

Finance Committee

Agenda

3745 Community Park Loop, Room 120

October 21, 2015

Trustees: Carlton Smith (Chair), Paula Easley, Laraine Derr
Mary Jane Michael, Larry Norene, Russ Webb (ex-officio)

Call in number: (866)-469-3239; Session Number: 800 992 019 #; Attendee Number: #

Page No.

3:15 pm Call Meeting to Order (Carlton Smith, Chair)

Roll Call

Announcements

Ethics Disclosure

Approve Agenda

Approve Minutes – 08/05/15

3

3:15 pm Staff Report Items/Approvals

- Cash Management Reports – Kevin Buckland, CFO

Hand-Out

- Continued Suspension of Quarterly Transfers – Kevin Buckland, CFO

13

- PRI Facility Maintenance – Kevin Buckland, CFO

Hand-Out

3:30 pm Approvals

FY16 Unobligated Funds – \$ 870,000

Partnerships

| | | |
|---|------------|----|
| • Christian Health Associates (FY16); Patient Benefits and Patient Services | \$ 25,000 | 14 |
| • Association of Alaska School Boards (FY16) Culturally Responsive, Embedded, Social and Emotional Learning | \$ 100,000 | 17 |
| • Native Village of Eklutna (FY16); Eklutna Clinic and Community Center | \$ 55,900 | 26 |
| • South Central Foundation (FY16); Life House Community Health Center Construction Project | \$ 75,000 | 40 |

4:45 Adjourn

Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance (updated 09/21/15)

FY16/17 – Planning Committee Dates:

- January 26, **2016** (Tue) – JUNEAU
- April 14, **2016** (Thu)
- August 2-3, **2016** (Tue, Wed)
- October 20, **2016** (Thu)

FY16/17 – Resource Management Committee Dates:

- January 26, **2016** (Tue) – JUNEAU
- April 14, **2016** (Thu)
- August 4, **2016** (Thu)
- October 20, **2016** (Thu)

FY16/17 - Finance Committee Dates:

- January 26, **2016** (Tue) – JUNEAU
- April 14, **2016** (Thu)
- August 4, **2016** (Thu)
- October 20, **2016** (Thu)

FY 16/17 – Full Board of Trustee Meeting Dates:

- November 18, 2015 (Wed) – Anchorage – TAB
- January 27-28, **2016** (Wed, Thu) – JUNEAU
- May 5, **2016** (Thu) – TBD
- August 24-26, **2016** (Wed, Thu, Fri)
- November 17, **2016** (Thu) – Anchorage – TAB

ALASKA MENTAL HEALTH TRUST AUTHORITY
FINANCE COMMITTEE

August 5, 2015

1:30 p.m.

Taken at:

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

OFFICIAL MINUTES

Trustees present:

Mary Jane Michael, Chair
Paula Easley
John McClellan (via Speakerphone)
Larry Norene
Russ Webb
Carlton Smith
Laraine Derr

Trust staff present:

Jeff Jessee
Steve Williams
Miri Smith-Coolidge
Kevin Buckland
Valette Keller
Carrie Predeger
Carley Lawrence
Amanda Lofgren
Natasha Pineda
Mike Baldwin
Luke Lind
Katie Baldwin-Johnson
Nancy Burke

TLO staff present:

John Morrison
Sarah Morrison
Connor Michael
Mike Franger
Craig Driver

Also participating:

Keith Hamilton; Penny Gage; Michael Collins; Karl Garber; Matt Dammeyer; Kelda Barstad; Quinlan Steiner; Kathy Craft; Tawny Buck; Nelson Page.

PROCEEDINGS

CHAIR MICHAEL calls the Finance Committee meeting to order and does a roll call. She asks for any announcements. Hearing none, she asks for any ethics disclosures.

MR. WILLIAMS states that Bean's Café is here, and they have a proposal before the board. He adds that he is the chair of the board for Bean's Café.

CHAIR MICHAEL asks for any other disclosures. There being none, she asks for a motion to approve the agenda.

TRUSTEE WEBB makes a motion to approve the agenda.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves to the minutes of April 16, 2015.

TRUSTEE NORENE makes a motion to approve the minutes of April 16, 2015.

TRUSTEE WEBB seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves to the cash management report, and recognizes Kevin Buckland.

CASH MANAGEMENT REPORT

MR. BUCKLAND states that the updated cash management has been handed out. He continues that the State is in the process of converting over from the 30-year-old State accounting system access over to a new and modern called IRIS, which is CGI. He adds that it is moving along with a few bumps. He goes through the report, explaining as he goes along.

CHAIR MICHAEL asks why almost a million in current unobligated is being projected.

MR. BUCKLAND replies that the way the current unobligated works is that whatever the payout is in the formula used is the base payout; and the last appropriation has stayed pretty constant in total. He explains that TLO spendable and the GEFONSI interest gets put together and backs out what trustees obligated for everything. There is a million right now. He adds that FY17 has yet to be determined. There is nothing shown on the bottom line as unobligated for that yet.

CHAIR MICHAEL asks for any questions.

TRUSTEE SMITH asks if the Permanent Fund investment managers have given any suggestion of any change in the interest rate environment in the near term, or is it steady.

MR. BUCKLAND replies that, as far as the interest rate environment, the consensus is that most folks are expecting an interest rate increase sometime this year or next year. He states that, as to the return expected at the Permanent Fund, the investment adviser, Callan, provides an update. He goes into more detail.

CHAIR MICHAEL asks for anymore questions. There being none, she moves on to the request for trustees to ratify the legislative actions that the Legislature had done most recently. She states that this request is for the Trust and other agencies receiving MHTAAR funds to receive the cost-of-living allowances for those positions. She continues that there is a memo with the requested motion, and then there is a breakout by agency of what those amounts are.

TRUSTEE DERR makes a motion to recommend that the Full Board of Trustees ratify the Legislature's FY16 MHTAAR and Mental Health Trust admin budget amounts, as appropriated in executive special session CCS HB 2001, and, therefore, increase the previous FY16 Trustee authorizations by \$82,500.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves to the Trust Land Office budget.

TRUSTEE EASLEY makes a motion that the Finance Committee recommends that the Trust Authority Board of Trustees approve the Trust Land Office operating budget for FY17 in the amount of \$4,397,500.

TRUSTEE SMITH seconds.

TRUSTEE DERR makes that with the proviso that the existing long-term non perm PCN is converted into a full-time permanent PCN, and then the costs associated with that are funded in this budget.

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

MR. JESSEE moves to the Trust admin budget and states that there was a discussion on the budget where the Trustees are supportive of looking at a replacement for the microphone system. He continues that the new budget, with that addition, would be \$3,612,000.

TRUSTEE DERR makes a motion that the Finance Committee recommends to the Full Board of Trustees the FY17 Trust Authority Mental Health admin fund's budget of \$3,612,000.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves to the FY16 unobligated funds.

MR. JESSEE starts with the Alaska Christian College proposal.

MS. BURKE states that site visits were made at the May meeting on the Kenai Peninsula and the school was visited. It was very impressive that the school is reaching out to Alaska Native youth to attend and receive degree programs in areas that are aligned with the work that the Mental Health Trust Authority and partner nonprofits do. She continues that a few projects were mapped out, and Katie Baldwin has been meeting and helping them look into some of the curriculum ideas discussed and ways to increase opportunities for students who are beneficiaries to become employed in fields that also serve beneficiaries. The beginning project might be for some vans to help expand capacity to serve students and make daily operations easier. She adds that it is a partnership that will go forward to the Rasmuson Foundation, and adds that some agency funds are in the project as well. She states that the request is for \$45,000.

TRUSTEE SMITH asks if the vans will be identified physically as being donated by the Trust if the motion is approved.

MS. BURKE replies that that could be requested.

TRUSTEE DERR makes a motion to approve a \$45,000 FY16 partnership grant to the Alaska Christian Collage to purchase two 15-passenger vans.

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL states that there are members from the college here, and asks if they would like to make any comments.

DR. HAMILTON thanks all and explains that the students come from Bush Alaska and do not have driver's licenses. He states that the college wants to partner in many ways to serve beneficiaries of the state, and these vans will help transport students from Anchorage back and forth around the Kenai Peninsula. He adds that he has no problem with the Trust logo and advertisement on the van.

CHAIR MICHAEL states that the Trust is delighted that the college will be producing new employees in our community and thanks Dr. Hamilton. She continues that the next item is the Haines Wellness Center.

MS. LOFGREN states that SAIL, Southeast Alaska Independent Living Center, is one of the four independent living centers within Alaska and is a peer-run organization that covers the entire Southeast. This project is requesting funding to customize the space specific to the programmatic needs within the wellness center. She continues that the wellness center is a big

building that has office space for more than six programs and different organizations that serve the beneficiaries. She adds that this new space will allow beneficiaries to learn independent living skills such as cooking and self-care. A universal designed kitchen would allow them to teach cooking and other services. There will also be a bathroom that is accessible that will teach individuals how to do self-care and will also serve the individual beneficiaries in the community that are homeless and do not have access to showers. The second component of this is exciting. She states that SAIL is one of the new employment partnerships with the Division of Vocational Rehab that focuses specifically on transition-aged youth to do preemployment transition services. The acronym is now PETS. They are currently serving multiple students within the community, and this new space will allow that training to be brought in-house.

TRUSTEE DERR makes a motion to recommend to the Full Board of Trustees to approve a \$75,000 partnership grant to Southeast Alaska Independent Living, Inc. for the SAIL in Haines Wellness Center project FY16.

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL states that next is the domestic violence shelter improvements deferred maintenance by the Alaska Community Foundation.

MS. BURKE states that this project is a partnership that the Alaska Community Foundation is heading up for a number of partners, including the Rasmuson Foundation, Mat-Su Health Foundation, and a list of steering committee members utilizing a resource that the Trust has supported for many years in the predevelopment program. She continues that the services available through that program were accessed to take a look at shelters statewide, look at their deferred maintenance needs, and what is needed to maintain health and safety in the shelters.

A short discussion ensues.

TRUSTEE EASLEY makes a motion to recommend that the Full Board of Trustees approve a \$100,000 FY16 partnership grant to Alaska Community Foundation for the domestic violence shelter improvement project.

TRUSTEE WEBB seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves to the Bean's Café administrative office of the Children's Lunchbox kitchen and warehouse project.

MS. BURKE states that this is a request for \$100,000 for Bean's Café, which is located in Downtown Anchorage, to consolidate their administrative office space and their Children's Lunchbox kitchen project in one location in close proximity to the café itself.

CHAIR MICHAEL recognizes Michael Collins.

MR. COLLINS states that he is the HR manager, finance manager and operations manager for the nonprofit here in Anchorage. He continues that Lisa Sauder, executive director, could not be here today. He adds that he is here to answer any questions the trustees may have.

TRUSTEE DERR makes a motion to recommend that the Full Board of Trustees approve \$100,000 FY16 partnership grant to Bean's Café for the Bean's Café administrative office and the Children's Lunchbox kitchen and warehouse project.

TRUSTEE SMITH seconds.

There being no objection, the motion is approved.

MR. COLLINS thanks the Trust very much.

CHAIR MICHAEL states that the next one is the Diamond Willow Sober Living, Central Peninsula Hospital.

MS. BURKE states that this program was also visited during the May trip to the Kenai Peninsula. She adds that Matt Dammeyer from the agency is here today. She continues that this is sober housing for youth who are participating in treatment. The facility is a large building acquired by the hospital that is currently being remodeled to provide this service for youth in the community. She adds that it is a \$75,000 request.

