery, case consultation, development of training plans, and expertise related to confidentiality and ethical issues. The position will also work with DJJ senior management to further the integration and development of statewide behavioral health services within the 24/7 secure juvenile facilities, as well as the probation services of DJJ. This position will work closely with the Office of Children’s Services (OCS) and the Alaska Psychiatric Institution (API) to improve service coordination and individual beneficiary outcomes.

**Analysis:** This position is the final piece in the partnership with DJJ to improve mental health clinical capacity within youth detention facilities and overall access to treatment for youth beneficiaries detained within these facilities statewide. The Mental Health Clinical director ensures quality clinical services as well as policies and procedures are in operation. The position supervises DJJ’s mental health clinical staff, oversight of mental health services statewide, and provides clinical services directly to beneficiary youth. This is critical as the mental health acuity of DJJ involved youth has increased. Absent this position, a decreased focus and emphasis on mental health services within DJJ could result, negatively impacting beneficiary youth and increasing the likelihood of continued juvenile justice involvement and potential future criminal activity in adulthood.

The position is assigned to the Dual Status Initiative (DJJ/OCS). The goals for the Dual Status Initiative include: (1) developing recommendations for improved practices serving OCS/DJJ youth and families, (2) identifying gaps in the effort and resources needed to fill them, (3) creating a framework of change based on data and best practices by focusing on areas like early intervention, alternate responses, screening assessments, family engagement, performance measures and outcomes that include youth and family outcomes, reduce recidivism, reduce detention stays, improved education performance, improved behavior health functioning, increased stability of placement, and improved family functioning, and (4) keeping youth in the least restrictive placement possible. In FY17, twenty-five beneficiary youth were served through the Dual Status Initiative and 15 dual status youth were served during the first half of FY18. Coordination and the services offered by the MHC for these youth can include individual and family therapy; crisis management; suicide assessments; case management; advocacy; supportive counseling; and bereavement support. Some of the services are offered and provided on a daily basis. The flexibility of this position has allowed the provision of services to be in the youth facility (most restrictive), the community or in the youth’s homes (least restrictive). Finally, the position is critical to representing DJJ and assisting in the treatment planning for Dual Status beneficiary youth.

This project has a demonstrated history of providing positive outcomes to beneficiaries. As long as this project demonstrates positive outcomes it is recommended that the Trust support DJJ secure GF/MH funding for the position or if required continue with Trust funding support until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Holistic Defense Model

**Grantee:** Public Defender Agency

**GIFTS ID:** 6771  |  **Fund:** MHTAAR

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**Project Description:** Funding will be used to support the following components of the Bethel Holistic Defense Model: a social worker position in the Bethel PDA office; and data and research staff. Any expenditures of Trust funds outside of these areas must receive prior approval from the assigned Trust staff overseeing the project grant.

The Public Defender Agency and the Alaska Legal Services Corporation will pilot the Holistic Defense model in Bethel. The target population will be Trust beneficiaries not participating in the Bethel Therapeutic court or other diversion projects and will be randomly selected from clients assigned to the public defender in the Bethel region.

Project participants’ criminal legal needs will be addressed by a criminal attorney, a social worker will continue to assist with participants’ unmet social support needs, and a civil legal aid attorney will work with the team to address project participants’ civil legal needs. All program services are designed to address participant obstacles to successful reintegration and thus participant recidivism will be reduced.

**Analysis:** This project is a formal joint partnership between the Public Defender Agency (PDA) and Alaska Legal Services Corporation Inc. (ALSC) through an MOU to simultaneously address the criminal and civil needs of beneficiaries. At the end of FY17, 118 beneficiaries have been referred to and received services from the HDP; and an additional 75 beneficiaries received assistance connecting to needed services and supports, but were not participating in the HDP. The project provided a variety of services to HDP participants detailed on the attached HDP report but the largest percentage of assistance has with been creating social histories (29%), assistance with assessments (26%), case management (15%), referral to services (29%).

As a result of the comprehensive service supports and the holistic legal approach to beneficiaries’ situations 27% were able to maintain services/supports; 14% acquired food stamps; 12% were enrolled in Medicaid; and 4% had their child support reduced. There were many other service outcomes achieved in addition to those highlighted above.

In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This project has a demonstrated history of providing positive outcomes to beneficiaries. As long as this project demonstrates positive outcomes it is recommended that Trust’s partnership with the PDA to support this pilot continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
Project Title: Discharge Incentive Grants  
Grantee: Alaska Housing Finance Corporation  
GIFTS ID: 604  
Fund: MHTAAR  
Years Funded: 14  
Project Category: Direct Service  
FY17: $100,000  
FY18: $100,000  
FY19: $100,000

Project Description:
This grant provides funding for a key strategy of the Trust's Affordable Housing initiative and the Disability Justice workgroup. The Discharge Incentive Grant program is consistent with the Housing workgroup's focus on 'community re-entry' by targeting beneficiaries exiting Department of Corrections settings who are challenging to serve and will require extended supervision and support services to avoid repeat incarceration and becoming public safety concerns. The supportive services shall be provided in collaboration with DOC and local behavioral health provider agencies. This project will be referenced in the Supported Housing Office Annual Work Plan as a priority for coordination of Trust-funded efforts.

Analysis: In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This is a specialized housing voucher for the state that is critical for successful return to the community. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with AHFC to support Discharge Incentive Grants continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Flexible Special Needs Housing “Rent-up”  
**Grantee:** Alaska Housing Finance Corporation  
**GIFTS ID:** TBD  
**Fund:** MHTAAR  
**Years Funded:** 12  
**Project Category:** Direct Service  

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**Project Description:** The Flexible Special Needs Housing Rent-Up Project is funding currently being used to address the housing needs of special populations leaving incarceration. The special populations under consideration are people with addictions who want to support their sobriety through sober housing who would receive support in a low-density setting. This project has had an extended planning phase and is expected to be initiated in FY19.

**Analysis:**
A variety of different housing options are needed to support people returning to the community from incarceration. This project provides another option to the available transitional housing, focusing specifically on supporting people with a substance use disorder who are leaving corrections.

In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This is a new approach to re-entry housing for the state that has not existed to date. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with AHFC to support Flexible Special Needs Housing Rent Up project continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Implement the APIC (Assess, Plan, Identify and Coordinate) Discharge Planning Model

**Grantee:** Department of Corrections

**GIFTS ID:** 571  **Fund:** MHTAAR

**Years Funded:** 14  **Project Category:** Direct Service

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**Project Description:** The Department of Corrections (DOC) used the evidenced-based reentry model, APIC (Assess, Plan, Identify, Coordinate), for Trust beneficiary release and community re-entry planning system from correctional institutions. This project assures continuity of care for Trust beneficiaries transitioning from the correctional system back into the community while maintaining public safety and increasing the ability of the criminal justice system to accommodate, support, protect, and provide treatment for offenders who are Trust beneficiaries. To succeed in the community, the APIC model has identified the following key service and treatment elements as predictors of success: (1) coordinated clinical care across criminal justice, mental and behavioral health systems; (2) medication management; (3) coordinated safe sober housing; (4) application, maintenance and reinstatement of entitlements and support benefits; (5) vocational rehabilitation and supported employment; and linkages for food, clothing, transportation and child care. The ultimate goal is to decrease the risk of inappropriate or avoidable re-arrest, prosecution, and incarceration of Trust beneficiaries and the associated high costs of managing these populations in the criminal justice system.

**Analysis:** In FY17, the program received 527 unique and valid referrals. Of those, 240 referrals or 45% received APIC transition funds to assist accessing community based services; 223 referrals did not require funds to access community based services as they had other resources (Medicaid, etc.) and 64 referrals were connected to existing contracted services. Nearly 75% of the referrals to treatment in the community had an appointment within 10 days and the rest fell to between 21-30 days.

As a part of release planning efforts, APIC staff did a total of 250 different benefit applications/services including public assistance, social security (income and disability) applications, CAMA and Interim Assistance. The application and subsequent approval for these benefits are critical for accessing community based services and successful reentry. Access to safe, affordable housing continues to be a challenge; however, those served through APIC are generally able to have secured housing upon release as a result of the pre-release planning that occurs. APIC and the Trust’s partnership with DOC continues to demonstrate positive value for Trust beneficiaries being released from corrections. The recidivism rates for the APIC participants continues to be lower than the overall offender recidivism rate.

Continued support and partnership in this area is critical to reducing the number of Trust beneficiaries in Alaska’s correctional facilities and overall rates of criminal recidivism. In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This project has a demonstrated history of providing positive outcomes to beneficiaries. As long as this project continues to demonstrate positive outcomes it is recommended that Trust’s funding partnership with DOC to support APIC continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Mat-Su  
**Grantee:** Valley Charities, Inc.  
**GIFTS ID:** 6908  
**Fund:** Authority Grant  
**Years Funded:** 4  
**Project Category:** Capacity Building  
**FY17:** $100,000  
**FY18:** $100,000  
**FY19:** $100,000

### Project Description:
One of the most important aspects of implementing the Alaska Community Reentry Program, is the local capacity of any given community to effectively support the needs of all returning citizens, including Trust beneficiaries, as they transition back into our communities. Local reentry coalitions consist of a cross section of people representing the services or supports available to reentrants in the community. Reentry coalitions:

1. Educate the community about the criminal justice system and the reentry program,  
2. Identify local challenges facing reentrants,  
3. Identify local gaps in services and identify collaborative solutions to build capacity in the community, and  
4. Serve as the local point of contact for the DOC and its partners in reducing recidivism.