CHAIR MICHAEL recognizes Matt Dammeyer.

MR. DAMMEYER states that he is COO at Central Peninsula Hospital and thanks all for coming down and visiting, and also thanks for the efforts in helping. He continues that this project would not have gotten off the ground without the Trust, and the infrastructure, and particularly the predevelopment program whittling away at the project to make it work. Having you as a resource was very helpful.

TRUSTEE WEBB makes a motion that the Finance Committee recommend that the Full Board of Trustees approve a \$75,000 FY16 partnership grant to Central Peninsula Hospital for the Diamond Willow Sober Living project.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL states that next is the conflict-free case management, person-centered care coordination, Alzheimer's Resource Center of Alaska.

MS. LOFGREN asks the Trustees to review this project today because it is ready to begin September 1st. She states that Karl Garber, executive director of Alzheimer's Resource of Alaska, is here today. She continues that this request is specifically related to the terminology of conflict-free case management. She adds that Senior Disability Services added the person-centered care coordination in the mix of the name, which explains the title of the project. She states that the Alzheimer's Resource of Alaska board voted to provide conflict-free case

management services instead of direct services. She continues that they also expanded the population served to include all Trust beneficiary groups, including children with complex medical conditions and individuals with developmental disabilities. She adds, that is significant because those two populations have a significant number that have to transition to conflict case management in the system. She states that Alzheimer's received notification that their certification was approved for those additional waiver types. She continues summarizing. She states that the request is for \$100,000 FY16.

CHAIR MICHAEL asks Mr. Garber for any comments.

MR. GARBER states that it is an honor to be here to request Trust support for this project, and he can answer any questions.

CHAIR MICHAEL states that this is going to be a very challenging opportunity and wishes them the best. She asks for a motion.

TRUSTEE SMITH makes a motion to recommend that the Full Board of Trustees approve \$150,000 FY16 partnership grant to the Alzheimer's Resource of Alaska for conflict-free case management, person-centered care coordination.

TRUSTEE WEBB seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL recognizes Trustee Derr.

TRUSTEE DERR states that she has been accepted into the Alzheimer's research study and explains the process she has gone through and will go through in the next few weeks. She continues that it is a double-blind study and will go on for at least seven years. She adds that she will report from time to time on the study.

CHAIR MICHAEL congratulates and thanks Trustee Derr. She moves on to the general relief assisted living care assessments.

MS. LOFGREN states that Kelda Barstad, the supported housing program for Senior Disability Services, is here, and on the phone from the Division of Behavioral Health is Bradley Grigg. She gives a short history and report on the happenings.

A short discussion ensues.

MS. BURKE states that assisted living homes are really one of the only options when someone comes to the attention of the authorities and are not making it in supported services or in housing. She continues that these projects are very hard to understand for a lot of people, but it is helping them get what is needed to do these assessments so that the programs can move along. They are very valuable.

CHAIR MICHAEL recognizes Kelda Barstad.

MS. BARSTAD states that she is the health program manager with Senior and Disability Services. She thanks the trustees for considering this funding. She continues that she is passionate about ensuring that people have as much involvement in the community with as much independence as possible. She adds that she wants to see the GR program not only fulfill its intended purpose, but also to ensure that people can be solidly transitional to a level of service which meets their needs.

CHAIR MICHAEL asks for a motion.

TRUSTEE WEBB makes a motion that the Finance Committee recommend that the Full Board of Trustees approve a \$175,000 FY16 MHTAAR grant to the Alaska Department of Health and Social Services, Senior and Disability Services for the general relief assisted living care assessments project.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves to the previous motion, the conflict-free case management. She wants to make sure that the passed motion is on the record. She asks for a second.

TRUSTEE NORENE seconds.

MR. JESSEE asks that the motion be restated.

TRUSTEE WEBB makes a motion that the Finance Committee recommend approval to the Full Board of Trustees for a \$150,000 grant to the Alzheimer's Resource Center of Alaska for conflict-free case management, person-centered care coordination.

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL states that the next item is the holistic defense model, Alaska Legal Services.

MR. WILLIAMS states that Nicole Nelson, the executive director of the Alaska Legal Services, is on the phone; and in the audience is Quinlan Steiner, the public defender. He states that this request is for the trustees to approve a focus area allocation of \$67,500. He explains that this exceeds the \$50,000 threshold, and gives a detailed background of the request. He states that the model has been implemented in several other states, and the Department of Justice is behind this implementation. He continues that now is a great opportunity to actually implement the full model. This request will give the ability to do an Authority Grant directly to Alaska Legal Services for three quarters of FY16.

CHAIR MICHAEL asks Quinlan Steiner for any comments.

MR. STEINER states that he is a public defender for the State of Alaska. He continues that this model came out of the Bronx. It is a collaborative model between civil lawyers and defense lawyers and has been tremendously successful.

A discussion ensues.

TRUSTEE WEBB makes a motion that the Finance Committee approve a \$67,500 FY16 Disability Justice focus area allocation to the Alaska Legal Services Corporation for the holistic defense model project.

TRUSTEE DERR seconds.

There being no objection, the motion is approved.

TRUSTEE DERR asks if there will be a financial impact on Nancy Burke moving to the city, and how will that be handled.

MR. JESSEE replies that will be talked about more tomorrow but, basically, no, not in the short run.

CHAIR MICHAEL asks for any other questions or concerns. There being none, she asks for a motion to adjourn.

TRUSTEE WEBB makes a motion to adjourn the meeting.

TRUSTEE DERR seconds.

There being no objection, the motion is approved.

(Finance Committee meeting adjourned at 2:55 p.m.)

| | Item Type | Proposal | Organization | Page # | Proposed Motion |
|----------|-------------|--|---|-----------------|--|
| 1 | Trust Item | Continued Suspension of Quarterly Transfers | The Trust | 13 | The Finance Committee recommends that the full Board of Trustees suspend transfers of cash principal from the Trust Authority Development Account to the Alaska Permanent Fund Corporation through November 2016. |
| 2 | Trust Item | Program Related Investments Maintenance Authorization | The Trust | Hand-out | Recommend the Alaska Mental Health Trust Board of Trustees approve an appropriation for \$195,000 for program related facility maintenance and operations; the CFO may transfer up to this amount from IRIS fund 1092 or 3322 in one or more transfers to the Trust Land Office (TLO) and/or a third-party property manager at the request of the TLO. These funds do not lapse. |
| 3 | Partnership | Patient Benefits and Patient Services | Christian Health Associates | 14 | Approve a \$25,000 FY16 partnership grant to Christian Health Associates for the Patient Benefits and Patient Services project. |
| 4 | Partnership | Culturally Responsive, Embedded, Social and Emotional Learning | Association Of Alaska School Boards | 17 | Recommend the full board of trustees approve a \$100,000 FY16 partnership grant to Association of Alaska School Boards for the Culturally Responsive, Embedded, Social and Emotional Learning project, contingent on award of US Department of Education-Innovation Fund (i3) program funds. |
| 5 | Partnership | Eklutna Clinic and Community Center | Native Village of Eklutna | 26 | Recommend the full board of trustees approve a \$55,900 FY16 partnership grant to the Native Village of Eklutna for the Eklutna Clinic and Community Center. |
| 6 | Partnership | Life House Community Health Center Construction Project | Southcentral Foundation on behalf of Chickaloon Traditional Council | 40 | Recommend the full board of trustees approve a \$75,000 FY16 partnership grant to Southcentral Foundation on behalf of Chickaloon Traditional Council for the Life House Community Health Center Construction project. |

MEMO

To: Carlton Smith, Finance Committee Chair
From: Kevin Buckland, Chief Financial Officer
Date: October 21, 2015
Re: Continued Suspension of Quarterly Transfers from the Trust Authority Development Account to the Alaska Permanent Fund Corporation

REQUESTED MOTION:

The finance committee recommends that the full board of trustees suspend transfers of cash principal from the Trust Authority Development Account to the Alaska Permanent Fund Corporation through November 2016.

BACKGROUND:

The Trust Authority Development Account¹ (TADA) maintained within the state Treasury temporarily holds receipts from the sale or other disposal of Trust land as well as fees, charges, royalties and other money attributable to principal such as real estate mortgage proceeds.

Funds remain in the TADA until trustees authorize transfer to the Alaska Permanent Fund Corporation (APFC) in accordance with Alaska Statute (AS) 37.14.033 for investment alongside the Alaska Permanent Fund, or until Trustees authorize another use for the cash (e.g., real estate investment acquisition, Program Related Investment, capital asset development, or USFS timber exchange financing).

Cash in the TADA is invested in the GeFONSI² alongside the general fund in highly liquid, interest-bearing instruments. The interest earnings are deposited monthly into the Alaska Mental Health Settlement Income Account (“the Checking account”).

Previously the Trust operated under Resolution 03-01, which directed the CFO or CEO to transfer accumulated cash to APFC on a quarterly basis unless authorized differently by Trustees. Once cash principal has been transferred to APFC for investment alongside the Alaska Permanent Fund where it is retained perpetually in accordance with AS 37.14.035. In recent years the finance committee and full board have passed motions annually to continue suspension of transfers.

¹ Integrated Resource Information System (IRIS) Fund #3320, formerly AKSAS Fund #34045

² General Fund and Other Non-Segregated Investments

MEMO

To: Carlton Smith, Finance Committee Chair
Date: October 5, 2015
Re: FY16 Partnership Request
Fiscal Year: 2016
Amount: \$25,000.00
Grantee: Christian Health Associates
Project Title: Patient Benefits and Patient Services

REQUESTED MOTION:

Approve a \$25,000 FY16 partnership grant to Christian Health Associates for the Patient Benefits and Patient Services project.

Assigned Program Officer: Natasha Pineda

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

PROJECT DESCRIPTION:

Anchorage Project Access (APA) is requesting funding from the Trust for patient services and benefits for eligible patients that include: \$800/year pharmacy; transportation and interpreter services. APA coordinates donated health care to low income uninsured individuals who cannot obtain it by any other means.

The mission of Anchorage Project Access is to increase access to health care for low-income uninsured members of our community by using a volunteer network of providers working in a coordinated fashion to create a compassionate, respectful, equitable, accountable and efficient program of necessary services for those in need. Anchorage Project Access is the only organization in the state that coordinates donated health care to the medically underserved. Due to the vast changes in health care nationwide as well as in Alaska, the staff of APA is currently assisting patients with applying for either the Affordable Care Act or Medicaid.

All patients who are eligible for insurance on the marketplace (exchange) are required to apply. If the insurance premiums, including the federal subsidies, are over 8% (personal policies) or 9.5% (employee policies) the patient is eligible for Anchorage Project Access services. APA demographics based on patients served in 2014, is the Caucasian female 50-59 years of age. While many are unemployed, 32% are employed full and part time.

The strong relationship with the Trust's beneficiaries remains with the homeless population. Our current data indicates over 42% of our patients are homeless or "at risk." APA offers eligible patients an \$800 per year pharmacy benefit. Patients of the Anchorage Neighborhood Health Center pay no co-pay; all others are offered \$5 co-pay at all Carrs/Safeway pharmacies. APA also offers patients interpreter services as well as

transportation for general surgeries; orthopedics and physical therapy. APA eligibility requirements: 200% or less of Federal Poverty Level; no other form of insurance; Municipality of Anchorage resident; and they must have a medical need.

Because of the reporting structure from the local hospitals, it is problematic to report on outpatient and inpatient statuses. However, for report year 2014, 222 patients received treatment and 449 patients were enrolled and eligible for services. Additionally, over \$4 million in donated care was documented. In 2014, the ratio of donated care to program costs was 9:1 indicating for every dollar spent to run and manage the project over \$9 of medical care was donated. Estimated value of donated care from January 2006 through September 2014 is over \$39 million from the APA volunteer network of providers.

EVALUATION CRITERIA:

For report year 2014, 222 patients received treatment and 449 patients were enrolled and eligible for services. Additionally, over \$4 million in donated care was documented. In 2014 the ratio of donated care to program costs was 9:1 indicating for every dollar spent to run and manage the project over \$9 of medical care was donated. Data derived internally from health & wellness surveys during previous six months indicate: poor physical health days decreased 46.3%; poor mental health days by 43.7%; 74.3% had a primary care home upon completion of the project versus 62.3% at entrance; 45.0% were employed at completion versus 35.2% at entrance of the project.

SUSTAINABILITY:

It is our ongoing intention to serve the underserved in our community for as long as there is a need. Should the Trust's partnership end, we hope to maintain our funding with our other critical partners: Providence Health & Services Alaska; United Way of Anchorage; Premera Blue Cross Blue Shield Alaska; State of Alaska DHSS; Municipality of Anchorage - while continuing to build relationships with the business, corporate and individual entities.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

| | |
|---|-----|
| Mental Illness: | 551 |
| Alzheimer's Disease & Related Dementias: | 35 |
| Substance Abuse: | 247 |
| Traumatic Brain Injuries: | 1 |

BUDGET

| | |
|---|--|
| Personnel Services Costs | \$16,000.00 |
| Personnel Services Costs (other sources) | \$322,931.00 |
| Personnel Services Narrative | Care Coordinator \$5,000 from Trust; \$40,332 other sources Eligibility Specialist \$5,300 from Trust; \$34,142 other sources Executive Director; \$86,673 other sources Operations Manager \$4,300 from Trust; \$52,203 other sources Patient Services Assistant; \$15,000 other sources CHA Exec Dir; \$12,000 other sources CHA CFO; \$21,000 other sources CHA IT; \$13,750 other sources Benefits :\$1,400 from Trust; \$47,831 other sources |
| Travel Costs | \$0.00 |
| Travel Costs (other sources) | \$6,200.00 |
| Travel Narrative | Beneficiaries' transport: \$200 other sources Local mileage and parking: \$2,000 other sources Staff travel to national conference: \$4,000 other sources |
| Space or Facilities Costs | \$1,000.00 |
| Space or Facilities Costs (other sources) | \$8,505.00 |
| Space or Facilities Narrative | Telephone/Internet \$1,000 from Trust; \$7,600 other sources Facility maintenance; \$500 other sources Facility Rental; \$1 other sources CHA Facilities; \$404 other sources |
| Supplies Costs | \$1,000.00 |
| Supplies Costs (other sources) | \$19,823.00 |
| Supplies Narrative: | Office supplies \$1,000 from Trust; \$10,000 other sources Meeting expense; \$4,000 other sources Postage; \$3,323 other sources Printing Supplies; \$2,000 other sources CHA supplies; \$500 other sources |
| Equipment Costs | \$0.00 |
| Equipment Costs (other sources) | \$4,104.00 |
| Equipment Costs Narrative: | Equipment maintenance; \$1,364 other sources Computers; \$2,390 other sources CHA equipment maintenance; \$350 other sources |
| Other Costs | \$7,000.00 |
| Other Costs (other sources) | \$134,305.00 |
| Other Costs Narrative: | Interpreter Services \$1,000 from Trust; \$4,000 other sources Marketing/Retention/Recruitment \$5,000 from Trust; \$37,900 other sources Pharmacy \$1,000 from Trust; \$34,000 other sources Organizational Costs; \$4,028 other sources Data Management; \$8,000 other sources Evaluation/Consulting; \$7,050 other sources Human Resources; \$8,097 other sources Information Technology; \$11,230 other sources Contract Labor; \$20,000 other sources |

| | |
|--|---------------------|
| Other Funding Sources | |
| Providence Health Services Alaska - Secured | \$100,000.00 |
| United Way of Anchorage - FY 16 Secured, FY 17 Pending | \$23,750.00 |
| State of Alaska DHSS - FY 16 Secured, FY 17 Pending | \$250,000.00 |
| Municipality of Anchorage - Pending | \$20,000.00 |
| Premera Blue Cross Blue Shield Alaska - Pending | \$20,000.00 |
| Fundraising Event - Pending | \$60,000.00 |
| Other Private Donors - Pending | \$22,118.00 |
| Total Leveraged Funds | \$495,868.00 |

MEMO

To: Carlton Smith, Finance Committee Chair
Date: October 5, 2015
Re: FY16 Partnership Request
Fiscal Year: 2016
Amount: \$100,000.00
Grantee: Association of Alaska School Boards
Project Title: Culturally Responsive, Embedded, Social and Emotional Learning

REQUESTED MOTION:

Recommend the full board of trustees approve a \$100,000 FY16 partnership grant to Association of Alaska School Boards for the Culturally Responsive, Embedded, Social and Emotional Learning project, contingent on award of US Department of Education-Innovation Fund (i3) program funds.

Assigned Program Officer: Natasha Pineda & Katie Baldwin

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

PROJECT DESCRIPTION:

This request for \$100,000 of FY16 partnership grant funds will be used to leverage other funding in order to be eligible for a \$2,903,200.00 US Department of Education - Investing in Innovation Fund (i3) Program, which requires a 15% match. Other partners include Donlin Goldmine, Alaska Children's Trust, Crosset Foundation, the included school districts, the Bethel Community Foundation and other potentially interested parties. The i3 program provides funding to support local educational agencies and nonprofit organizations in partnership with local educational agencies or a consortium of schools. The purpose of this program is to provide competitive grants to applicants with a record of improving student achievement and attainment in order to expand the implementation of, and investment in, innovative practices that are demonstrated to have an impact on improving student achievement or student growth, closing achievement gaps, decreasing dropout rates, increasing high school graduation rates, or increasing college enrollment and completion rates. This funding request is contingent on successful award of the i3 grant, which will be announced in December 2015.

To build resiliency, protective factors, and reduce risk of high need students of Alaska by developing effective, culturally responsive, social and emotional skill-building processes at the district, community, school, classroom, and individual level. This is an essential part of establishing trauma-informed schools. This project will serve the following school districts; Nome District, Kake District, Sitka District, Kuspuk School District (6 schools), Lower Kuskokwim School District (19 schools), and Bering Straits School District (12 schools).

This project will build resiliency, protective factors, and reduce risk of high need students of Alaska by developing effective, culturally responsive, social and emotional skill-building processes at the district, community, school, classroom, and individual level. This project will address academic outcomes and risk behaviors for rural Alaskan and Alaska Native students, some of the lowest performing in the nation (National Assessment of Education Progress, 2013). Through "developing non-cognitive skills", the Initiative for Community Engagement and 6 districts/16 school partners located in 4 culturally distinct regions can support district staff and teachers to adopt processes, practices, and policies that help students master self-awareness, self-management, social awareness, relationship management, and decision making contributing to trauma-informed schools.

Core Components of CRESEL: The SEL Educator, SEL support staff, and contracted trainers will provide technical assistance, training, and coaching to district level and lead school staff using tools designed for this process. The SEL educator will also work closely with cultural experts and coordinators to:

- 1) Embed cultural competencies and SEL into teaching frameworks and support structures as the foundation of all SEL work
- 2) Deliver culturally responsive SEL professional development and implement CASEL process, locating this work within the district's teaching framework. This includes trauma informed practices for all school staff (principal, teachers, teaching assistants, cafeteria personnel, custodian, and specialists)
- 3) Implement CASEL process, located within the district's teaching framework
- 4) Connect culturally responsive SEL to the school's positive behavioral intervention plan and to the district's response to intervention work
- 5) Embed SEL in after-school, family, and community outreach activities

Activities: The initiative for community engagement will work with districts and schools to establish:

- 1) A leadership team (district staff, school leadership, key school personnel, cultural content experts, Elders, community Partners)
- 2) A vision for social and emotional learning and incorporate into all organizing documents, policies, and assessments
- 3) A needs and resource assessment for social and emotional learning on a district, school, and community level
- 4) A clear implementation plan for district and school-wide social and emotional skill-building that will embed and institutionalize
- 5) Culturally-responsive SEL standards or benchmarks for grade levels;
- 6) Routines and structures of school staff and students to enhance emotional regulation, conflict resolution strategies, attention skills, class council meetings that are consistent with cultural practices
- 7) Establish sound data collection methods for project evaluation

Schools will establish:

- 1) school-wide expectations and norms for a safe and positive climate

- 2) school- wide practices to support SEL
- 3) Participate in statewide and district-wide learning community to enhance SE skill-building within their own professional role
- 4) Support SEL skills of adults
- 5) Support SEL instruction and continuous quality improvement
- 6) support all staff and volunteers to reinforce SEL in hallways, after school programs, and opportunities to infuse into daily work
- 7) Choose an evidence-based SEL approach meeting Alaska ICE criteria (see appendix C);
- 8) Work closely with evaluators to collect, analyze and utilize data to understand the impact of SEL processes on academic achievement and to improve quality of implementation

EVALUATION CRITERIA:

This project will focus on the following outcomes and performance measures:

1) *Enhanced Attitudes & Readiness of 400 staff and community partners:* Improve district, school leadership and teachers' attitudes towards SEL, perceptions of leadership support, and readiness to implement SEL programming that contribute to trauma-informed schools (as compared to baseline).

2) *Climate & Culture:* Improve classroom and school climate by integrating culturally responsive SEL across whole school (as measured through school climate and connectedness survey). **3) *SEL Reinforcements:*** Increase community and after-school programs ability to reinforce SEL skills by offering culturally resonant SEL tools and training to adult leaders (as compared to baseline).

3) *Student SEL Skills:* Teacher ratings of student social-emotional skills and achievement will be higher using the Devereaux Survey

4) *Supports for SEL and Trauma-Informed Schools:* Teacher reports of district supports for trauma-informed schools: coaching, training, and policies will be higher.

Working with American Institute for Research, the proposed evaluation will collect data from both intervention and comparison schools over the four years of the project. This project has an extensive evaluation component.

SUSTAINABILITY:

This project will be embedded into district policy, school climate infrastructure, and classroom instruction and will be directly linked to pedagogical frameworks that guide approaches of school staff. The Alaska Initiative for Community Engagement will work with district, community, and school partners to share the impact of CRESEL. This will allow districts and Association of Alaska School Board (AASB) members to partner to support culturally specific, fully embedded SEL for any of the 52 member districts across the state. Additional funding may be needed to support this work through grants or through a fee for service model that is

used for other more established projects at AASB. AASB will continue to be available to support organizations interested in embedding SEL and trauma informed practices into partner organizations.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

There will be a total of 400 teachers who will impact students in these six school districts over a long period of time, due to the nature of embedding the SEL approach into the school settings.

The six districts included in this proposal face challenges in terms of chronic alcohol use, high levels of adverse childhood experiences, and other complicating factors.

Bethel/ Lower Kuskokwim School District: According to Behavioral Risk Factors Surveillance System (BRFSS 2012), 12.4% of respondents reported binge drinking in 2012. According to the 2013 Youth Risk Behavior Survey, 12.8 % of students reported heavy drinking. According to the 2014 School Climate and Connectedness Survey, more than 30% of youth in the Lower Kuskokwim School District have seen drug use in their school or at school activities in the past year and 24% have seen other students use alcohol.