The Mat-Su Valley Reentry Coalition Coordinator works closely and collaboratively with the its Reentry Coalition membership, the Trust, the Department of Corrections and Health and Social Services and other key state and community stakeholders as a partner in the Alaska Community Reentry Program. Establishing and maintaining strong, and effective partnerships is critical to the success of the Alaska Community Reentry Program and the individual reentrants.

### Analysis:
The Mat-Su Valley Reentry Coalition is a network of diverse organizations and individuals working together to build clear and supportive pathways for individuals to success reenter the Mat-Su Valley community after incarceration. This issue is too large and complex or large for any one person or organization to solve alone. The Mat-Su Valley Reentry Coalition Coordinator has worked with the Mat-Su Valley coalition to:

1. Facilitate coalition activities -  
   a. The coalition meets regularly (six times/ysrs.) to: discuss accomplishments, challenges and the community service and support needs for individuals returning to the Mat-Su Valley community after incarceration; review progress on goals identified in the coalitions strategic plan; recognize those who have successfully reintegrated back into the community; gather updates and/or new information from local community providers; and, identify upcoming community education and/or advocacy opportunities.

2. Conduct a *Coalition Capacity Assessment* to assess coalition’s ability to work as a collaborative team and identify areas for the coalition to make improvements to strengthen the coalition.  
   a. An assessment was conducted in 2017. Overall, the assessment results across five areas (clarity/strength of mission, communication, collaborative environment, building member capacity and management) indicated the coalition has a strong foundation. There were three areas that stood out for the coalition to further develop (communication, collaborative environment, building member capacity). The Mat-Su Valley Coalition has identified strategies to improve these areas.

3. Conduct a *Community Readiness Assessment* to assess the degree to which a Mat-Su Valley is ready to act and be responsive to the needs of individuals after incarceration.  
   a. An assessment was conducted in 2017. Overall, the assessment results across five dimensions indicated the Mat-Su Valley was in the pre-planning stage of readiness for change in the area of reentry. The Mat-Su Valley Coalition has identified strategies to
forward the Mat-Su Valley community to the next stages of readiness.

4. Conduct a Community Resource Assessment to assess the Mat-Su Valley community’s service and support capacity to meet the needs of individuals after incarceration and provide the coalition with a unified understanding of its community’s resource needs, instead of multiple individual perceptions and experiences.
   a. An assessment was conducted in 2017. The assessment focused on five community service and support areas: housing, employment and meaningful activities, physical health/mental health/substance abuse, transportation, and cultural/community connection services. Community assets, gaps, and priority needs were documented in each area. The assessment provided the foundation for the Mat-Su Valley coalition to develop its Comprehensive Community Reentry Plan (strategic plan).

5. Develop the Mat-Su Coalition’s Comprehensive Community Reentry Plan (strategic plan).
   a. The Mat-Su Valley Coalition’s Comprehensive Community Reentry Plan has identified goals/outcomes, strategies, measures, target dates, and identified partners in the five community service and support areas identified in the Community Resource Assessment.

6. Conduct institutional presentations about the Alaska Community Reentry Program and facilitate presentations by community providers about available resources and services.
   a. The Mat-Su Valley Reentry Coalition Coordinator has provided ongoing collaboration with and presentations to individuals in the GooseCreek, Mat-Su Pretrial, Hiland Mountain, and Anchorage Correctional Complex Centers, including facilitating in-reach for community providers.

7. Educate the Mat-Su Valley community about reentry and criminal justice reform efforts.
   a. The Mat-Su Valley Reentry Coalition Coordinator has presented at several community events about the coalition’s work and the overall issues impacting an individual’s ability to successfully reenter the Mat-Su Valley community after incarceration. In addition, the Coalition Coordinator and members have provided public testimony.

In light of local and state fiscal challenges, the transition of this project to other funds is not likely in the foreseeable future (2-4 years). Continued community service coordination, in-reach to correctional facilities and public education about reentry and criminal justice reform efforts is critical. It is recommended that Trust’s funding support continue until the state’s economy improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
Project Title: Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Fairbanks
Grantee: Interior Alaska Center For Non- Violent Living
GIFTS ID: 6907 Fund: Authority Grant
Years Funded: 4 Project Category: Capacity Building
FY17: $100,000 FY18: $100,000 FY19: $100,000

Project Description: One of the most important aspects of implementing the Alaska Community Reentry Program, is the local capacity of any given community to effectively support the needs of all returning citizens, including Trust beneficiaries, as they transition back into our communities. Local reentry coalitions consist of a cross section of people representing the services or supports available to reentrants in the community. Reentry coalitions:

1. Educate the community about the criminal justice system and the reentry program,
2. Identify local challenges facing reentrants,
3. Identify local gaps in services and identify collaborative solutions to build capacity in the community, and
4. Serve as the local point of contact for the DOC and its partners in reducing recidivism.

The Fairbanks Reentry Coalition Coordinator works closely and collaboratively with the its Reentry Coalition membership, the Trust, the Department of Corrections and Health and Social Services and other key state and community stakeholders as a partner in the Alaska Community Reentry Program. Establishing and maintaining strong, and effective partnerships is critical to the success of the Alaska Community Reentry Program and the individual reentrants.

Analysis: The Fairbanks Reentry Coalition is a network of diverse organizations and individuals working together to build clear and supportive pathways for individuals to success reenter the Fairbanks community after incarceration. This issue is too large and complex or large for any one person or organization to solve alone. The Fairbanks Reentry Coalition Coordinator has worked with the Fairbanks coalition to:

1. Facilitate coalition activities -
   a. The coalition meets regularly (six times/ys.) to: discuss accomplishments, challenges and the community service and support needs for individuals returning to the Fairbanks community after incarceration; review progress on goals identified in the coalitions strategic plan; recognize those who have successfully reintegrated back into the community; gather updates and/or new information from local community providers; and, identify upcoming community education and/or advocacy opportunities.

2. Conduct a Coalition Capacity Assessment to assess coalition’s ability to work as a collaborative team and identify areas for the coalition to make improvements to strengthen the coalition.
   a. An assessment was conducted in 2017. Overall, the assessment results across five areas (clarity/strong of mission, communication, collaborative environment, building member capacity and management) indicated the coalition has a strong foundation. There were three areas that stood out for the coalition to further develop (conflict management, increasing membership diversity and participation, developing a new member orientation; and the management of coalition meetings). Fairbanks has identified strategies to improve these areas.

3. Conduct a Community Readiness Assessment to assess the degree to which a Fairbanks is ready to act and be responsive to the needs of individuals after incarceration.
   a. An assessment was conducted in 2017. Overall, the assessment results across five dimensions indicated the Fairbanks community had a vague awareness of the coalition's...
work and a basic knowledge of the overall issues impacting an individual’s ability to
successfully reenter the Fairbanks community after incarceration. The Fairbanks Coalition
has identified strategies to improve the community’s awareness and understanding in
these areas.

4. Conduct (and update as needed) the Community Resource Assessment to assess the Fairbanks
community’s service and support capacity to meet the needs of individuals after incarceration
and provide the coalition with a unified understanding of its community’s resource needs,
instead of multiple individual perceptions and experiences.
   a. An assessment was conducted in 2017. The assessment focused on five community
service and support areas: housing, employment and meaningful activities, physical
health/mental health/substance abuse, transportation, and cultural/community
connection services. Community assets, gaps, and priority needs were documented in
each area. The assessment provided the foundation for the Fairbanks coalition to
develop its Comprehensive Community Reentry Plan (strategic plan).

5. Develop the Fairbanks Coalition’s Comprehensive Community Reentry Plan (strategic plan).
   a. The Fairbanks Coalition’s Comprehensive Community Reentry Plan has identified
goals/outcomes, strategies, measures, target dates, and identified partners in the five
community service and support areas identified in the Community Resource Assessment.

6. Conduct institutional presentations about the Alaska Community Reentry Program and
facilitate presentations by community providers about available resources and services.
   a. The Fairbanks Reentry Coalition Coordinator has provided ongoing collaboration with and
presentions to individuals in the Fairbanks Correctional Center, including facilitating in-
reach for community providers.

7. Educate the Fairbanks community about reentry and criminal justice reform efforts.
   a. The Fairbanks Reentry Coalition Coordinator has presented at several community events
about the coalition’s work and the overall issues impacting an individual’s ability to
successfully reenter the Fairbanks community after incarceration. In addition, the
Coalition Coordinator and members have provided public testimony.

In light of local and state fiscal challenges, the transition of this project to other funds is not likely in
the foreseeable future (2-4 years). Continued community service coordination, in-reach to
correctional facilities and public education about reentry and criminal justice reform efforts is critical.
It is recommended that Trust’s funding support continue until the state’s economy improves or the
project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust
funding may be discontinued.
**Project Title:** Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Juneau  
**Grantee:** JAMHI Health and Wellness  
**GIFTS ID:** 6906  
**Fund:** Authority Grant  
**Years Funded:** 4  
**Project Category:** Capacity Building  
**FY17:** $100,000  
**FY18:** $100,000  
**FY19:** $100,000

**Project Description:** One of the most important aspects of implementing the Alaska Community Reentry Program, is the local capacity of any given community to effectively support the needs of all returning citizens, including Trust beneficiaries, as they transition back into our communities. Local reentry coalitions consist of a cross section of people representing the services or supports available to reentrants in the community. Reentry coalitions:

1. Educate the community about the criminal justice system and the reentry program,
2. Identify local challenges facing reentrants,
3. Identify local gaps in services and identify collaborative solutions to build capacity in the community, and
4. Serve as the local point of contact for the DOC and its partners in reducing recidivism.