In Nome, **9.4% of “at risk groups” reported chronic alcohol use in the BRFSS.** According to the 2015, School Climate and Connectedness Survey more than 40% students had observed at least one incident of drug use at school or school activities and 26% had observed alcohol use.

According to **Sitka BRFSS data, binge drinking of “at risk” age groups reaches 13% and Chronic Drinking 6.8%.** According to the School Climate and Connectedness Survey 80% of students believe that they their peers drank in the past 30 days. Approximately half observed at least one incident of drug or alcohol use at school or school activities.

This data is not available for Kake, but reports within community report high levels of alcohol use. Youth Risk Behavioral Survey is not available for Kake.

In the Bering Straits school district, “at risk aged” binge drinking is reported by 9.4% of respondents. According to the 2015 SCCS data, 35% of students report seeing an incident of drug use at school or school activities in the past year and 25% reported observed alcohol use. 52% of grades 5-12 students believed that their fellow students had drank within the past 30 days. This region also reports high levels of suicide, depression, and alcohol-related illnesses.

In the Kuspuk school district, **“at risk” aged 12.4% respondents report binge drinking.** The School Climate and Connectedness Survey indicates that 34% of students observed drug use at school or school activities and 24% observed alcohol use.

According to the 2013, Youth Risk Behavior Survey 13% of students report having drank before the age of 13. We believe that there can be a shift in these indicators by offering support

with trauma-informed schools and creating social and emotional learning environments that support SEL skill development.

BUDGET

This budget reflects all costs for the full four years of the effort, 2016-2020.

| | | | | | |
|---|---|------|----------------|-------|--|
| Personnel Services Costs | \$17,000.00 | | | | |
| Personnel Services Costs (other sources) | \$607,095.00 | | | | |
| Personnel Services Narrative | Four Year Allocation: Exec Dir .05 \$24,000 Director, ICE .35 \$113,400 SEL Coord .85 \$190,400 Admin Asst. .10 \$8,400 Business Manager .10 \$31,200 School Climate Coord. .35 \$89,600 Accountant .05 \$10,053 SEL Support staff .25 \$40,000 Fringe Benefits \$117,042 Justification: Fringe benefits are allocated to this grant according to staff time allocations. Totals include benefits for the FTEs stated above and the following rates: 10% pension, current health insurance rates, 7.65% Employer's FICA and Medicare, and 1% Unemployment, .95% Worker's Compensation. | | | | |
| Travel Costs | \$3,000.00 | | | | |
| Travel Costs (other sources) | \$146,200.00 | | | | |
| Travel Narrative | Purpose # of staff Amount # of visits/ yrs 4 Yr Total Site Visits (to district) 2 \$1,400 12 /3.5 \$100,800 i3 meetings- DC 4 \$1,300 4 /4 \$20,800 staff- cohort trainings 3 \$1,000 2 /3 \$18,000 dissemination 1 \$800 2/2 \$3,200 partnership meetings 2 \$800 2 /2 \$6,400 Communities are not road accessible. Travel will be by air or boat (determined by cost effectiveness). Travel costs will be allocated to specific funding sources as appropriate. i3 DC visits will be allocated to the i3 grant. Some staff training costs will be allocated to community-based funding. | | | | |
| Space or Facilities Costs | \$2,000.00 | | | | |
| Space or Facilities Costs (other sources) | \$70,000.00 | | | | |
| Space or Facilities Narrative | Maintenance and Operation \$18,000 4 years \$72,000 Office space costs, IT support, postage, teleconferences that are directly allocated to staff or project costs are included in the maintenance and operation. | | | | |
| Supplies Costs | \$1,200.00 | | | | |
| Supplies Costs (other sources) | \$43,400.00 | | | | |
| Supplies Narrative: | Type | Cost | Length of Time | Total | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|---------------------|-----------|-----------|-----------|---------------------|----------|---------|----------|-------------------|----------|---------|----------|---------------------|---------|---------|---------|----------------------|----------|---------|----------|-------------------|------------|------------|---------|-----------|------------|-------|-------|-------------|----------|-----|-----------|-------------|----------|-----|-----------|------------|----------|-----|-----------|--------------------|----------|---|----------|-----------------------------------|--|--|--|
| | <table><tr><td>General supplies</td><td>\$200</td><td>48 months</td><td>\$9,600</td></tr><tr><td>Curricula/Materials</td><td>\$15,000</td><td>1 year</td><td>\$15,000</td></tr><tr><td>Mtg Materials</td><td>\$5,000</td><td>4 years</td><td>\$20,000</td></tr></table> <p>These supplies match the activities outlined in the project narrative and will support culturally supported SEL. Additional supplies are included under contractual sub-grantees.</p> | General supplies | \$200 | 48 months | \$9,600 | Curricula/Materials | \$15,000 | 1 year | \$15,000 | Mtg Materials | \$5,000 | 4 years | \$20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General supplies | \$200 | 48 months | \$9,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Curricula/Materials | \$15,000 | 1 year | \$15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mtg Materials | \$5,000 | 4 years | \$20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Costs | \$76,800.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Costs (other sources) | \$2,453,140.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Costs Narrative: | <p>Type Cost Length of Time Total</p> <p>CONTRACTUAL</p> <table><tr><td>Evaluator Contract:</td><td>\$186,797</td><td>4 years</td><td>\$747,188</td></tr><tr><td>Trainers:</td><td>\$10,000</td><td>3 years</td><td>\$30,000</td></tr><tr><td>Cultural Experts:</td><td>\$15,000</td><td>4 years</td><td>\$60,000</td></tr><tr><td>Contractual Travel:</td><td>\$3,000</td><td>3 years</td><td>\$9,000</td></tr><tr><td>Afterschool Support:</td><td>\$15,000</td><td>4 years</td><td>\$60,000</td></tr><tr><td>Training Stipends</td><td>\$75 years</td><td>30/2 years</td><td>\$4,500</td></tr></table> <p>Subtotal Contracts and Stipends \$910,688</p> <p>20% of the grant will be dedicated to evaluation including evaluator time and travel as needed.</p> <p>Allocations are based on similar evaluation contracts with AIR. Additional trainers will be contracted for trainings, professional development on specific SEL materials, and cultural content. Additional flights will be covered by airline donations and coordinated with other travel. First Alaskans Institute will be a key partner and work with both AASB and local cultural experts to ensure culturally responsive SEL. Supports and incentives will be provided to afterschool providers. This will be carried out in partnership with the Alaska Afterschool Network.</p> <p>Sub-grantees:</p> <table><tr><td>Districts</td><td>Allocation</td><td>Years</td><td>Total</td></tr><tr><td>2 districts</td><td>\$75,500</td><td>3.5</td><td>\$525,000</td></tr><tr><td>3 districts</td><td>\$65,000</td><td>3.5</td><td>\$682,500</td></tr><tr><td>1 district</td><td>\$45,000</td><td>3.5</td><td>\$157,500</td></tr><tr><td>Cont. State Travel</td><td>\$13,000</td><td>3</td><td>\$39,000</td></tr><tr><td colspan="4">Subtotal Subgrantees: \$1,404,000</td></tr></table> <p>Allocations to sub-grantees are based on travel needs, number of schools and geography. It includes funding for: district SEL coordinator, district training and travel, substitutes, evidence-based, SEL materials, statewide travel, and counselor time to integrate PBIs or RTI. Some travel will be paid for by districts and</p> | Evaluator Contract: | \$186,797 | 4 years | \$747,188 | Trainers: | \$10,000 | 3 years | \$30,000 | Cultural Experts: | \$15,000 | 4 years | \$60,000 | Contractual Travel: | \$3,000 | 3 years | \$9,000 | Afterschool Support: | \$15,000 | 4 years | \$60,000 | Training Stipends | \$75 years | 30/2 years | \$4,500 | Districts | Allocation | Years | Total | 2 districts | \$75,500 | 3.5 | \$525,000 | 3 districts | \$65,000 | 3.5 | \$682,500 | 1 district | \$45,000 | 3.5 | \$157,500 | Cont. State Travel | \$13,000 | 3 | \$39,000 | Subtotal Subgrantees: \$1,404,000 | | | |
| Evaluator Contract: | \$186,797 | 4 years | \$747,188 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trainers: | \$10,000 | 3 years | \$30,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cultural Experts: | \$15,000 | 4 years | \$60,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contractual Travel: | \$3,000 | 3 years | \$9,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Afterschool Support: | \$15,000 | 4 years | \$60,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Training Stipends | \$75 years | 30/2 years | \$4,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Districts | Allocation | Years | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 districts | \$75,500 | 3.5 | \$525,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 districts | \$65,000 | 3.5 | \$682,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 district | \$45,000 | 3.5 | \$157,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cont. State Travel | \$13,000 | 3 | \$39,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal Subgrantees: \$1,404,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|--|
| | <p>will be aligned with annual school board, superintendent, or principal conferences.</p> <p>Other (Line 8): Cost Years Total</p> <p>Indirect Costs: 17.2% Total Indirect: \$215,252 AASB has a federally approved indirect cost rate agreement of 17.2% of direct allocations. This applies to direct costs and the first \$25,000 of sub-grantee and evaluation contracts (\$103,200)</p> |
|--|--|

| | |
|--|----------------|
| Total Amount to be Funded by the Trust | \$100,000.00 |
| Total Amount Funded by Other Sources | \$3,238,680.00 |

| Other Funding Sources | |
|--|---|
| US Department of Education - i3 grant (pending) | \$2,903,200.00 |
| Reuben E. Crossett Fund- Pending | \$80,000.00 |
| Bethel Community Services Foundation- Pending | \$20,000.00 |
| Alaska Children's Trust- (will apply each August) | \$10,000.00 |
| Donlin Gold- Pending | \$40,000.00 |
| Rasmuson Foundation- Have had discussions; will apply when other funds are secure. | \$100,000.00 |
| Districts (Secured)- Each district must identify local contributions 6 districts x \$5,000 x 3.5 years | \$105,000.00 |
| Other discussions have been initiated with private sector partners and applications are in development for ConocoPhillips and Paul Allen | Will seek at least \$41,635.00* to make required 15% match to the total i3 grant request. |
| Total Leveraged Funds | \$3,238,860.00 |

MEMO

To: Carlton Smith, Finance Committee Chair
Date: October 6, 2015
Re: FY16 Partnership Grant Request
Fiscal Year: 2016
Amount: \$55,900.00
Grantee: Native Village of Eklutna
Project Title: Eklutna Clinic and Community Center

REQUESTED MOTION:

Recommend the full board of trustees approve a \$55,900 FY16 partnership grant to the Native Village of Eklutna for the Eklutna Clinic and Community Center.

Assigned Program Officer: Katie Baldwin

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

PROJECT DESCRIPTION:

Our new clinic and community center will provide health and wellness care in a supportive environment that improves and sustains a high quality of life. We will provide individual, group, and family counseling sessions, with a special emphasis on developing niche programming like family nights, an elders group, substance abuse support systems, and enriching field trips for trust beneficiaries. Services will be provided for those without resources on a sliding fee scale, serving those in the Matanuska-Susitna Valley, Eagle River, and Chugiak areas.

THE PROBLEM: Our previous clinic and community center in a small log cabin was condemned in 2010 due to bats and squirrel infestation. We then moved the clinic into a 90 square foot office in a dilapidated trailer and lost a gathering center altogether. The trailer lacks running water and toilet facilities. Patients must endure the elements to use unheated outdoor portable toilets. The clinic lacks privacy, a waiting room, ventilation, and adequate heating and lighting. Our staff isn't able to provide preventative care or support group programming due to the lack of space. Despite woefully inadequate conditions, we have a solid track record providing health and wellness care to trust beneficiaries, tribal members, and the general public.

THE SOLUTION: The Native Village of Eklutna will construct a new clinic to provide primary and behavioral health services and dental care for tribal members, trust beneficiaries, veterans, the underinsured and the general public. The clinic will be located right off the Glenn Highway Eklutna exit, providing easy healthcare access and emergency stabilization for individuals in severe vehicle accidents. The community center next door

will be an essential gathering place for sustaining our culture and providing space for niche programming.

Our walk-in clinic is on a first come, first serve basis and with additional staffing during the morning and evening commute as well as Saturday service. Behavioral health services will include marital and relationship counseling, children and adolescent counseling, life adjustment, anxiety support, addiction counseling, educational services (including serving those with developmental disabilities), hypnotherapy, crisis intervention and group counseling. We will host niche support groups for elders, addiction recovery, young adults, etc. at the gathering center as well.

TARGET POPULATION: Our target population is Native Village of Eklutna members, commuters on the Glenn Highway, Veterans, Medicare/Medicaid patients, the uninsured, and Alaska Mental Health Trust Authority beneficiaries including those with Alzheimer's/dementia, chronic alcohol abuse, developmentally disabled, and mentally ill.

GEOGRAPHIC AREA SERVED: Our primary geographic area is Eagle River and Chugiak. We are the only clinic in the area to serve the uninsured or underinsured. We have several letters of support from neighboring private clinics who are eager to refer business to us as they cannot provide services on a sliding fee scale. We will also serve the commuting population which exceeds 40,000 vehicles per day, passing within 100 yards of our proposed clinic site. That number is projected to climb to 100,000 vehicles per day in two decades.

EXPECTED OUTCOMES: The new clinic and gathering center will become a catalyst for community revitalization and sustainability. Please see the response below for evaluation-performance measures.

COMMUNITY SUPPORT: We have a long list of supporters including members and leaders of the Native Village of Eklutna, Eklutna Inc., CIRI Inc., Cook Inlet Tribal Council, Cook Inlet Housing Authority, ZHO-TSE, Inc., Knik Tribal Council, the Southcentral Foundation, Ninilchik Traditional Council, Kenaitze Indian Tribe, Municipality of Anchorage, ANTHC, Peters Creek Family Medicine LLC, Aurora Health Care Clinic, True North Medicine LLC, and several others.

EVALUATION CRITERIA:

To measure the success of the clinic and gathering place, we will monitor our performance by comparing it to our current case load and by seeking feedback from participants in new programs. A full week load would be serving 30 individuals (six a day). For a day with one group session (up to five people), we would serve four individuals. For a day with one group session of six or more, we would serve three individuals that day.

We estimate serving the following beneficiaries:

- Alzheimer's/Dementia: 3 patients
- Chronic Alcoholism or Substance Abuse: No more than five at a time due to a large number of no shows by this population and groups (up to 10) for education, support, and court mandated treatment including after-care groups
- Mental Illness: 20 at a full caseload with no groups. This population will be over 50% of the program's caseload.
- Secondary beneficiaries: Families for patients with Alzheimer's/dementia -3.
- Non-beneficiaries would fluctuate from 2-10 depending on the caseload for beneficiaries. Non-beneficiaries include domestic violence victims (two individuals and one group), anger management (two individuals and one group), and adolescents.

Our performance expectations are to have a full case load within 12 months of opening the clinic. We could conduct simple surveys before treatment and after receiving X amount of time of support to measure improved quality of life. We welcome any ideas from the Alaska Mental Health Trust Authority on how to best measure our progress while respecting client confidentiality.

SUSTAINABILITY:

The clinic's operational expenses have been met through federal grants totaling about \$500,000 annually. These funds are long term and originate through the Tribal Compact Agreement with Indian Health Service, Alaska Native Tribal Health Consortium, Indian Child Welfare Act funds, and the Bureau of Indian Affairs. The Native Village of Eklutna was one of the original thirteen Alaskan tribes to sign the Compact Agreement (and are the only ones remaining without a modern clinic). Marlene Johnson, the Tribal Administration and Nurse Practitioner Violet Rice, Eklutna's Health Director, have managed and administered these funds for years. Continually receiving these funds represents an ongoing vote of confidence in the excellent frontline service provided by the clinic.

During annual community planning with the Tribal Council a question arose asking how the clinic would sustain operations if federal funding were to diminish or disappear all-together. With this in mind, Eklutna Services helped develop an O&M budget so NVE could budget accordingly when revising the Clinic Business Plan in early 2013. Based on our business plan assumptions of patient visits and revenue, the clinic will sustain O&M through an annual contribution to a reserve account. When the clinic is constructed, we will hire a general maintenance manager/custodian to be responsible for overall management of the building (and other Eklutna owned facilities). Additional details on sustainability of the clinic are in our business plan.

WHO WE SERVE:

Construction of a new clinic and gathering place will provide direct benefit to Trust beneficiaries. As described earlier, we are located in a cramped trailer, which doesn't provide the privacy and environment that patients need to feel relaxed and comfortable. As such, we have shifted to delivering behavioral health service in-home, which is a solution, but limits the impact we can have.

With a new gathering place, we can once again develop programming for specific populations that most benefit from community support. Niche programming will include family nights, an elders group, substance abuse support groups, and enriching field trips for trust beneficiaries. Eventually we want the gathering place to be a hub for eco-tourism which presents volunteer and workforce opportunities for Trust beneficiaries as well.

Trust funding will support construction of the new clinic, which is located next to the gathering place. The clinic floor plan was thoughtfully designed to maximize privacy for individual, family, and small group counseling sessions. The new facility will provide clean, modern offices for delivering high-quality service. We will provide:

- Enhanced family support services for crisis management, foster families, and family reunification.
- Prevention, early intervention, case management and support services for a variety of behavioral health (addiction/substance abuse/alcohol and mental health) issues.

Appropriate facilities will allow us to:

- 1) decrease the negative impacts of alcohol and substance abuse
- 2) provide emergency intervention to prevent inappropriate arrest or incarceration
- 3) ease of access to appropriate community-based social services
- 4) offer sustained recovery support groups

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

| | |
|---|----|
| Mental Illness: | 20 |
| Alzheimer's Disease & Related Dementias: | 3 |
| Substance Abuse: | 5 |
| Secondary beneficiaries: | 10 |
| Non-Beneficiaries: | 6 |
| Number of people to be trained | 1 |

BUDGET

| | |
|---|--|
| Space or Facilities Costs | \$55,900.00 |
| Space or Facilities Costs (Other Sources) | \$4,631,385.00 |
| Space or Facilities Narrative: | <p>PHASE I: CLINIC</p> <p>General Requirements \$398,513</p> <p>Civil Site Work \$347,320</p> <p>Concrete \$84,596</p> <p>Masonry \$17,543</p> <p>Wood & Plastic \$155,759</p> <p>Thermal Protection \$139,041</p> <p>Doors & Windows \$162,368</p> <p>Mechanical \$402,897</p> <p>Electrical \$425,000</p> <p>Finishes \$231,336</p> <p>Specialties \$55,914 (we are requesting Trust funding for this line item)</p> <p>Equipment \$319,701</p> <p>Furnishings \$160,240</p> <p>Administration/Architecture \$158,485</p> <p>Contingency \$253,572</p> <p>TOTAL CLINIC \$3,312,285</p> <p>PHASE II: GATHERING PLACE</p> <p>Design \$110,000</p> |

| | | |
|--|-------------------------------|-------------|
| | General Requirements | \$140,919 |
| | Civil Site Work | \$104,500 |
| | Concrete | \$42,856 |
| | Masonry | \$7,521 |
| | Structural and Misc. Steel | \$9,654 |
| | Wood and Plastic | \$78,682 |
| | Cabinets, Counters and Finish | \$42,516 |
| | Insulation, VB & Roofing | \$57,719 |
| | Doors & Windows | \$26,875 |
| | Finishes | \$86,438 |
| | Specialties | \$23,211 |
| | Equipment | \$73,845 |
| | Furnishing | \$95,645 |
| | Mechanical | \$167,251 |
| | Electrical | \$176,427 |
| | Construction Administration | \$25,678 |
| | Contingency | \$105,263 |
| | TOTAL GATHERING CENTER | \$1,375,000 |
| | GRAND TOTAL | \$4,687,285 |

| | |
|--|-------------|
| Total Amount to be Funded by the Trust | \$55,900.00 |
|--|-------------|

| | |
|--------------------------------------|----------------|
| Total Amount Funded by Other Sources | \$4,631,385.00 |
| Total Project Cost | \$4,687,285.00 |

| Other Funding Sources | |
|---|-----------------------|
| HUD Indian Community Development Block Grant: \$600k secured, requesting additional funding in 2016 | \$1,100,000.00 |
| Southcentral Foundation: Providing a 1-1 match to Rasmuson | \$620,000.00 |
| Indian Health Services Equipment Grant: Secured | \$300,000.00 |
| Mat-Su Health Foundation: Submitting application in Jan. 2016 | \$500,000.00 |
| Rasmuson Foundation: Pending | \$400,000.00 |
| I.H.S. Compact Funds: Secured | \$220,000.00 |
| Patient Billing Earnings: Secured and Pending | \$150,000.00 |
| Various funding sources: secured | \$1,341,385.00 |
| Total Leveraged Funds | \$4,631,385.00 |

Trust Capital Project Questionnaire

The Alaska Mental Health Trust Authority, along with our funding partners, Rasmuson Foundation, Denali Commission and the Mat-Su Health Foundation, participate in a program that promotes early and thorough planning for capital projects called the Pre-Development Program. It is administered by the Foraker Group.

This program has demonstrated the need for a thorough examination of the health and operations of a non-profit organization before undertaking a capital project. To assist The Trust in this assessment, all applicants seeking capital funds must complete the following questionnaire and be prepared to respond to questions regarding any of the areas covered.

If you would like more information about the Pre-Development Program and how to participate, please see The Foraker Group's website at <http://www.forakergroup.org/index.cfm/Shared-Services/Pre-Development>

Organization name: The Native Village of Eklutna

Contact: Marlene Johnson, Tribal Administrator

Email: administrator@eklutna-nns.gov

Phone: (907) 688-6020

A. Organizational Issues

A1. What is your organization's core mission? How does this project fit into your core mission?

Our mission is to empower Iydlughet Qayeh't'ana (Eklutna Village people) by promoting the history, culture, and identity of our sovereign nation, and to assist in the education and well-being of our Tribe. The Native Village of Eklutna Clinic and Gathering Place (community center) will empower our people through healthy living and community involvement. As stated in our Strategic Plan, our cultural goal with the Gathering Place is to "reinvigorate traditions and culture among members and share our history and perspective with others." Our Health Department goal is to "be proactive in providing quality health care and promoting healthy ways of living through community involvement while maintaining confidentiality."

A2. Please summarize the status of your organization's strategic plan (i.e. in draft form; complete and being monitored annually, etc.) How is this project part of the plan?