The Juneau Reentry Coalition Coordinator works closely and collaboratively with the its Reentry Coalition membership, the Trust, the Department of Corrections and Health and Social Services and other key state and community stakeholders as a partner in the Alaska Community Reentry Program. Establishing and maintaining strong, and effective partnerships is critical to the success of the Alaska Community Reentry Program and the individual reentrants.

**Analysis:** The Juneau Reentry Coalition is a network of diverse organizations and individuals working together to build clear and supportive pathways for individuals to successfully reintegrate into the Juneau community after incarceration. This issue is too large and complex for any one person or organization to solve alone. The Juneau Reentry Coalition Coordinator has worked with the Juneau coalition to:

1. Facilitate coalition activities - 
   a. The coalition meets regularly (six times/yr.) to: discuss accomplishments, challenges and the community service and support needs for individuals returning to the Juneau community after incarceration; review progress on goals identified in the coalition's strategic plan; recognize those who have successfully reintegrated back into the community; gather updates and/or new information from local community providers; and, identify upcoming community education and/or advocacy opportunities.

2. Conduct a **Coalition Capacity Assessment** to assess coalition’s ability to work as a collaborative team and identify areas for the coalition to make improvements to strengthen the coalition.
   a. An assessment was conducted in 2017. Overall, the assessment results across five areas (clarity/strength of mission, communication, collaborative environment, building member capacity and management) indicated the coalition has a strong foundation. There were two areas that stood out for the coalition to further develop (communication/link to others and building member capacity). The Juneau Coalition has identified strategies to improve these areas

3. Conduct a **Community Readiness Assessment** to assess the degree to which a Juneau is ready to act and be responsive to the needs of individuals after incarceration.
   a. An assessment was conducted in 2017. Overall, the assessment results across five dimensions indicated the Juneau community was in the preplanning and preparation stages of readiness to address issues impacting an individual’s ability to successfully
reenter the Juneau community after incarceration. The Juneau Coalition has identified strategies to improve the community’s awareness and understanding in these areas.

4. Conduct (and update as needed) the Community Resource Assessment to assess the Juneau community’s service and support capacity to meet the needs of individuals after incarceration and provide the coalition with a unified understanding of its community’s resource needs, instead of multiple individual perceptions and experiences.
   a. An assessment was conducted in 2017. The assessment focused on six community service and support areas: housing, employment or meaningful engagement, physical health/mental health/ substance abuse services, transportation, peer support. Community assets, gaps, and priority needs were documented in each area. The assessment provided the foundation for the Juneau coalition to develop its Comprehensive Community Reentry Plan (strategic plan).

5. Develop the Juneau Coalition’s Comprehensive Community Reentry Plan (strategic plan).
   a. The Juneau Coalition’s Comprehensive Community Reentry Plan has identified goals/outcomes, strategies, measures, target dates, and identified partners in the five community service and support areas identified in the Community Resource Assessment.

6. Conduct institutional presentations about the Alaska Community Reentry Program and facilitate presentations by community providers about available resources and services.
   a. The Juneau Reentry Coalition Coordinator has provided ongoing collaboration with and presentations to individuals in the Lemon Creek Correctional Center, including facilitating in-reach for community providers.

7. Educate the Juneau community about reentry and criminal justice reform efforts.
   a. The Juneau Reentry Coalition Coordinator has presented at several community events about the coalition’s work and the overall issues impacting an individual’s ability to successfully reenter the Juneau community after incarceration. And, has provided public testimony at several local and state hearings/meetings.

In light of local and state fiscal challenges, the transition of this project to other funds is not likely in the foreseeable future (2-4 years). Continued community service coordination, in-reach to correctional facilities and public education about reentry and criminal justice reform efforts is critical. It is recommended that Trust’s funding support continue until the state’s economy improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
Project Title: Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Anchorage
Grantee: NeighborWorks Alaska
GIFTS ID: 7159  Fund: Authority Grant
Years Funded: 4  Project Category: Capacity Building
FY17: $100,000  FY18: $100,000  FY19: $100,000

Project Description: One of the most important aspects of implementing the Alaska Community Reentry Program, is the local capacity of any given community to effectively support the needs of all returning citizens, including Trust beneficiaries, as they transition back into our communities. Local reentry coalitions consist of a cross section of people representing the services or supports available to reentrants in the community. Reentry coalitions:

1. Educate the community about the criminal justice system and the reentry program,
2. Identify local challenges facing reentrants,
3. Identify local gaps in services and identify collaborative solutions to build capacity in the community, and
4. Serve as the local point of contact for the DOC and its partners in reducing recidivism.

The Anchorage Reentry Coalition Coordinator works closely and collaboratively with the its Reentry Coalition membership, the Trust, the Department of Corrections and Health and Social Services and other key state and community stakeholders as a partner in the Alaska Community Reentry Program. Establishing and maintaining strong, and effective partnerships is critical to the success of the Alaska Community Reentry Program and the individual reentrants.

Analysis: The Anchorage Reentry Coalition is a network of diverse organizations and individuals working together to build clear and supportive pathways for individuals to successfully reenter the Anchorage community after incarceration. This issue is too large and complex or large for any one person or organization to solve alone. The Anchorage Reentry Coalition Coordinator has worked with the Anchorage coalition to:

1. Facilitate coalition activities -
   a. The coalition meets regularly (six times/yrs.) to: discuss accomplishments, challenges and the community service and support needs for individuals returning to the Anchorage community after incarceration; review progress on goals identified in the coalition’s strategic plan; recognize those who have successfully reintegrated back into the community; gather updates and/or new information from local community providers; and, identify upcoming community education and/or advocacy opportunities.
2. Conduct a Coalition Capacity Assessment to assess coalition’s ability to work as a collaborative team and identify areas for the coalition to make improvements to strengthen the coalition.
   a. An assessment was conducted in 2017. Overall, the assessment results across five areas (clarity/strength of mission, communication, collaborative environment, building member capacity and management) indicated the coalition has a strong foundation. There were three areas that stood out for the coalition to further develop (integration in the community, meaningful influence, new member orientation). The Anchorage Coalition has identified strategies to improve these areas.
3. Conduct a Community Readiness Assessment to assess the degree to which Anchorage is ready to act and be responsive to the needs of individuals after incarceration.
   a. An assessment was conducted in 2017. Overall, the assessment results across five dimensions indicated the Anchorage community had a vague awareness of the coalition’s work and a basic knowledge of the overall issues impacting an individual’s ability to
successfully reenter the Anchorage community after incarceration. The Anchorage Coalition has identified strategies to improve the community’s awareness and understanding in these areas.

4. Conduct (and update as needed) the Community Resource Assessment to assess the Anchorage community’s service and support capacity to meet the needs of individuals after incarceration and provide the coalition with a unified understanding of its community’s resource needs, instead of multiple individual perceptions and experiences.
   a. An assessment was conducted in 2017. The assessment focused on five community service and support areas: community awareness and reentry education, in-reach case management services, transportation, capacity building, housing, job development, supported employment and pro-social meaningful activities, Access to healthcare (primary/behavioral health). Community assets, gaps, and priority needs were documented in each area. The assessment provided the foundation for the Anchorage coalition to develop its Comprehensive Community Reentry Plan (strategic plan).

5. Develop the Anchorage Coalition’s Comprehensive Community Reentry Plan (strategic plan).
   a. The Anchorage Coalition’s Comprehensive Community Reentry Plan has identified goals/outcomes, strategies, measures, target dates, and identified partners in the five community service and support areas identified in the Community Resource Assessment.

6. Conduct institutional presentations about the Alaska Community Reentry Program and facilitate presentations by community providers about available resources and services.
   a. The Anchorage Reentry Coalition Coordinator has provided ongoing collaboration with and presentations to individuals in the Anchorage Correctional Complex, including facilitating in-reach for community providers.

7. Educate the Anchorage community about reentry and criminal justice reform efforts.
   a. The Anchorage Reentry Coalition Coordinator has presented at several community events about the coalition’s work and the overall issues impacting an individual’s ability to successfully reenter the Anchorage community after incarceration.

In light of local and state fiscal challenges, the transition of this project to other funds is not likely in the foreseeable future (2-4 years). Continued community service coordination, in-reach to correctional facilities and public education about reentry and criminal justice reform efforts is critical. It is recommended that Trust’s funding support continue until the state’s economy improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Public Guardian Position  
**Grantee:** Office of Public Advocacy  
**GIFTS ID:** TBD  
**Fund:** MHTAAR  
**Years Funded:** 1  
**Project Category:** Direct Service  

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**Description:** These funds will increase the capacity of the Office of Public Advocacy (OPA) by creating a new public guardian position. Public Guardians serve some of the most vulnerable Trust beneficiaries. When compared to other states, national standards and guidelines the public guardian caseload significantly exceeded the best practice standard for client-guardian ratio 20:1, and has been identified as among the highest caseloads at 100:1 in the country. Of great concern, is that public guardians are unable to accurately or adequately support and protect the clients. As a result, Trust beneficiaries are at risk of harm or exploitation. This additional capacity will assist in addressing these concerns and improving the services provided to Trust beneficiaries.

**Analysis:** FY19 is the first year of Trust funding to OPA for an additional public guardian position.
**Project Title:** Housing & Homeless Services Coordinator  
**Grantee:** Municipality of Anchorage - Office of the Mayor  
**GIFTS ID:** 7365  
**Fund:** Authority Grant  
**Years Funded:** 3  
**Project Category:** Capacity Building  

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**Project Description:** The current project proposes Trust resources in the form of funding a position directly in the Municipality of Anchorage to assist in coordinating the community’s housing resources and social service programs to end the problems related to homelessness in this community. This work will include leveraging federal dollars flowing into the community and adapting social service programs on the street to remove barriers for homeless individuals and to make the best use of the resources that are available in these challenging economic times.

For the Municipality of Anchorage, ending homelessness creates many social and economic benefits. Studies have shown that the top 20% of safety net system users consume approximately 65% of the resources available for homeless services. Anchorage is an important community for our social service and homeless programs due to the volume of people and the existing resources in the community. If the structures for homeless service provision and transition can be learned in Anchorage, then other communities will have a resource for replicating the programs and adapting their own community programs. This will ultimately assist Anchorage in reducing our homeless population by modeling how to increase community capacity for homeless service and housing provision and will decrease the number of people coming to Anchorage for assistance.

**Analysis:**  
It is expected that this project transition to the Municipality of Anchorage in the next 1-2 years. This is a critical position for the city that has not existed prior to this project. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with the Municipality of Anchorage to support the housing coordinator position continue until the city can fund the position or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
| **Project Title:** Fairbanks Homeless and Housing Services Coordinator |  |
| **Grantee:** City of Fairbanks |  |
| **GIFTS ID:** 7657 | **Fund:** Authority Grant |
| **Years Funded:** 2 | **Project Category:** Capacity Building |
| **FY17:** $0 | **FY18:** $92,300 | **FY19:** $111,300 |

**Project Description:** The Homeless and Housing Services Coordinator position through the City of Fairbanks Mayor’s Office is a three-year partnership between the Trust and the City of Fairbanks to work to end homelessness in Fairbanks. The Coordinator will act as a liaison between the City of Fairbanks, the Fairbanks Housing and Homeless Coalition, the business community, and nonprofits to reduce homelessness in Fairbanks.

For the City of Fairbanks, ending homelessness creates many social and economic benefits. Studies have shown that the top 20% of safety net system users consume approximately 65% of the resources available for homeless services. This will ultimately assist Fairbanks in reducing our homeless population by increasing community capacity for homeless services and housing provision.

**Analysis:** It is expected that this project transition to the City of Fairbanks in the next 2-3 years. This is a critical position for the city that has not existed prior to this project. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with the City of Fairbanks to support the housing coordinator position continue until the city can fund the position or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Housing Modifications and Upgrades to Retain Housing - Capital  
**Grantee:** Finance and Management Services  
**GIFTS ID:** 142  
**Fund:** MHTAAR  
**Years Funded:** 17  
**Project Category:** Capital - Equipment  

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**Project Description:** This capital project provides housing modifications to persons experiencing a disability, allowing them to remain in their homes and reducing the potential cost of providing supported housing. Funds help to increase the accessibility of current housing so that Trust beneficiaries, and other special needs populations, can move into or remain in their own homes. Home modifications are available to people wherever they reside, regardless if they own or rent and with whom they live. Typical kinds of assistance provided are accessibility modifications or additions (e.g., widen doorways, remodel bathrooms and/or kitchens, install entrance ramps, add bathrooms and/or bedrooms) and related equipment.

**Analysis:**  
Home modifications provide the opportunity for improved accessibility and increase the likelihood of a person with functional assistance needs to remain in their own home. This project has demonstrated positive outcomes and currently has a waitlist for services. To improve statewide efficiencies, it is recommended that a plan for consolidation with AHFC home modifications program be explored in FY19. This will also reduce the administrative burden of non-profit agencies who apply for this funding from both DHSS and AHFC to provide home modification services to the public.

As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership continue unless other funding is obtained to replace Trust funds or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
<table>
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<th>Project Title:</th>
<th>Legal Resources for Trust Beneficiaries</th>
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**Project Description:** Alaska Legal Services Corporation will provide direct free civil legal assistance to beneficiaries on issues that are critical to preventing homelessness such those that threaten their physical safety, stability, and self-sufficiency and thereby place them at risk of becoming homeless or that are contributing to current homelessness. This grant also provides support to train Alaska Legal Services Staff.

**Analysis:**

This is a key project that prevents homelessness through beneficiary education that is not available through any other resource. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with Alaska Legal Services Corporation continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Special Needs Housing Grant & Statewide Homeless Coalition Capacity Development

**Grantee:** Alaska Housing Finance Corporation

**GIFTS ID:** 114  
**Fund:** MHTAAR

**Years Funded:** 1  
**Project Category:** Direct Service

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**Project Description:** This project is a partnership with Alaska Housing Finance Corporation to improve the statewide capacity to use the HMIS database and coordinated entry system for homeless services by staffing the Alaska Coalition on Housing and Homelessness. This position provides education and on-site technical assistance to housing and homeless service agencies and coordinates an annual conference on these topics to inform stakeholders of best practices and practical information for implementation.

**Analysis:**
This funding provides key training and staffing to improve the coordination of housing and homeless services statewide. This funding is necessary to develop homeless services and housing for populations that would otherwise go unserved or underserved. This grant has met or exceeded its performance measures.

In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This is a core homeless services grant program for the state that has been flat funded for several years. The Trust advocated for additional MH/GF funds for this program in FY19, but was unsuccessful. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with AHFC to support the Basic Homeless Assistance Program continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
Project Title: Homeless Assistance Program - Capital
Grantee: Alaska Housing Finance Corporation
GIFTS ID: 149  Fund: MHTAAR
Years Funded: 17  Project Category: Direct Service
FY17: $850,000  FY18: $950,000  FY19: $950,000

Project Description: The Homeless Assistance Program is one of AHFC's core funding programs. The Basic Homeless Assistance Program (BHAP) was established in 1993, and has been a core program for Alaska Housing Finance Corporation to support emergency shelter services, homelessness prevention and rapid re-housing efforts as well as capital needs for these grantees. The Special Needs Housing Grant program is a long time AHFC/DHSS/Trust housing program and services partnership to provide permanent supported housing to Trust beneficiaries. In 2007, AHFC began a restructuring of the Homeless Assistance Program and the Special Needs Housing Program to better serve hundreds of homeless and/or near-homeless families to obtain or retain safe and sanitary shelter each year and to create sustainable supported housing over time. Demand for this program has steadily increased as federal and municipal sources have diminished.

Analysis:
This funding provides direct support to beneficiaries to provide housing and services for the Alaska homeless population, which includes people from all beneficiary groups. This funding is necessary to develop permanent supportive housing for populations that would otherwise go unserved or underserved and to provide emergency shelter. This grant has met or exceeded its performance measures. In addition to direct services, this funding provides key training and staffing to improve the coordination of housing and homeless services statewide.

In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This is a core homeless services grant program for the state that has been flat funded for several years. The Trust advocated for additional MH/GF funds for this program in FY19, but was unsuccessful. As long as this project demonstrates positive outcomes it is recommended that Trust’s funding partnership with AHFC to support the Basic Homeless Assistance Program continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
### Project Title: Individual Placements and Supports

**Grantee:** To be determined

**GIFTS ID:** n/a

**Fund:** Authority Grant

**Years Funded:** 4

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**Project Category:** Capacity Building

**Project Description:** These funds are unallocated in the budget, and available to grant to project during the year. Funds complement DHSS efforts to expand statewide adoption of the evidence-based Individual Placements and Supports (IPS) employment model for beneficiaries experiencing mental health and substance use disorders.

The Trust is supportive of the IPS model assertion that work is an essential part of recovery for people experiencing serious mental illness, in addition to providing a way out of poverty and preventing entry into the disability system. Competitive employment has a positive impact on self-esteem, life satisfaction, and reducing symptoms.

The number of studies showing IPS effectiveness continues to grow. To date, 25 randomized controlled trials of IPS (See Recommended Readings below) have showed a significant advantage for IPS. People in IPS attain employment faster, hold their jobs for longer, and work more hours. In 4 randomized controlled trials, over an 18-month period, approximately 3 times as many people receiving IPS services achieved employment and worked more hours, and people receiving IPS services worked overall four times as many hours compared to controls. Across the 25 studies, IPS showed an average competitive employment rate of 56% compared to 23% of controls. A meta-analysis of 17 randomized controlled trials found that people receiving IPS services were 2.4 times more likely to be employed than controls. IPS is more effective than alternative vocational approaches regardless of a variety of client background factors (e.g., ethnicity, gender, socioeconomic status).

**Analysis:** One example of a project funded through this allocation is the Polaris House supported employment program in Juneau. Polaris House uses funds to support staff and related costs to provide employment services for beneficiaries who experience mental illness. The program measures fidelity to the IPS model through self-assessment using the IPS fidelity scale, then engages in quality improvement to increase program effectiveness.