The Tribal Council and senior staff met on October 7 and October 14 of 2014 to update the tribe's Strategic Plan. The Council updated NVE's mission statement and major goals. They focused on community planning and looked for ways to partner more effectively with local and regional organizations. The purpose of the Strategic Plan Update was to give clear direction to the Tribal Administrator and her staff regarding priorities for basic infrastructure and community planning. George Cannelos facilitated the conversation

which included a detailed timeline for each project and a land use planning map available at the tribal offices.

Special guests included Gloria O'Neill, President & CEO of Cook Inlet Tribal Council; Curtis McQueen, CEO of Eklutna, Inc.; and Emil McCord of the Tebughna Foundation and the Tyonek Tribal Conservation District.

The Community Clinic and Gathering Place were ranked as the 2nd and 3rd top priority respectively following housing as number one. The Council directed staff to remain focused closely on clinic funding to ensure the capital campaign succeeds. The community hall was the next priority project as the clinic nears reality. It was important to the Council that the community hall be architecturally significant and culturally appropriate. Its main purpose is to be a gathering place for people to host positive events and activities that promote health and culture. Staff was encouraged to spend time visiting other Dena'ina communities to explore the best ideas for design and use.

A3. Does this project fit into a community or regional plan or process? How?

Yes – The project fits into the Native Village of Eklutna Strategic Plan and has been discussed with leaders in the healthcare community throughout the region for over a decade. Further information is described in question A5.

A4. How many months of operating reserves do you maintain?

Our operating reserves are funded by Indian Health Service Compact Funds and ANTHC Primary-Care Award which we negotiate annually. (We receive roughly \$200k from each entity annually). At the beginning of the year, we have 12 months of operating reserves. We save enough patient billing earnings near the end of the fiscal year to maintain operating reserves of four months.

A5. Have you explored opportunities for collaboration with other organizations on this project? If so, how?

Absolutely! We began by collaborating with the Denali Commission to develop our business plan and financial projections. We completed this in 2006 but unfortunately we were not able to secure construction funding because we **didn't** own the property for the new clinic. We have since regrouped and sought the expertise of several successful organizations in the Cook Inlet region including Eklutna Inc., the Southcentral Foundation, Alaska Native Tribal Health Consortium, Knik Tribal Council, Cook Inlet Region, Inc., and many others.

Another critical mentor for us has been George Cannelos, who has been working with the Tribe for the last three years to secure funding for the clinic and to aid in strategic planning. Mr. Cannelos helped make a legislative request for funding, but given the economic climate, we weren't awarded funding. Mr. Cannelos has also served the tribe by helping the Council update their Strategic Plan. This included updates the Tribe's Mission Statement and strategic goals for each department. Mr. Cannelos will continue to provide advice on how to best leverage secured funding so that we can complete our funding needs by Spring of 2016.

We have developed a close working relationship with Eklutna Inc. since signing a Memorandum of Understanding in 2012. "The purpose of [the] MOU [was] to foster a cooperative relationship between our ANCSA profit corporation and traditional tribal government; to establish and maintain regular communication, identify concerns and interests, and work together for the common good of our people, while respecting each individual organization as its own entity."

Curtis McQueen, CEO of Eklutna Inc. and Nick Francis, Director of Construction, Contracting & Government Affairs with Eklutna Services LLC, have provided technical project management assistance and counsel since April of 2013. Nick estimates having donated nearly \$40,000 in unbilled time on the

NVE Clinic and Gathering Center project as of June 1, 2015. It is also worth noting that Eklutna Inc. purchased the property directly adjacent to the new clinic site for \$80,000 from a tribal member. The property is being held for additional parking and/or a helicopter pad landing for the clinic.

B. Program Issues

B1. What are your current services and how will the project enhance/expand your services? The Native Village of Eklutna clinic provides limited behavioral health services and primary care to NVE members, veterans, and Medicaid patients. Until recently moving into a temporary location, we provided full-time care from a 90 sf office in a dilapidated trailer. The trailer lacked running water, and patients had to endure the elements to use unheated outdoor portable toilets. The clinic lacked privacy, a waiting room, adequate heating and lighting, and ventilation. We only have room to provide individual counseling sessions, so many of our sessions must be done in someone's home. Our care often feels like it is "reactive" since we **don't** have the facilities to provide programs for long-term healing.

Operation of the clinic is managed by Ms. Violet Rice, a family nurse practitioner with many years of experience including continued service with the U.S. Military reserve. At her level of training and licensure, Ms. Rice is capable of providing a high level of care to patients and does not require a doctor's supervision in order to operate and practice.

Constructing a new clinic and gathering center will drastically improve our ability to serve the community's health and wellness needs. The expanded clinic will be a family medicine clinic staffed by a Physician, Physician Assistant, Nurse Practitioner, Dentist, Dental Assistant, Social Services Director, and Behavioral Health Aide. We will be providing behavioral health services, dental care, and physical health services. Our walk-in clinic is on a first come, first serve basis and the additional staffing will allow the Clinic to stagger staffing in order to offer services during the morning and evening commute as well as Saturday service. (A large portion of our target market is commuters on the Glenn Highway).

Dental services will be a new service for the Native Village of Eklutna. As the Clinic becomes better known in the area, we anticipate expanding dental care from two days a week to four days a week by year three of operations in the new clinic. A local dentist has indicated their willingness to establish the dental clinic and work the part-time hours required.

Behavioral health services are already in place at the community clinic and are provided by Jami Cole, a Licensed Clinical Social Worker. Ms. Cole has an education in generalized social work and agency management with clinical experience (Psychiatric Social Worker with a minor in Family Services). Ms. Cole also has an associate's degree in Child Development. Ms. Cole's license shows she has a minimum two years post graduate experience working full time, passed the National Standardized Clinical social work test, and keeps up with **CEU's** and bi-annual renewal of her licenses to practice independently. Ms. Cole has over 20 years of experience working in mental health and psychiatric emergency services, ten years of experience working with substance abuse, six years with sexual abuse victims, four years working with domestic violence victims and offenders, and over five years working child protection services.

Behavioral health services will continue to serve marital and relationship counseling, children and adolescent counseling, anxiety support, addiction counseling, and crisis intervention. With new facilities, Ms. Cole expects to serve up to three individuals and/or their families with Alzheimer's and/or dementia. Her main audience will be serving Trust beneficiaries with mental illness. She anticipates serving up to 20 people on a full caseload with no groups. This population will make up over 50% of her caseload. The program will also serve beneficiaries with alcohol and/or substance abuse (no more than five at a time due to a large number of no shows in this population) and groups (up to ten people) for education, support and court mandated treatment including after-care groups. NVE hopes to compliment this support by using

the Gathering Place to host AA meetings. In the Gathering Place we also plan on hosting niche support groups for elders, young adults, anger management offender group sessions, and domestic violence education and support groups for victims.



Greater access to medical care and earlier treatment will allow for improved health outcomes and cost containment. The new clinic and gathering place will provide appropriate space for providing individual, group, and family counseling sessions. Our support group programming will measurably improve the lives of Trust beneficiaries.

Benefit to Beneficiaries: Appropriate facilities will allow us to 1) decrease the negative impacts of alcohol and substance abuse, 2) provide emergency intervention to prevent inappropriate arrest or incarceration, 3) ease of access to appropriate community-based social services, and 4) sustained recovery support groups.

C. Site Issues

C1. Has a site been identified for this project?

Yes. After saving revenues from clinic billings, the tribe purchased a 1.5 acre site fronting Eklutna Village Road adjacent to the Glenn Highway and the Eklutna Exit in 2010. The site provides an opportunity for a signature building in the middle of the historic Eklutna village, providing vital medical and community services, and standing as a source of community pride.

C2. Were alternative sites fully evaluated?

Yes. We spent over five years looking for the perfect site that fit our needs for a clinic and gathering center. Our criteria was ease of access, minimum 1.5 acres, utility access, and a clean history of use on the site.

C3. Has the selected site been evaluated for appropriate size, access, utilities, and environmental constraints?

Yes. We completed the clinic design before finalizing purchase of a new site for the clinic. The site has electricity and natural gas utility access, and is suitable for onsite water and wastewater treatment. The clinic is located just off the Glenn Highway, making easy access for commuter traffic in need of primary care or for hosting regional events at the Gathering Place. Soils testing has been completed as well showing the site has no environmental constraints.

C4. Has a site plan been completed?

Yes. Mount Sanford Tribal Consortium graciously allowed us to use their 95% design for the clinic recently opened in Chistochina. We modified the design to fit onto our site, essentially switching the triage room so that it was accessible from the Eklutna Village Road. Doing this allowed the clinic to avoid snow removal and road maintenance expenses by continuing

to use the existing road that NVE is responsible for maintaining. We estimate the clinic saved \$100k in maintenance and repair of a separate private access road for emergency vehicles.

The Gathering Place is located next to the clinic. The two buildings are designed to complement each other, but we also needed to be cognizant of patient confidentiality. In the image to the left, the clinic is the gray building.

C5. What is the status of site ownership?

The Native Village of Eklutna has a clear title for the site. Eklutna Inc. owns the property adjacent to the new clinic site. The property is being held for additional parking and/or a helicopter pad landing for the clinic.

D. Facility Issues

D1. Explain why you need a new, expanded, or remodeled facility.

Our previous clinic and community center were housed in a small log cabin but was condemned in 2010 due to bats and squirrel infestation. Our clinic then moved into a 90 sq. ft. office in a dilapidated trailer and we lost a community gathering place all together. The new clinic office lacks running water, and patients must endure the elements to use unheated outdoor portable toilets. The clinic lacks privacy, a waiting room, adequate heating and lighting, and ventilation. Patients often have to leave their children or family members in the car while visiting our clinic because we have no space indoors for them to wait.

Despite woefully inadequate conditions, we have a solid track record providing primary care, preventative services, behavioral health care to beneficiaries and the general public. For more than ten years, tribal medical staff have risen above these terrible conditions to successfully care for thousands of patients who depend upon locally-provided medical care.

We haven't had a gathering center since 2010. This hasn't negated the community's need for a place to meet and greet each other. As such, tribal members have taken to using the tribal office building for fulfilling that need. On a daily basis we have tribal members stop by to read the newspaper and drink a cup of free coffee. On Monday, Wednesday, and Friday we serve lunches for the tribe's elderly. Our foodbank had 2,810 instances of serving people in 2014, which is a remarkable feat considering that we have to store everything in the back room of the tribal office building. We serve Thanksgiving and Christmas dinners out of these small offices as well. We also have two active youth groups located at Eklutna Village and based in Anchorage. We provide educational information and share who we are through tribal fish camp experiences, community events or gatherings, bi-annual Potlatch/Powwow (which is open to the public), cultural activities, books, videos, and periodic presentations. The Land and Environment Department conducts frequent environmental education activities with the community youth group and the Eklutna Eagles through EPA and AmeriCorps funding.

A new facility will provide a safe and appropriate space for our community needs. We can then focus on the next chapter of Eklutna's future. One way in which we hope to do this is through developing a more engaging and comprehensive eco-tourism offering to locals and visitors. The Eklutna Historical Park, within walking distance of the Gathering Place, is a unique Alaska native and Russian orthodox cultural experience. We can offer a guided tour of the old log Russian Orthodox Church, visit the Spirit Houses, and visit the new Orthodox Church, before returning to the Gathering Place to complete the cultural experience that visitors can have when visiting Eklutna. We have also received feedback from several groups that they would use the Gathering Place for holding meetings and trainings. Together, the Clinic and Gathering Place represent a vital centerpiece of infrastructure to encourage tribal bonding and resurgence. The new facilities will be a great source of pride for the community and lend to our sustainability in the future.