Trust funds allocated for IPS capacity building are poised to leverage increased state general fund investment in the evidence-based IPS employment model as a key Beneficiary Employment and Engagement focus area strategy. DHSS is actively working to increase community-based capacity and beneficiary access to services through training, technical assistance and agency program funding. As long as this project continues to demonstrate positive outcomes for beneficiaries, it is recommended that Trust funding continue while concurrently working with DHSS and agencies to address sustainability.
**Project Title:** Pre-employment Transition Services

**Grantee:** To be determined

**GIFTS ID:** n/a  
**Fund:** Authority Grant

**Years Funded:** 4  
**Project Category:** Capacity Building

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**Project Description:** These funds are unallocated in the budget, and available to grant to projects during the year.

The Workforce Innovation and Opportunity Act of 2014 recommended that vocational rehabilitation programs serve high school youth with disabilities much earlier than before with a new set of services called Pre-Employment Transition Services (Pre-ETS). Perhaps the most amazing characteristic of Pre-ETS is its collaboration between high schools and vocational rehabilitation programs. Pre-ETS emphasize the delivery of services in the school setting. The case services work in conjunction with the school’s transition services and are based on individual need. High school students with disabilities do not have to be vocational rehabilitation clients. Pre-ETS are open to all students with disabilities, even those who have no intention of applying to vocational rehabilitation services. The Pre-ETS are available to those students 14 years of age through their exit from high school.

With this in mind any paid work opportunities for students must be in a competitive and integrated setting. Internships, unpaid work experiences, job shadowing and volunteer experiences must also be in an integrated setting.

The 5 Pre-ETS Services include:
- Job exploration counseling
- Work-based learning experiences
- Counseling on opportunities for enrollment in post-secondary education (college, college of technology, trade education, professional certification, etc.)
- Workplace readiness
- Instruction in self-advocacy

**Analysis:**

SERRC is partnering with the Division of Vocational Rehabilitation (DVR), Division of Employment and Training Services’ Disability Employment Initiative, Department of Education and Early Development and the Trust to address transition from school to adult services, specifically the provision of Pre-ETS services to youth with disabilities. The project brings Transition Camp services to youth in Juvenile Justice facilities, Behavioral Health schools/institutions and fill funding gaps for related activities in rural school districts.

SAIL partners with DVR to develop the capacity of community agencies serving students with disabilities and school districts to provide Pre-ETS. This project expands the scope of current projects, provide training and promote the availability of services to a wider range of stakeholders. Trust funds are used to build capacity of schools and community organizations to develop and implement programs that provide students with disabilities the skills and resources they need for transition. Over 1500 youth in 10 school districts are expected to benefit from this project during 2018, including over 150 students with disabilities participating in JOBZ Club work readiness training and over 200 youth (primarily rural and within DJJ facilities) trained through Transition Camps.
In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This partnership facilitates key activities in support of the Trust’s Beneficiary Employment and Engagement focus areas. As long as this project demonstrates positive outcomes it is recommended that Trust funding continue until the state’s fiscal health improves, federal funds are identified, or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
Project Title: CHOICES Community Options Program

Grantee: CHOICES, Inc.

GIFTS ID: 5109  Fund: Authority Grant

Years Funded: 12  Project Category: Direct Service

FY17: $347,670  FY18: $347,670  FY19: $440,170

Project Description: CHOICES is a mental health service provider that offers beneficiaries strategies, opportunities, resources and supports for personal growth, recovery, peer support and successful community integration. CHOICES promotes a stigma free environment, supporting individuality and self-determination. Supports and services are provided primarily by people who have experienced recovery from mental health challenges. People who participate with CHOICES, Inc. experience an improved life as evidenced by success in working, living, school, and personal relationships. Trust funding supports the Recovery Coordination Program of CHOICES, Inc. The program strives to work with beneficiaries to prevent hospitalizations, improve transitions from psychiatric hospital care and to provide intensive case management and wrap around supports in the community. Trust funding complements DHSS funding to operate the Assertive Community Treatment program focused on beneficiaries who experience homelessness and chronic mental illness.

With continued Trust funding, CHOICES proposes to continue and expand current recovery-oriented peer support services and Recovery Coordination activities, including:

- Peer Support: Peer Support workers fulfil a critical role in the CHOICES continuum of services by providing wellness education classes and ongoing support groups to CHOICES program participants.
- Outreach and engagement: CHOICES peer staff will continue to work with community partners by providing information and assistance accessing community services, as well as wellness education and recovery support to beneficiaries as requested.
- Peer Bridging (API): CHOICES Peer Specialists will continue to provide one-to-one and group support sessions as requested and provide support and referral to appropriate community-based service providers for individuals transitioning from the hospital back into the community.
- Individual Case Management (Recovery Coordination): Recovery Coordination offers less intensive but individualized case management services to adults living with severe mental health and substance use issues. Like peer support staff, all Recovery Coordination case managers will be trained individuals who self-identify as living with behavioral health issues.
- Advocacy and Community Education: CHOICES will continue to work with the state in their efforts to formalize the certification process for peer support including training, testing, certifying, marketing and service availability.

Analysis: CHOICES Recovery Coordinator program complements other community-based services to meet a specific beneficiary need in Anchorage through an intensive community outreach model that includes psychiatric and peer delivered case management supports. The program is reducing hospitalizations, helping beneficiaries access stable housing, and having a positive impact on quality of life for Trust beneficiaries. CHOICES received 3-year CARF accreditation April 2016, demonstrating quality and clinical standards are in place. CHOICES operates the Assertive Community Treatment (ACT) program for homeless chronically mentally ill beneficiaries as well as the Peer Bridger Program, funded through DHSS/DBH for in-reach at API to support effective community transitions.
FY19 Trust funding includes an increase from previous years to allow the agency to offer, for the first time, health care stipends for staff, including beneficiaries/peers employed by the agency.

FY 17 Program Highlights
- CHOICES offers peer-run, self-directed, intensive case management (ICM) program and Peer Bridger Program services for people experiencing severe psychiatric symptoms. In FY17, the ICM program served 49 and the Peer Bridger Program served 737 beneficiaries.
- 99% of ICM clients are in stable housing out of the elements and 99% reported clean and sober.
- ICM reported 7% increase in family’s reunification though stable housing with collaborative efforts of ICM, Peer Support, Justice system and family members.
- 25% of clients employed within Anchorage community. 8% are volunteering within shelters and community organizations.
- 95% decrease in utilization of acute care systems.

In light of the state’s current fiscal challenges, the transition of this project to additional state general funds or federal funding is not likely in the foreseeable future. CHOICES provides access to treatment and quality peer support services for beneficiaries in Southcentral Alaska. As long as this project continues to demonstrate positive outcomes for beneficiaries, it is recommended that Trust funding continue while concurrently working with the program to address sustainability, including increased revenue generation for services provided.
**Project Title:** Alaska Mental Health Consumer Web BPI Grant  

**Grantee:** Alaska Mental Health Consumer Web  

**GIFTS ID:** 5110  

**Fund:** Authority Grant  

**Years Funded:** 14  

**Project Category:** Direct Service  

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**Project Description:**  
This grant provides funding to support the Alaska Mental Health Consumer Web (the Web), the only peer run recovery oriented drop-in and engagement center in Anchorage. The Web serves individuals who experience life challenges including mental illness, addiction issues, homelessness, and other Trust beneficiaries who encounter an array of negative life circumstances. The prevailing philosophy at The Web is the development of relationship through the use of peer mentors and their experiential knowledge of mental illness, substance abuse, homelessness and other similar life experiences. The Web endeavors to utilize the relationship established through the peer-to-peer connection to meet the individual needs of each person. Individuals experiencing chronic homelessness and co-occurring substance abuse disorders and mental illness tend to be the hardest to reach because they do not integrate easily into the conventional behavioral health system. Because of the difficulty integrating, at times the Web is the last service option for many of these individuals, as they have burned bridges within the traditional social service agencies. Partnerships with and referrals to other community organizations, such as CHOICES, Peer Bridger’s, the Assertive Community Treatment team, and affordable housing organizations continues to be a key area of focus for the Web to identify and streamline access to supports and services for participants.

**Program Highlights**

- In FY17, 1770 Trust beneficiaries utilized the Web as a sober, safe haven that provides assistance with employment and housing opportunities, peer support and mentoring, peer group discussions, 12-step meetings, computer access, transportation to medical appointments, haircuts, nutrition and cooking classes, as well as referral and coordination of support services such as dental care and medical treatment.

  FY17 consumer survey results indicated:

  - 95% of surveyed consumers reported that the Web helped them access some of life’s necessities such as clothing, food, ID and mail  
  - 83% responded that the Web helped them stay sober or drink less  
  - 59% responded that the Web offers increased access to mental health treatment  
  - 92% responded that the Web offers a place for positive social interactions  
  - Employment assistance was provided to 837 beneficiaries in FY17, consisting of resume preparation, identifying potential employers, application assistance, obtaining interview clothing and attire once employed, and bus passes to assist with transportation to interviews and job fairs.

During the past six months, the Web has served 1,373 unduplicated individuals, completed applications for 141 new members, the program averaged serving 65 participants per day in a safe, sober, supportive environment that promotes recovery and wellness.

During this same timeframe, 117 participants sought staff assistance to take the next steps in engaging in substance abuse and mental health treatment with partner agencies in the community. The Peer Employment specialist assisted in creating or updating 86 resumes assisted 123 individuals
with employment search and referrals resulting in 4 obtaining full-time employment and 13 obtaining part-time employment, which has had a profound positive impact on participants' lives.

The Peer housing mentor meets with participants daily to locate appropriate, affordable housing, engage property managers and owners, during the past 6 months she has assisted 9 individuals obtaining permanent housing and provided homeless prevention assistance to 10 households. Each day that a participant comes to the Web is also a measurable success, being that they are engaged and active in their recovery and wellness, during the past 6 months the Web has provided 10,157 days of service, each a measurable success.

Another area of focus for the Board is the ability to increase budget reserves to strengthen the overall financial health of the organization. Additionally, groundwork collaborative efforts have begun to move the idea of social entrepreneurialism from vision to reality. Moving forward, the strategic plan details goals/task for cross-training of staff across peer organizations as a tactical move for increasing the availability of qualified peer staff, but more importantly, as a cost savings measure. The past year measurable progress has been made towards a developing a Peer Mentor Certification process that will be adapted by agencies providing Peer support and recognized by the State of Alaska Division of Behavioral Health, this work continues into 2018.

With renewed organizational stability within the management ranks the Web board is highly motivated to complete the business plan for a new building, diversifying funding and developing an effective Peer training program.

### Analysis:

The Web meets a critical need in Anchorage, providing direct service to more than 1,600 individuals who visit the Web's drop in and engagement center annually. There are more than 2,000 monthly visits for services which include sober recovery supports (AA/NA meetings), housing assistance, job/employment preparation and search as well as peer delivered wellness and recovery support meetings and linking to other key services and resources. Roughly 70% of participants are male, 90% experience mental illness and/or substance use disorders and more than half are homeless or currently housed in a shelter. The Web also serves a large number of veterans.

An indication of success, out of 45 beneficiaries seeking assistance with employment, 35 individuals were employed in both full and part-time positions (74% full time). 70% reported the Web offers increased access to employment opportunities. More than 90% of Web participants surveyed reported the Web helps them say sober or drink less. 70% report the Web helps them with their mental illness and 60% indicate better access to mental health services because of their participation. 80% indicated increased access to housing opportunities.

The Trust is roughly 55% of the Web’s funding while DBH (27%) and AHFC (18%) make up the remaining grant funding. The Web is providing a critical safety-net service to Trust beneficiaries, helping them get the necessary help needed, connecting them to the proper resources and aiding in obtaining housing and employment. There are limited outreach and engagement services in Anchorage and currently no reimbursement mechanism through Medicaid. Demand for this service is not expected to decline and as long as this project demonstrates positive outcomes it is recommended that Trust funding continue in FY20 and FY21.
**Project Title:** Community Based Peer Navigation-Anchorage

**Grantee:** Alaska Youth and Family Network

**GIFTS ID:** 5227  **Fund:** Authority Grant

**Years Funded:** 14  **Project Category:** Direct Service

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**Project Description:** Alaska Youth and Family Network (AYFN) is a family-run, non-profit, organization that provides comprehensive support, education, advocacy and behavioral health peer-support and rehabilitative services to Alaska Mental Health Trust Authority beneficiaries from across the state of Alaska. All AYFN’s programming and services are peer provided, strength-based, culturally responsive, trauma-informed, and family and youth driven. Beneficiaries AYFN serves are families (parents, children, and youth) or emancipated young people to age twenty-five who are experiencing the challenges of living with mental health, substance use disorder, or intellectual and developmental disabilities or caring for a child who experiences those challenges. Last fiscal year AYFN served about seven hundred families. Services are focused on families with one or more members who are involved in Alaska’s behavioral health and other family and child-serving systems (juvenile justice, special education, child welfare, intellectual and developmental disabilities, medical, legal, etc.) or at risk for involvement in those systems. AYFN’s Family and Youth Peer Navigators engage families using a strength based, shared-decision making model. Navigators provide support and services rooted in their lived experience of being a family member of a person addressing mental health or substance use recovery, as well as achieving successful recovery themselves. Lived experience is enhanced by professionally developed knowledge and skills, gained in both formal training settings and work experience. Navigators address recovery and support needs of the entire family in a holistic manner focused on relieving internal and external stressors and improving the family member’s recovery, resilience, and overall health.

**Analysis:** AYFN’s work is critical to the Trust’s investment in beneficiary engagement and the peer support model of recovery and employment. Additionally, there continues to be a general lack of home- and community-based services willing or able to work with the population currently served by AYFN. AYFN’s primary services include counseling and support, case management and family preservation, and stabilization for families at risk for out-of-home care or with youth that are returning home from residential psychiatric treatment placements. AYFN currently serves families in the Anchorage and Mat-Su communities and hopes to expand services to other communities if sustainable funding can be identified.

Demand for AYFN’s services from under/un-resourced beneficiaries continues to increase even as state and other grants funds are likely to continue to be reduced. The agency continues to examine the costs and benefits of becoming a Medicaid provider and is working with the Trust and consultants to explore funding opportunities. Trust funding comprises 17% of the program’s total budget ($1.2M operating budget). FY19 Trust funding includes an increase from previous years to allow the agency to offer, for the first time, health care stipends for staff, including beneficiaries/peers employed by the agency.

AYFN has recently established an electronic clinical record system and continues to engage in quality improvement efforts to more effectively track key outcomes. The following are highlights from FY17:

- 2,450 primary and secondary Trust beneficiaries were served in FY17 by AYFN throughout Alaska. Services provided by AYFN include case management, community based peer navigation, counseling, support and education services, advocacy across systems (behavioral
- In FY17 only 8 of the 149 (5%) Youth ages 13-24, with significant mental health or substance use challenges moved to a higher-level care after engaging in services with AYFN.
- In FY17 none of the 53 parents on probation or parole that AYFN served returned to jail or prison.
- 383 parents and caregivers attended family support groups and parent education classes, of which 86% demonstrated improvement in parenting skill and positive coping techniques.
- Of the 127 families whose child welfare cases were closed in FY17, only 12 didn’t reunify - a successful reunification rate of 91%.
- AYFN helped 79 unattached youth achieve goals of stable housing, involvement education, employment and stronger connections to their communities.
- AYFN provided behavioral health information and referral to 328 individuals over the phone.

In light of the state’s current fiscal challenges, the transition of this project to additional state general funds or federal funding is not likely in the foreseeable future. AYFN provides access to quality peer support services for children and families in Southcentral Alaska. As long as this project continues to demonstrate positive outcomes for beneficiaries, it is recommended that Trust funding continue while concurrently working with the program to address sustainability.
**Project Title:** Polaris House Clubhouse BPI Grant  
**Grantee:** Polaris House  
**GIFTS ID:** 5112  
**Fund:** Authority Grant  
**Years Funded:** 14  
**Project Category:** Direct Service  

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**Project Description:** This grant provides funding to support the Polaris House Clubhouse which through an evidenced based model provides Trust Beneficiaries in Juneau with rehabilitation services and supports (employment, housing and recovery supports). Beneficiaries with severe mental illness and challenged with other disabilities including traumatic brain injuries, developmental disabilities and addiction benefit from engagement, training and support provided to successfully obtain employment, obtain stable housing and receive daily supports through the supportive structure of Polaris House. All beneficiaries served by Polaris House are in an employment oriented environment that supports all members who choose paid work. Members who state they are not ready for paid employment, participate to create self-directed plans for community involvement, which in most cases lead to paid work or volunteer positions.

Polaris House strives to assure no member is homeless through a complete array of supports to beneficiaries to secure, maintain or improve housing circumstances. Polaris House will continue to support beneficiaries for integration into local education opportunities such as; GED classes, obtaining Food Worker Cards, participation in Food Safety Manager Training, and the Computer Learning Center. Polaris House advocates for beneficiaries in securing and maintaining relative benefits such as; Medicaid, Social Security, Food Stamps, housing vouchers, Trust mini-grants, APA, PFD’s, etc. and facilitates beneficiary access to Trust funded mini-grants through the Trust Authority.

**Analysis:** Polaris House provides a critical safety net of direct service for difficult to serve Trust beneficiaries in Juneau and is a nationally accredited Clubhouse (an evidenced based model, which provides a comprehensive and dynamic program of support and opportunities for people with severe and persistent mental illnesses). Polaris House participants are called “members” and restorative activities focus on their strengths and abilities, not their illness. Members of Polaris House and staff work side by side to manage clubhouse operations, providing opportunity for members to contribute in significant and meaningful ways. Polaris House seeks to aid its members to live productive lives and work in the community, regardless of the nature of severity of their mental illness. Polaris House serves many members who are also clients of JAMHI and recipients of other services in Juneau.

FY17 Program Highlights include:
- In FY17, Polaris House continued to focus on employment.
- Polaris House is addressing the challenge of tobacco addiction with beneficiaries/members. Six of the fifteen members enrolled in FY17 achieved smoke-free targets. Three smoke-free socialization outings were conducted.
- Beneficiary evaluation results are positive:
  - 80% report an increased ability to manage challenges in situations.
  - 80% report an increased ability to manage challenging behaviors.
  - 100% are housed
  - 85% report decrease substance abuse
  - Only 1% were actively involved with legal or law enforcement encounters.
Trust funding is roughly 42% of PCH’s budget with the remainder of funding in grants through DHSS/DBH and fundraising. An FY19 funding increase from the Trust effectively replaces operating funds anticipated to be lost during the year from a community-based funder. These funds will be critical to ensure Clubhouse services are maintained at the current level in order to adequately serve Trust beneficiaries.