D2. How much total square footage do you think you will need?

To save on the cost of project planning, we received permission from the Indian Health Service and Mount Sanford Tribal Consortium to use their 95% design for the clinic recently opened in Chistochina. We modified the design to fit onto our own site and meet our particular space need requirements. We committed \$156k of our own savings to complete the design process. The clinic portion of the project will be 5,142 square feet and cost less than \$580 per square foot. The gathering center designs are complete to preliminary design. A preliminary budget totals \$1.4M. The facility is anticipated to be 3,000 sf.

D3. Has a construction cost estimate been prepared? Who prepared it?

Yes. A detailed cost estimate was prepared by Nick Francis, Director of Contracting & Government Affairs with Eklutna Services LLC. Nick worked with his Chief Estimator, Chad Abel, and the architect to use the information provided by the Indian Health Services and Mount Sanford Tribal Consortium to craft a budget for Eklutna. The cost estimate was completed on November 8, 2013.

As we realized that we could also pursue funding for the community center concurrently with the clinic, Nick and Chad created a separate cost estimate in April of 2015. With over 140 years of combined construction industry experience, Eklutna Services has the experience necessary to prepare accurate cost estimates as it relates to challenge work environments in rural Alaska. Recent projects that Nick and Chad worked on included the Alaska Native Medical Center Pediatric Unit Renovation, Prince William Sound Community College Wellness Center renovation in Valdez, Joint Base Elmendorf-Richardson Emergency Operations Center Renovation, CITIC Intermodal Transportation Center, and more.

E. Financial Issues**E1. Is the full cost of the project identified?**

Yes. If contingency funding remains, we plan on adding heli-pad access for emergency evacuations.

E2. What funding has been identified for the capital project? Please provide amounts and sources.

NVE has spent \$110k purchasing land for the new facility and another \$236k for facility design/permitting/etc. In 2014, we secured a \$600k Indian Community Development Block Grant to go towards construction of the new clinic. With this funding, we began civil and site work in August of 2015. We have secured enough funding to enclose the building before winter weather arrives. We then secured \$300k for clinic equipment from the Indian Health Services General Equipment Fund.

We are in the midst of complete a funding proposal for the Rasmuson Foundation which is due in mid-October. The Southcentral Foundation has pledged to match any contribution that the Rasmuson Foundation makes. We requested \$620,000 from the Rasmuson Foundation. We submitted a letter of inquiry to the Murdock Charitable Trust but they declined funding small rural clinics. In December of 2015 we intend to apply for a Healthy Impact Grant from the Mat-Su Health Foundation to fund furnishings and landscaping. The application will be due in February. We will request between \$350-500k.

We will apply for an ANA Sustainable Employment and Economic Development Strategies Grant between Dec. 2015 and Feb. 2016 to pay for a clinic manager until revenues become stable. We aren't sure yet what amount we will be requesting. We recognize how important it is to find the right person for day to day operations of the clinic.

Our fundraising plan shows us to be on track to complete our funding package needs by June of 2016 if all funding entities can provide support.

E3. How will increased operating expenses be covered?

In our business plan we have completed a facility expenses worksheet which includes utilities, building reserves, building expenses, and contracted services by non- employees. Increased operating costs will be covered through Indian Health Services Compact Funds and additional patient billing earnings

F. Other information that helps explain your project:

If you are looking for anything further, please don't hesitate to reach out and ask for clarification. A contribution from the Alaska Mental Health Trust Authority is desperately needed and will be graciously accepted. Thank you for considering our proposal.

MEMO

To: Carlton Smith, Finance Committee Chair
Date: October 6, 2015
Re: FY16 Partnership Grant Request
Fiscal Year: 2016
Amount: \$75,000
Grantee: Southcentral Foundation *on behalf* of Chickaloon Traditional Council
Project Title: Life House Community Health Center Construction Project

REQUESTED MOTION:

Recommend the full board of trustees approve a \$75,000 FY16 partnership grant to Southcentral Foundation *on behalf* of Chickaloon Traditional Council for the Life House Community Health Center Construction project.

Assigned Program Officer: Katie Baldwin

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

PROJECT DESCRIPTION:

This project supports construction of a new facility specifically designed for Chickaloon Traditional Council's integrated health and behavioral health programs. It will replace the presently inadequate, health center located in space too small to allow an integrated health -- behavioral health program. In addition, the present space is not accessible to people with mobility challenges. Trust beneficiaries will benefit by being able to obtain integrated, coordinated behavioral health and health services. At the Life House Center a care team will support the beneficiaries and their families in their pursuit of wellness.

Problem Addressed - The residents in the eastern part of the Matanuska-Susitna Borough, a federally-recognized Medically Underserved Population, have insufficient access to primary care and behavioral health services. The current 534 SF Chickaloon Health Clinic has one (1) exam room and is located in an old church building. The existing facility is grossly inadequate in critical areas including safety, handicapped accessibility, space, patient privacy, energy efficiency and design layout. The current clinic is located in space too small to allow an integrated health -- behavioral health program.

What We Will Be Doing -- Southcentral Foundation (SCF), in collaboration with Chickaloon Village Traditional Council, is co-managing construction of a new 7,922 SF facility specifically designed for Chickaloon Traditional Council's integrated health and behavioral health programs. The new facility will improve access to primary care and behavioral health services and will enable the community health center to increase capacity, improve patient safety, improve privacy, provide space for prevention and health

promotion activities, and assure sufficient space for staff to carry out their duties efficiently.

Target Population -- The target population includes all residents, visitors and trust beneficiaries in the communities of Sutton/Alpine, Chickaloon, and Glacier View. According to the 2010 U.S. Census, the combined population for the service area is 1,953 -- Chickaloon 272; Sutton 1,447; and, Glacier View 234.

Geographic Area - The two-story facility is under construction in Sutton on land donated by the Chickaloon Village Traditional Council. The 682 square miles service area is located in the far eastern corner of the Mat-Su Borough, along 70 miles of the Glenn Highway, between Mileposts 55 and 125.

Expected Outcomes -- The construction of the new Life House facility will increase patient capacity, and enhance services. SCF will be able to bring in more itinerant providers and increase their efficiency in seeing patients, including seasonal residents. The new exam rooms will allow for more efficient patient flow--patients will be prepped and ready for providers, rather than needing to wait for a room to be cleaned, and allow more time in the schedule to see a greater number of patients. Lastly, the larger facility will enable integration of behavioral health and medical services. By enhancing services and providing better access, residents will not need to travel to Anchorage for care. The project is aligned with SCF's mission to work with the community to achieve wellness.

Community Support -- Over the past couple of years, Chickaloon Village Traditional Council assisted SCF in organizing special council meetings with Chickaloon Community Council, Sutton/Alpine Community Council and Glacier View Community Council to discuss the need for a new facility for the Life House Community Health Center. Options with the local community leaders were reviewed and the consensus was that the proposed new clinic would meet the current community needs and for years to come. The following agencies and foundations have provided financial support towards the construction of the new Life House facility: \$525,000 Rasmuson Foundation; \$525,000 Mat-Su Health Foundation; \$491,567 Denali Commission and, \$258,433 Indian Health Service.

EVALUATION CRITERIA:

The Life House will monitor Screening, Brief Intervention, and Referral to Treatment (SBIRT) by the Integrated Care Team. It is expected that within 180 days, the Life House will have screened 75% of the customers that have visited the clinic more than 6 times in a 12 month period. SBIRT/depression screening on the Data Mall will be used as data points/measures.

SCF's ongoing, wide-spread, quality assurance and quality improvement strategies contribute to high quality healthcare provided to customers, efficiency of healthcare delivery, and organizational sustainability. Clinical measures can be reviewed 24 hours a

day on the SCF Data Mall, SCF's state-of-the-art database. The Data Mall makes data actionable by providing both aggregate and individual data in one location. Clinical teams have access to individual population-based action lists. The Data Mall will allow SCF to track the number of behavioral health screens done at the Community Health Center's (CHCs). The day to day systematic tracking of these measures will allow SCF to fully utilize QI/QA processes to ensure that the behavioral health services are meeting their desired goals at each CHC.

SUSTAINABILITY:

All Trust funds will be applied to construction of the new facility. Southcentral Foundation (SCF), under contract with Chickaloon Village Traditional Council, provides management and operations of the clinic, along with primary care medical services, to assure continuity of care that extends from preventative to inpatient services. In 2013, SCF secured HRSA 330 funding for Life House, facilitating sustainability of health care and wellness services with an annual federal budget of approximately \$600,000. In 2014, HRSA increased SCF's base funding to provide expanded behavioral health capacity to hire a Behavioral Health Consultant to serve all of the SCF Community Health Center's (CHC) and to provide behavioral health treatment/counseling at the CHC's. As SCF's CHC's each serve small, very remote communities, having specialized staff onsite all of the time is not an option, thus all of these positions are centrally based in Anchorage and/or the SCF Valley Native Primary Care Center in Wasilla. SCF's behavioral health services serve the needs of all of the CHC's (through face-to-face and phone/video visits) by utilizing the existing telehealth network, ensuring sustainability of these services across all of the CHC's. Providing the additional clinic space, through new construction, will accommodate an increase in underserved patients (and patient visits) and promote more effective and efficient service delivery that will help assure the long-term sustainability of these essential community services.

WHO WE SERVE:

In addition to enabling Trust beneficiary's access to critically needed services close to their home community, the additional space and design of the facility will facilitate integrated, coordinated care. Single-stop accessibility where the place and people are familiar is critical for Trust beneficiaries -- particularly the elderly and those suffering from complex, chronic conditions that are not managed well in isolation. In addition, it addresses the need to assure that beneficiaries with severe mental health diagnoses have appropriate attention and care for their physical health needs as well as behavioral health. The integrated facility will promote more participation by Trust beneficiaries in the wellness and health programs available. The facility was designed and planned with great input from the community that it is designed to serve. According to a 2013 community survey, mental health is the 2nd largest issue in their community.

Integrated Care Team's will be used to address the needs of the community. The team includes the provider, nurse case manager, dietician, behavioral health consultant, health educator and enrollment support. The care team is interested in getting to know customers and understand their goals for physical, mental, emotional and spiritual wellness. They will work in partnership with customers -- and in partnership with each other -- to ensure the tools, support and resources needed to make decisions are available. SCF encourages customers to ask their team questions and to share their concerns. The team is there, in person and via telehealth, to listen and help set customer-driven goals.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

| | |
|---|----|
| Mental Illness: | 79 |
| Developmental Disabilities | 1 |
| Alzheimer's Disease & Related Dementias: | 12 |
| Substance Abuse: | 8 |
| Non-Beneficiaries: | 91 |

BUDGET

| | |
|---|--|
| Space or Facilities Costs | \$75,000.00 |
| Space or Facilities Costs (Other Sources) | \$1,800,000.00 |
| Space or Facilities Narrative: | All Trust funds will be applied to the construction of the new facility. According to Southcentral Foundation's federally negotiated indirect cost rate agreement, capital expenditures are excluded from indirect costs. The following agencies and foundations have provided financial support towards the construction of the new Life House facility: \$525,000 Rasmuson Foundation; \$525,000 Mat-Su Health Foundation; \$491,567 Denali Commission and, \$258,433 Indian Health Service. The balance of project costs will be through a commercial loan. Repayment will be from third party revenue. |

| | |
|--|-----------------------|
| Other Funding Sources | |
| Rasmuson Foundation - secured | \$525,000.00 |
| Mat-Su Health Foundation - secured | \$525,000.00 |
| Denali Commission - secured | \$491,567.00 |
| Indian Health Service | \$258,433.00 |
| Total Leveraged Funds | \$1,800,000.00 |
| | |
| Total Project Cost | 4,900,000.00 |
| Amount available with Trust funds | 1,875,000.00 |
| Remaining balance through commercial lending | 3,025,000.00 |

Trust Capital Project Questionnaire

The Alaska Mental Health Trust Authority, along with our funding partners, Rasmuson Foundation, Denali Commission and the Mat-Su Health Foundation, participate in a program that promotes early and thorough planning for capital projects called the Pre-Development Program. It is administered by The Foraker Group.