In light of the state’s current fiscal challenges, the transition of this project to additional state general funds or federal funding is not likely in the foreseeable future. Polaris House provides access to quality peer support services for Trust beneficiaries in Juneau. As long as this project continues to demonstrate positive outcomes for beneficiaries, it is recommended that Trust funding continue while concurrently working with the program to address sustainability.
**Project Title:** NAMI Anchorage Capacity-Building Grant  
**Grantee:** NAMI Anchorage  
**GIFTS ID:** 5116  
**Fund:** Authority Grant  
**Years Funded:** 12  
**Project Category:** Direct Service  

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**Project Description:** NAMI Anchorage is a local affiliate of the National Alliance on Mental Illness. The agency provides support, education, and advocacy to individuals living with mental illness (consumers), their families, and the larger community. NAMI Anchorage serves beneficiaries and families in Anchorage and throughout the state. NAMI Anchorage offers instrumental education and training for families experiencing mental illness, providing both direct advocacy and support to beneficiaries and their families and also leveraging key partnerships to further educate and advocate on behalf of Trust beneficiaries living with mental illness.

NAMI Anchorage provides family to family/peer to peer education and support to individuals struggling with mental illness and family members who are caring for loved ones with mental illness through direct service, advocacy and outreach. NAMI Anchorage uses evidenced-based and promising practices (NAMI Family-to-Family Education, NAMI Connection Recovery Support Groups and Family Support Groups) to aid families in navigating mental illness and the myriad of services that can be daunting. NAMI Anchorage has forged strong collaborations with the Veteran’s Administration, community agencies throughout Anchorage and the Anchorage Police Department in support of the Crisis Intervention Team (CIT) academy, and is an active participant in Anchorage’s suicide prevention efforts.

NAMI Anchorage provides education to consumers and families about diagnoses, symptoms, medication management; NAMI Anchorage engages consumers and families in case management assistance, skill-building and socialization, daily living and personal care, referrals to the mental health court, crisis intervention, hospitalization support, and more.

**Analysis:** Despite recent organizational challenges and leadership transitions, the board and dedicated volunteers have strongly supported NAMI Anchorage and managed to continue its regular support groups and class schedules. The new Executive Director is working to establish processes that will improve future data collection and increase the focus on evaluation, quality improvement, and service expansion. Beneficiaries receiving services qualitatively report overwhelmingly that NAMI Anchorage services were lifesaving and provided them with the right supports and information needed to both understand mental illness as well as navigate the service options available.

**FY17 Program Highlights**
- 168 primary and 123 secondary beneficiaries were served,
- Approximately 200 community members and professionals were served through outreach and training.

The Trust currently funds the majority of NAMI Anchorage’s operational budget (96%). NAMI Anchorage is working to increase targets for community giving through fundraising and donor contributions. FY19 Trust funding includes an increase from previous years to allow the agency to offer, for the first time, health care stipends for staff, including beneficiaries/peers employed by the agency. NAMI Anchorage strategic initiatives for FY19 include: increase and diversify funding; outreach and advocacy, and; NAMI program expansion.
In light of the state’s current fiscal budget situation, the transition of this project to federal funding and state general funds is not likely in the foreseeable future. NAMI Anchorage continues to provide critical education, peer support and coordination services to Trust beneficiaries with mental illness, their families, and the community. Therefore, as long as this project continues to demonstrate positive outcomes for beneficiaries, it is recommended that Trust funding continue while concurrently working with the program to address sustainability by increasing fundraising and local contributions.
**Project Title:** NAMI Juneau BPI Grant  
**Grantee:** NAMI Juneau  
**GIFTS ID:** 5113  
**Fund:** Authority Grant  
**Years Funded:** 11  
**Project Category:** Direct Service  

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**Project Description:** This grant provides funding to support NAMI Juneau, the only agency in Juneau that provides free, peer (family) driven educational and support programs for families caring for a loved one with mental illness. NAMI Juneau currently offers three signature programs for family members, including Family to Family, the NAMI Family Support Group and more recently NAMI Basics - all signature NAMI National programs. NAMI programs empower individuals to be more informed and effective advocates for their family member, reducing the threat of negative outcomes such as suicide, homelessness, emergency and institutional care. NAMI provides vital support, education and advocacy skills for Trust beneficiaries and their families for families in Juneau and other southeast communities.

NAMI Juneau serves as a central community voice on mental illness and serves a unique role in the community providing peer-driven and peer-led education and support programs to individuals living with mental illness (primary beneficiaries), and their family members (secondary beneficiaries). The agency is the local affiliate of the National Alliance on Mental Illness and the mission is to help individuals affected by mental illness build better lives through education, support and advocacy. The office continues to provide soft navigation services, linking individuals affected by mental illness to needed services and supports. NAMI programs take the form of recurring mutual support groups, advocacy training, and 6, 9 and 12-week Biopsychosocial education classes. NAMI’s evidence-based programs empower participants to be more informed and effective advocates for themselves or a family member. These programs have been shown to improve mental health outcomes, promote family engagement in treatment, and reduce the threat of negative outcomes, such as hospitalization, incarceration and suicide.

**Analysis:** NAMI Juneau is the only agency in Juneau that focuses on family to family/peer to peer education and support to family members who are caring for loved ones with moderate to serious mental illness (direct service, advocacy and outreach). Offering a number of educational and support groups – NAMI uses evidenced-based and promising practices to aid families in navigating mental illness and the myriad of services that can be daunting. NAMI Juneau and their advocacy plays a key role in the Juneau Community action Plan, the Juneau Suicide Prevention Coalition as well as the Juneau Reentry Coalition as a standing steering committee member. Partnering with Bartlett Hospital, NAMI Juneau provides regular educational forums to practitioners and community members focused on various facets of mental illness. Program evaluation activities continue to reveal positive outcomes, including access to services and increased community awareness of beneficiary needs.

**FY17 Program Highlights**

- NAMI Juneau hosted two, 6-week family education programs in FY17 and one 9-week peer education program.
- Mental health awareness and education presentations were expanded from one to both Juneau high schools, reaching 212 students in FY17.
- Beneficiary evaluations strongly support the efficacy of the NAMI Juneau programs. 82%
reported that because of the program, they were better able to manage crises resulting from symptoms of mental illness. 92% reported that because of the program, they could manage the stresses and negative impacts that the stigma of mental illness causes.

- Education program attrition declined, with 82% of participants successfully completing full sessions. Education programs are a significant time commitment at either 6, 9 or 12 sessions.
- In FY17, 19% of program participants became NAMI members, a 6% increase from the previous year. The email contact list grew by 6% and social media engagement increased by 61%. These trends indicate an increase in engagement.

The Trust currently funds 73% of NAMI Juneau’s operating budget with remaining funds acquired through fundraising and local contributions. FY19 Trust funding includes an increase from previous years to allow the agency to offer, for the first time, health care stipends for staff, including beneficiaries/peers employed by the agency.

In light of the state’s current fiscal budget situation, the transition of this project to federal funding and state general funds is not likely in the foreseeable future. NAMI Juneau continues to provide critical education, peer support and coordination services to beneficiaries with mental illness, their families, and the community. Therefore, as long as this project continues to demonstrate positive outcomes for beneficiaries, it is recommended that Trust funding continue while concurrently working with the program to address sustainability.
Project Title: Social Enterprise
Grantee: To be determined
GIFTS ID: n/a

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Project Description: The funds are allocated to projects that engage beneficiaries in employment, training, and job-readiness skill building to be successfully employed. One grantee example includes: Bread Line Inc.'s Stone's Throw culinary job training program is a twelve-week, two-tier program designed to teach job and life skills to individuals in order to overcome various barriers to employment, including substance abuse, developmental disabilities, homelessness, and prior incarceration. In addition to the technical culinary skills provided by the program's chef instructors, students also receive a nationally-recognized commercial food safety certification and learn professional life skills, including resume-writing, interviewing, time management, constructive conflict resolution, and personal accountability practices.

Analysis:
The social enterprise initiative prepares people with multiple employment barriers to gain skills that are marketable in the competitive job market. Demand for this service is not expected to decline. As long as this project demonstrates positive outcomes for beneficiaries, it is recommended that Trust funding continue until the state’s fiscal health improves or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
**Project Title:** Micro Enterprise Funds  
**Grantee:** Governor’s Council on Disabilities & Special Education  
**GIFTS ID:** 200  
**Fund:** MHTAAR  
**Years Funded:** 16  
**Project Category:** Direct Service  
**FY17:** $150,000  
**FY18:** $150,000  
**FY19:** $150,000  

**Project Description:** Alaska’s economy is increasingly moving toward small business ownership. Self-employed people own 68 percent of all businesses in the state. However, individuals with disabilities are seldom provided with the opportunity to pursue establishing or expanding their own businesses. However, a mechanism to train and support individuals with disabilities to own their businesses is currently in place as a result of the Trust funding for the Economic Development Alliance. The Governor’s Council on Disabilities and Special Education uses Trust and state funds to engage with the University of Alaska’s Center for Human Development to further develop and implement a supported self-employment model for beneficiaries who require ongoing support to run their businesses.

The development of individual micro-enterprises is an integral part of the movement for Self Determination. The concept of ‘employment’ must be challenged by individuals who experience multiple and severe disabilities for whom the idea or possibility of holding a ‘regular’ job is often out of reach. This should not deny a person from earning income. Through micro-enterprise development, it is possible for people to have income that offsets costs usually borne by public funds. More importantly, for the individual, earning money gives a person a sense of worth and value.