This program has demonstrated the need for a thorough examination of the health and operations of a non-profit organization before undertaking a capital project. To assist The Trust in this assessment, all applicants seeking capital funds must complete the following questionnaire and be prepared to respond to questions regarding any of the areas covered.

If you would like more information about the Pre-Development Program and how to participate, please see the Foraker Group's website [here](#).

Organization name: Southcentral Foundation

Contact: Marie Stewman, Director of Planning and Grants

Email: mstewman@southcentralfoundation.com

Phone: 907-729-5262

A. Organizational Issues

A1. What is your organization's core mission? How does this project fit into your core mission?

Southcentral Foundation's (SCF's) mission is to work with the community to achieve wellness. SCF's Nuka System of Care will be the service model used at the new Life House facility. The Nuka System of Care is designed to focus on what is most important to the customer, and will work with customers to address not only physical health – injuries, illnesses, etc. – but also mental, emotional, and spiritual wellness. At the Life House center, customers will be offered guidance on nutrition, exercise and other everyday choices; health screening; access to health education programs; and a complete, integrated care team that will support them and their families in their pursuit of wellness.

A2. Please summarize the status of your organization's strategic plan (i.e., in draft form; complete and being monitored annually, etc.) How is this project part of the plan?

Southcentral Foundation's strategic planning efforts follow a continuous strategic planning cycle. All levels of the organization play a role in the strategic planning process on an annual basis.

Governing Board Role – In March/April, a Board retreat is scheduled to conduct a comprehensive review of the strategic input documents developed earlier in the calendar year. The President/CEO and the Vice President Leadership Team (VPLT) attend the retreat in order to provide the information necessary to the board members for them to establish the organization's strategic initiatives for the organization. The annual budget review and approval occurs during the same retreat and services as a source of information to the directors about how corporate funds should be used to support corporate initiatives and whether there are funds to support new initiatives.

Key Management & Other Staff Role – The VPLT is responsible for developing strategic plans for their respective divisions that align with the board established strategic initiatives. The vice presidents in turn require their departments to develop annual plans that address the objectives of the division and ultimately the board approved plan. The vice presidents also sponsor functional committees and work with those committees to develop annual plans to address the corporate strategic plan. Participants in the strategic planning cycle are involved in national, state, local, and

industry forums to learn about industry trends, best practices, and helps identify potential blind spots. In preparation for the Board retreat, the corporate budget is drafted; the VPLT compiles feedback regarding resources needed to carry out strategic plan initiatives; the organizational develop department updates strategic input documents, including annual plan reports from the current year; and measures for corporate initiative and objectives are drafted for review. Functional committees, divisions and departments conduct a SWOT analysis and prepare the results to be presented by the division vice president or committee executive sponsor. Subject matter experts are used to provide guidance on initiatives and objectives as needed.

Divisions and Departmental Managers are responsible for corporate initiative oversight at the department level, review the draft strategic input documents, status of current annual, working directly with finance managers to draft budgets, developing annual plans, and generating employee performance development plans that are linked to the corporate annual plan. Employees provide input on the development of department annual plans and take an active role in executing the approved plans. Strategic planning cycle documents and corporate annual plans are available to all employees through the corporate intranet.

Life House Rural Community Health Center will engage staff and the community advisory board in the development of annual plans under the direction of the project director and clinic manager. Feedback provided by the community will be incorporated into the planning documents used by the project director and clinic manager.

A3. Does this project fit into a community or regional plan or process? How?

In the early 2000's, Southcentral Foundation (SCF) joined with a group of rural healthcare providers concerned about primary care access in the Matanuska-Susitna Borough (Borough) formed the Mat-Su Rural Healthcare Planning Network (RHPN). While the initial purpose of the group was to share best practices and facilitate collaboration, soon the members decided that a comprehensive plan was needed. The group members collaborated to seek funding to develop a report in 2002 with the goal of meeting the healthcare access needs of all borough residents in the best manner possible.

Members of RHPN included: Chickaloon Village Traditional Council, Mat-Su Health Services, Matanuska-Susitna Borough, Southcentral Foundation, Sunshine Community Health Center, Valley Healthy Communities Program, and Valley Hospital Association, the predecessor to the new Mat-Su Regional Medical Campus. Meetings were open to the public and were frequently attended by staff from the Denali Commission, Mat-Su Public Health, and the Alaska Department of Health and Social Services. Following community meetings and community surveys a report was completed. The "Mat-Su Borough Primary Healthcare Plan 2005-2015" outlines the needs of the community. The third recommendation of the eleven made in the report is to establish a community health center (CHC) along the section of the Glenn Highway that is the proposed new location of the Life House CHC. This recommendation for a CHC was made after reviewing public, community, state and local partner, and network member input.

A3. How many months of operating reserves do you maintain?

Approximately three months.

A4. Have you explored opportunities for collaboration with other organizations on this project? If so, how?

Over the past decade, SCF and the Chickaloon Village Traditional Council have worked with the communities of Sutton/Alpine, Chickaloon and Glacier View, to create an opportunity to develop a health center and with it improved access to health care. Chickaloon Village Traditional Council has taken an active role in contacting, partnering, sharing information, and coordinating with other health care organizations and government agencies, whether tribal, city, Borough, state, or private. This networking is the base on which the bridge to specialized health care services will be built.

B. Program Issues

B1. What are your current services and how will the project enhance/expand your services?

Chickaloon Village Traditional Council is the sole provider of social services for this area. It provides behavioral health, primary care, social services, housing, education, and transportation programs to all residents and visitors, except where restricted by the funding source. The new facility is specifically designed for Chickaloon Traditional Council's integrated health and behavioral health programs. The facility will improve access to primary care and behavioral health services and will enable the community health center to increase capacity, improve patient safety, improve privacy, provide space for prevention and health promotion activities, and assure sufficient space for staff to carry out their duties efficiently.

C. Site Issues

C1. Has a site been identified for this project?

The two-story facility is under construction in Sutton on land donated by the Chickaloon Village Traditional Council.

C2. Were alternative sites fully evaluated?

The Chickaloon Health Clinic is currently a 534-SF clinic located inside of the Tribal Multi-use facility. The concrete basement and wood frame construction standard is a conventional structure but poorly insulated. It does not meet the standards of current codes and construction. The Clinic would require a 1466 SF addition to accommodate the current need and Alaska Rural Primary Care Facility space guidelines. This addition is not possible on the existing site or with the building. The addition would require considerable additional grade work, filling and combining with adjacent property. The existing clinic will require some renovation to meet current code and standards as well. The estimated cost of renovation and addition is 1 ½ times the cost of a new clinic facility.

C3. Has the selected site been evaluated for appropriate size, access, utilities, and environmental constraints?

The Gathering Place has been envisioned as a multi-use building to be built in phases as funding becomes available and has been designed within a master plan for the entire site. The new building will be constructed on 10.35 acres of land located in Sutton, Alaska and owned by the Chickaloon Village Traditional Council. The building and parking will be limited to the northeastern portion of the site. The remainder of the site will remain with the owner for future development.

C4. Has a site plan been completed?

The site plan has been completed. Construction of Phase I of the new facility is expected to be completed by December 2015 / January 2016.

C5. What is the status of site ownership?

In January 2013, Chickaloon Village Traditional Council and SCF entered into a management agreement (copy attached) that allowed SCF to assume clinic management responsibilities, lending its existing medical services infrastructure to health care services provided to all residents and visitors of the communities of Sutton, Chickaloon, and Glacier View. The new facility is under construction on land owned by the Chickaloon Village Traditional Council. The executed 40-year land lease is attached, along with a copy of the signed Landlord Letter of Consent granting permission to Southcentral Foundation to undertake the proposed improvements.

D. Facility Issues

D1. Explain why you need a new, expanded or remodeled facility.

The current 534 SF Chickaloon Health Clinic has one (1) exam room and is located in an old church building. The existing facility is grossly inadequate in critical areas including safety, handicapped accessibility, space, patient privacy, energy efficiency and design layout. The current clinic is located in space too small to allow an integrated health – behavioral health program. During the past decade, the Borough had a dramatic population increase of 49% and the service area communities experienced a 25%

population increase.

D2. How much total square footage do you think you will need?

Phase I of the new facility is 7,922 SF. The first phase includes:

Life House C'eyiits' Hwnax Community Health Center (2,495 net s.f.) Primary care clinic space will provide medical and behavioral health services. The medical center will consist of 2 exam rooms, talking room, procedure room; X-ray, lab, Care Team office, and other required support spaces. The new clinic space also increases patient privacy, allows for secure storage of medical supplies and accommodates an Automatic Dispensing Unit (ADU) for pharmaceuticals.

Wellness Center (1,795 net s.f.) will be adjacent to primary care and will include work out equipment, exercise space, shower facilities, as well as locker rooms, saunas and laundry room.

Administrative Offices (1,385 net s.f.) – office space for the Chickaloon Village Traditional Council will be located on the upper level with elevator access, and includes space for health and social service program activities.

D3. Has a construction cost estimate been prepared? Who prepared it?

The total project cost for construction is \$4,900,000. This estimate was prepared by James Sears, Director of Facilities for SCF. James reports directly to the Vice President of Resource and Development and brings 21 years of experience in project management, ranging from Special Assistant to Deputy Director to Executive Director positions. He holds a MBA and BA, serves on multiple leadership committees, and grew up in Point Hope, Alaska.

Financial Issues

E1. Is the full cost of the project identified?

The total cost for the project is \$4,900,000 and includes architectural and engineering fees, project inspection fees, site work, construction, equipment, miscellaneous (includes contractor fee for design assistance, bonds, utility connect fees, and project management), and contingencies. The total cost for construction will be paid directly by Southcentral Foundation out of funds in hand, including grant funds.

E2. What funding has been identified for the capital project? Please provide amounts and what funding has sources.

SCF has received funding for the capital project from the following agencies and foundations: \$525,000 Rasmuson Foundation; \$525,000 Mat-Su Health Foundation; \$491,567 Denali Commission and, \$258,433 Indian Health Service.

E3. How will increased operating expenses be covered?

In 2013, SCF secured HRSA 330 funding for Life House, facilitating sustainability of health care and wellness services with an annual federal budget of approximately \$600,000. In 2014, HRSA increased SCF's base funding to provide expanded behavioral health capacity which was used to hire a Behavioral Health Consultant to serve all of the SCF Community Health Center's (CHC's) and to provide behavioral health treatment/counseling at the CHC's. Providing the additional clinic space, through new construction, will accommodate an increase in underserved patients (and patient visits) and promote more effective and efficient service delivery that will help assure the long term sustainability of these essential community services. Effective and efficient service delivery that will help assure the long term sustainability of these essential community services.