These funds are used for Trust beneficiaries to start their own businesses and receive ongoing business/self-employment coaching to sustain and grow them. In addition, the Council uses funds to leverage funds from individual entrepreneurs, families and state agencies such as the Department of Community and Economic Development and the Division of Vocational Rehabilitation.

**Analysis:** The Micro Enterprise project is a long standing partnership with the Governor’s Council on Disabilities and Special Education, Department of Labor, Small Business Development Center, Senior and Disabilities Services, Tribal Vocational Rehabilitation and Center for Human Development to support beneficiaries to achieve self-employment. The collaborative work of multiple agencies and individuals in support of the microenterprise work demonstrates positive outcomes and provides an innovative and successful strategy to financially empower and engage beneficiaries. Microenterprise opportunities highlighted through recent video production and shared through social media are regularly discussed in Trust partner meetings and events.

This project directly benefits beneficiaries and continues to be a core element of the Beneficiary Employment and Engagement focus area. The grantee and partner agencies are recognized for their knowledge and accessibility and have ensured the strategy is effective and engaging to directly support beneficiaries. As long as this project continues to demonstrate positive outcomes it is recommended that Trust funding continue at the current level to ensure ongoing beneficiary access to funds and related supports.
Project Title: Beneficiary Employment Technical Assistance and Program Coordination

Grantee: Governor's Council on Disabilities & Special Education

GIFTS ID: 5175  Fund: MHTAAR

Years Funded: 7  Project Category: Data/Planning

FY17: $100,000  FY18: $100,000  FY19: $100,000

Project Description: This funding supports statutory advisory board efforts to plan, coordinate, implement and expand the Trust Beneficiary Employment & Engagement focus area. With several key objectives completed in the past year, FY19 activities will continue to build and sustain these new systems components and focus on new activities that will result in more beneficiaries seeking, securing and maintaining competitive, integrated employment. Technical assistance and coordination will build provider and state agency capacity to ensure beneficiaries have greater access to employment, related support services, and accurate resources and information on how paid employment impacts Social Security and other benefits (health, housing, food, etc.). Council staff engage in the following activities:

1) Provide technical and administrative assistance to the Trust Program Officer to assist with planning, development and implementation of activities related to increasing employment outcomes for Trust beneficiaries;

2) Work with the Departments of Education & Early Development, Labor & Workforce Development, Health & Social Services and the office of the Governor to create a task force to develop and implement clear guidelines and reporting procedures to provide the Trust with the annual report on implementation of the Employment First Law;

3) Improve access to information on Social Security work incentives, the Ticket to Work program and available information on benefits planning including implementing the new Disability Benefits 101 website housed within the World Institute of Disability;

4) Coordinate with business and industry organizations and leaders to dispel myths, increase awareness on the services and supports for hiring Trust beneficiaries and create linkages with providers to improve employment outcomes;

5) Facilitate Alaska Association of People Supporting EmploymentFirst (APSE) chapter activities including monthly meetings and Certified Employment Support Professional (CESP) exam efforts statewide;

6) Work with state agencies and providers to determine policy and regulation barriers and facilitate amending and/or developing new policy to reduce or eliminate those barriers;

7) Train state agencies, providers, beneficiaries and the general public on employment services and supports for individuals with disabilities;

8) Increase awareness of Alaska’s ABLE Act and provide support for implementation efforts.

Analysis: The grantee continues to provide technical assistance and coordinate training statewide for beneficiaries and service agencies in support of the Trust’s Beneficiary Employment and Engagement focus area. A variety of activities from previous years served to increase awareness and implementation of legislation including the ABLE Act which allows people with disabilities to work and become more economically stable without forfeiting necessary health and social service benefits. Extensive training outreach through planned activities and partnership served to increase awareness and capacity of critical employment related services statewide. The increasing success of the annual BEST integrated employment job fair continues to demonstrate positive employment outcomes for beneficiaries.
In light of the state’s fiscal challenges, the transition of this project to SOA GF/MH is not likely in the foreseeable future (2-4 years). This statutory advisory board partnership facilitates key activities in support of the Trust’s Beneficiary Employment and Engagement focus area. As long as this project demonstrates positive outcomes it is recommended that Trust funding continue until the state’s fiscal health improves, federal funds are identified, or the project fails to meet stated goals. At which point, the project will be adjusted accordingly or Trust funding may be discontinued.
Project Title: Recover Alaska

Grantee: Sultana New Ventures LLC dba The Foraker Group

GIFTS ID: 7052  Fund: Authority Grant

Years Funded: 4  Project Category: Capacity Building

FY17: $110,000  FY18: $200,000  FY19: $200,000

Project Description: Recover Alaska (RA) is a partnership of funders who have come together to pool resources to fund strategies that are guided by a 20-member Steering Group comprised of the Trust, Mat-Su Health Foundation, Rasmuson Foundation, ANTHC, Southcentral Foundation, Providence Alaska, Department of Health and Social Services, Advisory Board on Alcoholism and Drug Abuse, Alaska Behavioral Health Association, United Way of Anchorage, and key leaders from the court system, law enforcement and addiction treatment providers. The overarching goal of this partnership is to reduce the negative impacts of alcohol abuse in Alaska. Key strategies include:

1) Partner with media outlets, to: increase awareness of profound effects on Alaska’s people, especially children & support changes in social norms
2) Create a coordinated, grass-tops/grass-roots advocacy strategy & coalitions, to: support Recover Alaska strategy actions, champion changes in social norms, secure resources for expanding prevention & treatment capacity & assure that interventions are place and culture relevant
3) Conduct public opinion polls on support for various policy changes, especially those benefitting kids, to: change social norms about policy & strategy changes;
4) Create youth-led positive social norms campaigns, to: empower youth & create resilience; provide accurate information on youth drinking norms & engage youth in community coalition work
5) Increase taxes to: reduce consumption (especially for youth), raise revenue for prevention & treatment capacity expansion & access & expand evidenced-based treatment capacity
6) Expand capacity & access to an evidence-based, quality-assured continuum of treatment/aftercare services
7) Test, replicate, evaluate & take to scale strengths/resilience-based prevention programs, to: reduce consequences of alcohol abuse, empower youth & adults to change social norms & community policies and strengthen resistance to generational cycles of alcohol abuse & addiction.
8) Pilot a one-stop-shop navigation system in a community with a robust continuum of treatment/aftercare services, to: effectively link Alaskan’s to the right treatment resources and assess demand for services.

Analysis: RA successfully moved forward on a number of the primary strategies outlined above. An evaluation plan is underway to assess the effectiveness of each strategy and the steering committee will guide development of additional strategies over time.

Of note, Recover Alaska focused substantial energy, advocacy and staff time on the Title 4 Alcohol Statute rewrite, which is a comprehensive review and update of the statutes that govern the licensing, sale, and distribution of alcohol in Alaska. Senator Pete Micciche adopted the recommendations into Senate Bill 76 which was introduced during the FY18 legislative session. The recommendations were derived from 6 plus years of work with participation from different alcohol industry representatives, public health and public safety. While Recover Alaska and partners were successful in passing some elements of Title 4 updates in 2016, in particular the composition of the Alcohol Beverage Control Board and elements related to minor consumption penalties, Recover
Alaska and partners were unsuccessful in passing SB76 due to a last minute amendment introduced by the Alaska Cabaret, Hotel, Restaurant and Retailers Association (CHARR). Senator Micciche pulled his bill entirely. While disappointing, it is likely there will be more action in the coming legislative sessions with the alcohol statutes.

RA is effectively leveraging political and funding capital to innovatively tackle alcohol addiction and its consequences in Alaska. RA will continue to progress on existing strategies and develop new strategies that fit within the broad categories identified by the steering committee. This unique partnership initiative is recommended to receive continued Trust funding to maintain effective coordination to combat the negative impacts of alcohol in Alaska and to leverage the influential leadership to support strategies that will result in long term reduction in Alaska’s high alcohol abuse rates, cost and associated negative harms.
<table>
<thead>
<tr>
<th>Project Title:</th>
<th>Treatment Access</th>
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<tr>
<td>Grantee:</td>
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<td>Project Category:</td>
<td>Workforce Development/Training</td>
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### Project Description:

The Trust has approved funding for unallocated authority grant funds toward a broad strategy within the Substance Abuse Prevention and Treatment focus area targeting projects and initiatives that increase, improve or enhance beneficiary access to appropriate treatment interventions. This funding, while not designated for specific agencies but available for a targeted variety of projects which may include: capital projects that create service capacity expansion; implementation of evidenced based treatment models; implementation of harm reduction strategies and programs; implementation of integrated and collaborative care models within health care settings and behavioral health programs; start-up of innovative practices that target multiple health and social needs such as recovery programs paired with employment partnerships that assist beneficiaries in recovery and employment stabilization.

### Analysis:

Availability of designated authority grant funding for a variety of strategies targeting improved treatment access enables the Trust to engage in a variety of innovative and effective strategies that assist beneficiaries with treatment access, improved quality of intervention, local intervention and enhanced capacity and competency of systems to better serve beneficiaries. Availability of strategy funding is critical to offer support to improvement of the system. This strategy is recommended for continued funding at a comparable level in FY20/21.